



Colorado Molecular Correlates Laboratory

Thoracic Oncology Requisition Form

University of Colorado Denver - Anschutz Medical Campus

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CMOCO@ucdenver.edu



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"/> Unless checked here order may be modified based on sample quantity & quality. ¹																																																													
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																																																													
LUNG PANEL (all subtypes)^{2, 3, 4} <input type="checkbox"/> Initial presentation/testing Mutations: EGFR, KRAS, BRAF, ERBB2, METex14 Fusions: ALK, ROS1, METex14, NTRK1/2/3, RET Amplifications: ERBB2, MET by FISH IHC: PD-L1 (SP263) (if not previously done) <input type="checkbox"/> Resistance to targeted therapy⁵ Mutations: EGFR, KRAS, BRAF, ERBB2, METex14 PLUS kinase domain relevant driver (ALK, ROS1, RET) as indicated by clinical history Fusions: ALK, ROS1, METex14, NTRK1/2/3, RET Amplifications: ERBB2, MET by FISH <input type="checkbox"/> Relatedness of multiple lesions (multiple primary vs. metastasis) Mutations: Full panel If truncal mutation negative, reflex to: Fusions: ALK, ROS1, METex14, NTRK1/2/3, RET <input type="checkbox"/> Rapid Panel Mutations: Rapid EGFR, Rapid KRAS IHC: ALK, PD-L1 (if not previously done) Will reflex to initial lung panel if EGFR/KRAS negative <input type="checkbox"/> Rapid KRAS reflex to panel Mutations: Rapid KRAS If negative, will reflex to initial lung panel			Add-on gene <table><tr><td><input type="checkbox"/> AKT1</td><td><input type="checkbox"/> ERBB3</td><td><input type="checkbox"/> IDH1</td><td><input type="checkbox"/> PTEN</td></tr><tr><td><input type="checkbox"/> ALK</td><td><input type="checkbox"/> ERBB4</td><td><input type="checkbox"/> IDH2</td><td><input type="checkbox"/> PTPN11</td></tr><tr><td><input type="checkbox"/> APC</td><td><input type="checkbox"/> ESR1</td><td><input type="checkbox"/> KDR</td><td><input type="checkbox"/> RB1</td></tr><tr><td><input type="checkbox"/> AR</td><td><input type="checkbox"/> FBXW7</td><td><input type="checkbox"/> KIT</td><td><input type="checkbox"/> RET</td></tr><tr><td><input type="checkbox"/> ATM</td><td><input type="checkbox"/> FGFR1</td><td><input type="checkbox"/> KRAS</td><td><input type="checkbox"/> RHOA</td></tr><tr><td><input type="checkbox"/> AURKA</td><td><input type="checkbox"/> FGFR2</td><td><input type="checkbox"/> MAP2K1</td><td><input type="checkbox"/> 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FISH ANALYSIS <input type="checkbox"/> ALK <input type="checkbox"/> ROS1 <input type="checkbox"/> MET <input type="checkbox"/> RET <input type="checkbox"/> HER2/neu (ERBB2)	MUTATIONAL ANALYSIS (Targeted Assays) <input type="checkbox"/> BRAF <input type="checkbox"/> EGFR <input type="checkbox"/> KRAS	IHC <input type="checkbox"/> ALK (D5F3) <input type="checkbox"/> PD-L1 <small>(offered only on NSCLC specimens)</small>	<input type="checkbox"/> NGS Mutation Testing (gene list) (all genes will be billed/charged) <input type="checkbox"/> NGS Fusion Testing (gene list) (all genes will be billed/charged) <input type="checkbox"/> NGS Mutation + Fusion Testing (gene list) (all genes will be billed/charged) <input type="checkbox"/> NTRK1/2/3 Fusion Testing																																																										
<input type="checkbox"/> Please Obtain Pathology Materials from Outside Institution <small>(Pathology Report Required, please attach pathology report or <input type="checkbox"/> check here if available in UCH EMR)</small> <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. 1. If there is insufficient quantity for NGS, targeted testing for adenocarcinoma will be based on smoking status with a focus on EGFR and KRAS single gene assays. 2. 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. 3. Only indicated genes will be reported. Select 'add-on gene' if desired. 4. Patients with > 20 pack-years of smoking history may have some testing performed sequentially. If a driver alteration is identified, the remainder of the requested testing may not be performed. 5. If insufficient material for all elements of testing, step-wise testing will be performed with mutation testing prioritized over fusion testing unless otherwise specified.			Notes/Special Requests:																																																										
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 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.			
SPECIMENS 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			
SPECIMENS 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.			
SPECIMENS 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:			