



Colorado Molecular Correlates Laboratory

Neuro-Oncology Requisition Form

University of Colorado Denver - Anschutz Medical Campus
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ORDERING PHYSICIAN/LABORATORY			PATIENT INFORMATION (please print)		
Physician's Name:			Name (Last, First):		
Practice Name:			Patient Address:		
Address:			City:	State:	Zip:
City:	State:	Zip:	Phone Number:		
Phone Number:	Fax Number:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:	
Physician's Signature (Required):		Date:	Patient ID:		
<input type="checkbox"/> Check here to allow us to modify the order based on sample quantity & quality.					

SPECIMEN INFORMATION			
Specimen type/collection procedure:	Place of Service at Time of Collection/Order: <input type="checkbox"/> IN-PATIENT <input type="checkbox"/> OUT-PATIENT	Date of Collection:	Date of IP Discharge:
Materials Sent: Specify Block(s) & Unstained/Stained Slides with their quantity and identifiers	Clinical History:	ICD-10 code(s):	

TEST SELECTION

BRAIN PANEL^{1, 2}

<input type="checkbox"/> Adult diffuse glioma Mutations: BRAF, IDH1/2, TERT <input type="checkbox"/> Check here to add Fusions: FGFR2/3, NTRK1/2/3, RET <input type="checkbox"/> Check here to add MGMT promoter methylation	<input type="checkbox"/> Pediatric-type low grade glioma, pilocytic work Fusion: KIAA1549-BRAF If KIAA1549-BRAF fusion negative, reflex to: Mutations: BRAF, FGFR Fusion: FGFR	<input type="checkbox"/> NGS Mutation Testing (all genes will be billed/charged)
<input type="checkbox"/> Molecular features of GBM workup Mutation: TERT FISH: EGFR/7, PTEN/10	<input type="checkbox"/> Pediatric-type low grade glioma, ganglioglioma workup Mutation: BRAF	<input type="checkbox"/> NGS Fusion Testing (all genes will be billed/charged)
<input type="checkbox"/> Ocular/uveal melanoma Mutations: GNAQ, GNA11, GNAS, NRAS	<input type="checkbox"/> Pediatric-type low grade glioma, MYB/MYBL1 workup Fusion: MYB	<input type="checkbox"/> NGS Mutation + Fusion Testing (all genes will be billed/charged)
<input type="checkbox"/> PLNTY workup Mutation: BRAF If BRAF mutation negative, reflex to: Fusions: FGFR2/3	<input type="checkbox"/> Pediatric-type low grade glioma, MAPK pathway workup Mutations: BRAF, MAP2K1, FGFR1 Fusion: FGFR1 kinase domain duplication	<input type="checkbox"/> NTRK1/2/3 Fusion Testing Only
<input type="checkbox"/> Angiocentric glioma workup Fusion: MYB	<input type="checkbox"/> Pediatric-type high grade glioma, diffuse midline glioma workup Mutations: H3F3A, EGFR, IDH1/2	<input type="checkbox"/> NTRK1/2/3 + RET Fusion Testing Only
	<input type="checkbox"/> Pediatric-type high grade glioma, diffuse hemispheric glioma workup Mutations: H3F3A, IDH1/2	Add-on gene list: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

MUTATIONAL ANALYSIS (Targeted Assays)

BRAF
 IDH1/2
 MGMT promoter methylation
 TERT promoter

<input type="checkbox"/> Please Obtain Pathology Materials from Outside Institution <i>(Pathology Report Required, please attach pathology report or <input type="checkbox"/> check here if available in UCH EMR)</i>	Notes/Special Requests:
<input type="checkbox"/> Consultation and Report on Referred Slides and/or Materials (surgical pathology consultation for diagnosis)	
<input type="checkbox"/> All tests include physician interpretation and report unless checked here; contact lab for service eligibility for technical only.	
<p>1. Fusions by NGS will be issued in a separate report. If insufficient for fusion by NGS, other components of testing will not be cancelled unless otherwise specified.</p> <p>2. Only indicated genes will be reported. Select 'add-on gene' if desired.</p>	

Note: For any test not listed, please call for availability.

BILLING INFORMATION

<input type="checkbox"/> Self-Pay <input type="checkbox"/> Insurance <input type="checkbox"/> Physician/Lab <input type="checkbox"/> Grant	Insured's Relation to Patient: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	Insurance (For non-University of Colorado Hospital patients, please see below):	
		Insured's Name (if not patient):	
Claims Address:	City:	State:	Zip:
Insurance ID#:	Group Name:	Group Number:	
Grant Info (Grant Name, Number, Study Coordinator, PI, and SpeedType):			

BILLING INFORMATION FOR PATIENTS OUTSIDE THE UNIVERSITY OF COLORADO HOSPITAL

The CY 2018 OPPTS/ASC final rule (82 FR 52533-52540) introduced a new exception to current laboratory DOS regulations at 42 CFR 414.510. The new exception permits independent laboratories to bill Medicare directly for molecular pathology tests (CPT codes 81105-81479), which are excluded from the OPPTS packaging policy, if the specimen was collected from a hospital outpatient encounter. Payers following this rule include: Medicare, Medicare HMOs, VA and United Healthcare. No such rule has been implemented for specimens collected from hospital inpatients.

IN-PATIENT STATUS AT TIME OF COLLECTION AND/OR ORDER

TESTS ORDERED WITHIN 14-DAYS FROM THE DATE OF DISCHARGE: The technical component of any/all services will be billed back to your institution (please provide BILL TO INFORMATION below). The professional interpretation will be billed to insurance.

TESTS ORDERED 14-DAYS AFTER THE DATE OF DISCHARGE: Any/All services will be billed to insurance.

OUT-PATIENT STATUS AT TIME OF COLLECTION AND/OR ORDER

TESTS ORDERED WITHIN 14-DAYS FROM THE DATE OF COLLECTION: The technical components of microdissection (88381), FISH (88271-88275) and IHC (88341-88342, 88360-88361) will be billed back to your institution (please provide BILL TO INFORMATION below). The professional interpretation will be billed to insurance.

TESTS ORDERED 14-DAYS AFTER THE DATE OF COLLECTION: Any/All services will be billed to insurance.

TECHNICAL COMPONENT - BILL TO INFORMATION

Institution Name:	Billing Person Name:		
Address:			
City:	State:	Zip:	
Phone:	Fax:		
Billing Person E-mail:			