



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

<p>LUNG PANEL (all subtypes)^{2, 3, 4}</p> <p><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)</p> <p><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</p> <p><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</p> <p><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</p> <p><input type="checkbox"/> Rapid KRAS reflex to panel Mutations: Rapid KRAS If negative, will reflex to initial lung panel</p>	<p>Smoking history (optional): <input type="checkbox"/> ≤ 20 pack-years <input type="checkbox"/> > 20 pack-years</p> <p>Lesions to compare: <input type="text"/></p>	<p>Add-on gene</p> <table border="0"> <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"/> 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<p>FISH ANALYSIS</p> <p><input type="checkbox"/> ALK <input type="checkbox"/> ROS1</p> <p><input type="checkbox"/> MET</p> <p><input type="checkbox"/> RET</p> <p><input type="checkbox"/> HER2/neu (ERBB2)</p>	<p>MUTATIONAL ANALYSIS (Targeted Assays)</p> <p><input type="checkbox"/> BRAF</p> <p><input type="checkbox"/> EGFR</p> <p><input type="checkbox"/> KRAS</p>	<p>IHC</p> <p><input type="checkbox"/> ALK (D5F3)</p> <p><input type="checkbox"/> PD-L1 <small>(offered only on NSCLC specimens)</small></p>	<p><input type="checkbox"/> NGS Mutation Testing (gene list) (all genes will be billed/charged)</p> <p><input type="checkbox"/> NGS Fusion Testing (gene list) (all genes will be billed/charged)</p> <p><input type="checkbox"/> NGS Mutation + Fusion Testing (gene list) (all genes will be billed/charged)</p> <p><input type="checkbox"/> NTRK1/2/3 Fusion Testing</p> <p><input type="checkbox"/> NTRK1/2/3 + RET Fusion Testing</p>
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<p><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></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. 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.</p> <p>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.</p> <p>3. Only indicated genes will be reported. Select 'add-on gene' if desired.</p> <p>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.</p> <p>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.</p>	<p>Notes/Special Requests:</p> <div style="border: 1px solid black; height: 150px;"></div>
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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:				