



Colorado Molecular Correlates Laboratory

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

<p>Melanoma^{1,2}</p> <p><input type="checkbox"/> Cutaneous Mutation: BRAF If negative for BRAF, reflex to: Mutations: NRAS, KIT, MAP2K1 If negative for the above genes, reflex to: Fusions: BRAF, ALK, ROS1, NTRK1/2/3</p> <p><input type="checkbox"/> Uveal Mutations: GNAQ, GNA11 If negative for the above genes, reflex to: Fusions: BRAF, ALK, ROS1, NTRK1/2/3</p> <p><input type="checkbox"/> Urothelial^{1,2} Mutations: FGFR2/3, PIK3CA, ERBB2</p> <p><input type="checkbox"/> Breast^{1,2} Mutations: PIK3CA, ESR1, ERBB2</p> <p><input type="checkbox"/> Endometrial^{1,2} Mutations: POLE, CTNNB1, TP53, PTEN</p> <p><input type="checkbox"/> Relatedness of multiple lesions (multiple primary vs. metastasis) Lesions to compare: <div style="border: 1px solid black; height: 30px; width: 150px;"></div></p>	<p>Thyroid^{1,2}</p> <p><input type="checkbox"/> Differentiated Thyroid Cancer Mutation: BRAF If negative for BRAF, reflex to: Mutations: RAS Fusions: RET, NTRK, PAX8-PPARg</p> <p><input type="checkbox"/> Anaplastic Thyroid Cancer Mutations: BRAF If negative for BRAF, reflex to: Mutations: RAS, TERT Fusions: RET, NTRK, PAX8-PPARg</p> <p><input type="checkbox"/> Medullary Thyroid Cancer Mutations: RET If negative for RET, reflex to: Mutations: RAS</p> <p>Add-on gene</p> <table border="0"> <tr> <td><input type="checkbox"/> AKT1</td> <td><input type="checkbox"/> CTNNB1</td> <td><input type="checkbox"/> FGFR3</td> <td><input type="checkbox"/> KDR</td> <td><input type="checkbox"/> PIK3R1</td> <td><input type="checkbox"/> SMO</td> </tr> <tr> <td><input type="checkbox"/> ALK</td> <td><input type="checkbox"/> DDR2</td> <td><input type="checkbox"/> FOXL2</td> <td><input type="checkbox"/> KIT</td> <td><input type="checkbox"/> POLE</td> <td><input type="checkbox"/> SRC</td> </tr> <tr> <td><input type="checkbox"/> APC</td> <td><input type="checkbox"/> EGFR</td> <td><input type="checkbox"/> GNA11</td> <td><input type="checkbox"/> KRAS</td> <td><input type="checkbox"/> PTEN</td> <td><input type="checkbox"/> STK11</td> </tr> <tr> <td><input type="checkbox"/> AR</td> <td><input type="checkbox"/> ERBB2</td> <td><input type="checkbox"/> GNAQ</td> <td><input type="checkbox"/> MAP2K1</td> <td><input type="checkbox"/> PTPN11</td> <td><input type="checkbox"/> TERT</td> </tr> <tr> <td><input type="checkbox"/> ATM</td> <td><input type="checkbox"/> ERBB3</td> <td><input type="checkbox"/> GNAS</td> <td><input type="checkbox"/> MET</td> <td><input type="checkbox"/> RB1</td> <td><input type="checkbox"/> TP53</td> </tr> <tr> <td><input type="checkbox"/> AURKA</td> <td><input type="checkbox"/> ERBB4</td> <td><input type="checkbox"/> H3F3A</td> <td><input type="checkbox"/> MLH1</td> <td><input type="checkbox"/> RET</td> <td><input type="checkbox"/> VHL</td> </tr> <tr> <td><input type="checkbox"/> BRAF</td> <td><input type="checkbox"/> ESR1</td> <td><input type="checkbox"/> HNF1A</td> <td><input type="checkbox"/> NOTCH1</td> <td><input type="checkbox"/> RHOA</td> <td></td> </tr> <tr> <td><input type="checkbox"/> CDH1</td> <td><input type="checkbox"/> FBXW7</td> <td><input type="checkbox"/> HRAS</td> <td><input type="checkbox"/> NRAS</td> <td><input type="checkbox"/> ROS1</td> <td></td> </tr> <tr> <td><input type="checkbox"/> CDK4</td> <td><input type="checkbox"/> FGFR1</td> <td><input type="checkbox"/> IDH1</td> <td><input type="checkbox"/> PDGFRA</td> <td><input type="checkbox"/> SMAD4</td> <td></td> </tr> <tr> <td><input type="checkbox"/> CDKN2A</td> <td><input type="checkbox"/> FGFR2</td> <td><input type="checkbox"/> IDH2</td> <td><input type="checkbox"/> PIK3CA</td> <td><input type="checkbox"/> SMARCB1</td> <td></td> </tr> </table>	<input type="checkbox"/> AKT1	<input type="checkbox"/> CTNNB1	<input type="checkbox"/> FGFR3	<input type="checkbox"/> KDR	<input type="checkbox"/> PIK3R1	<input type="checkbox"/> SMO	<input type="checkbox"/> ALK	<input type="checkbox"/> DDR2	<input type="checkbox"/> FOXL2	<input type="checkbox"/> KIT	<input 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<p>FISH ANALYSIS</p> <p><input type="checkbox"/> ALK <input type="checkbox"/> RET <input type="checkbox"/> MET <input type="checkbox"/> ROS1 <input type="checkbox"/> EGFR <input type="checkbox"/> HER2/neu (ERBB2)</p>	<p>MUTATIONAL ANALYSIS (Targeted Assays)</p> <p><input type="checkbox"/> BRAF <input type="checkbox"/> NRAS <input type="checkbox"/> EGFR <input type="checkbox"/> MGMT promoter <input type="checkbox"/> IDH1/2 <input type="checkbox"/> MLH1 promoter methylation <input type="checkbox"/> KRAS <input type="checkbox"/> TERT promoter</p>	<p>MSI</p> <p><input type="checkbox"/> Microsatellite Instability</p>
<p><input type="checkbox"/> Please Obtain Pathology Materials from Outside Institution (Pathology Report Required, please attach pathology report or <input type="checkbox"/> check here if available in UCH EMR)</p> <p><input type="checkbox"/> Consultation and Report on Referred Slides and/or Materials (surgical pathology consultation for diagnosis)</p> <p><input type="checkbox"/> All tests include physician interpretation and report unless checked here; contact lab for service eligibility for technical only.</p> <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>		<p>Notes/Special Requests:</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

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

SPECIMENS RECEIVED 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.

SPECIMENS RECEIVED 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

SPECIMENS RECEIVED 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.

SPECIMENS RECEIVED 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:				