FAX

Apollo Genetics
apollogenetics.com
t: 855-553-9988
f: 833-850-9025

TO:

Name: Test Test, Test

Number: (833) 850-9025

FROM:

Name: Apollo Genetics

Number: 833-850-9025

# of Pages: 6

Date: June 21, 2022

Subject: Test Test, Test

Message:

Attached:
Lab Requisition Form – Requested by Patient

Lab has checked insurance eligibility
If return fax fails to send, please use secondary fax number – **(801) 810-1348**

APOLLO GENETICS LAB

Accession #

Return Fax To:
833-850-9025
alt fax: 801-810-1348

Clinical Laboratory Improvement Amendments

CANCER GENETICS REQUISITION FORM

Please fill in sections 5, 6, 10, 11, 15 and return pages 1-5 of this form.

LABORATORY USE ONLY	REQUISITION ID:	DATE RECEIVED:	SPECIMEN ID:

1. PATIENT INFORMATION (REQUIRED)

First Name DALLIN Last Name JOHNSTON
DOB (mm-dd-yyyy) 1988-01-10 ☑ Male ☐ Female Age 34
Address TEST TEST
City TEST State AL Zip Code 1111111
Phone (801) 898-5536 Patient ID
Email 1752@NLYZ.IO

2. ORDERING PHYSICIAN INFORMATION (REQUIRED)

First Name TEST Last Name TEST
Medical Credentials TEST NPI 2222222
Facility NPI Facility Name
Address TEEEEST, TEST
City TEST State UTAH Zip Code 45678
Phone (833) 850-9025 Office Fax (833) 850-9025

3. SPECIMEN INFORMATION (REQUIRED)

Collection Date
Place of Collection ☐ Patient's Home ☐ Provider's Office
Specimen Type: Buccal Swab ☑

4. INSURANCE INFORMATION (REQUIRED)

Insurance Name MEDICARE PART A AND B
Insurance ID 356598 Customer Service Phone (800) 633-4227

HEREDITARY CANCER PANELS

5. TEST(S) REQUESTED

☐ **Full Hereditary CGx (Test Code: AGCG1) - 40 genes - MOST COMMON PANEL**
APC, ATM, AXIN2, BAP1, BMPR1A, BRAC 1/2, BRIP1, CDH1, CDK4, CDKN2A, CHEK2, EPCAM, FH, FLCN, KIT, MAX, MEN1, MET, MLH1, MSH2, MSH6, MUTYH, NBN, NF1, PALB2, PMS2, POLD1, POLE, PTEN, RAD51C, RAD51D, SDHAF2, SDHB, SDHC, SDHD, SMAD4, TP53, TSC1, TSC2, VHL

☐ **Internist CGx (Colon, Renal, Pancreatic, Gastric, Liver) (Test Code: AGCG2) - 19 genes**
APC, ATM, BMPR1A, BRCA2, CDH1, CDKN2A, CHEK2, EPCAM, FH, FLCN, MLH1, MSH2, MSH6, PALB2, PMS2, PTEN, SMAD4, TP53, VHL

☐ **Breast, Ovarian, Uterine, Endometrial CGx (Test Code: AGCG3) - 14 genes**
ATM, BRCA1, BRCA2, CDH1, CHEK2, EPCAM, MSH2, MSH6, NBN, PALB2, PMS2, PTEN, RAD51C, TP53

☐ **Lynch Syndrome (Test Code: AGCG4) - 5 genes**
EPCAM, MLH1, MSH2, MSH6, PMS2

☐ **BRCA 1/2 (Test Code: AGCG5) - 2 genes**
Sequencing and duplication/deletion analysis

MUST CHECK ONE PANEL IN THIS SECTION

6. ICD10 CODES (REQUIRED)

7. MEDICAL NECESSITY / CHART NOTES:

Please complete section 11 on the reverse side of this form and attach required clinical notes regarding medical necessity.

8. PATIENT INFORMED CONSENT

☐ I have read and understand the Patient Informed Consent and freely give my consent to Apollo Genetics (Lab) to perform the genetic tests as described.
☐ Optional: I consent to the use of my de-identified test samples for research.

Patient Signature: **Date:**

9. PATIENT PAYMENT OPTIONS

☑ **INSURANCE OR MEDICARE** ***Please provide copy of front & back of card**
I am covered by insurance and understand and authorize once a test is ordered by my healthcare provider:

- The Lab may use all information on this form and information provided by my healthcare provider that is necessary for reimbursement.
- The Lab will inform my insurance plan of my test result only if required for preauthorization or payment of additional or reflex testing.
- My plan benefits will be payable to the Lab.
- In the event my insurance sends the payment to me directly, I am responsible for forwarding the check or equivalent payment amount to the Lab.
- I am responsible for any coinsurance, deductible or other patient responsibility amount required by my insurance.

☐ **OTHER** - Please Specify _____

Patient Signature: **Date:**

10. ORDER AND CONFIRMATION OF MEDICAL NECESSITY

By signing below, the ordering healthcare provider orders the test indicated above, confirms that the test ordered is medically necessary for the risk assessment, diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder, and confirms that the ordering healthcare provider:

- Has an on-going relationship with the patient.
- Will use the results in the management of the patient's medical condition.
- Will follow up with the patient once the test results are received to render additional treatment decisions based on the test results.
- Will maintain a detailed chart with extensive SOAP notes specifying how the test results impacted the medical care and treatment of the patient in follow-up visits.
- Understands that if the patient is a Medicare beneficiary that Medicare may not cover routine screening tests.
- Certifies under penalties of perjury that all local and national CMS coverage guidelines and/or federal screening coverage guidelines of the ordered test have been met.

Understands

- That the appropriate prior written consent has been obtained from the patient where required by state law.

Provider Signature: **Date:**

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Clinical Laboratory Improvement Amendments

CANCER GENETICS REQUISITION FORM

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11. PHYSICIAN MEDICAL NOTES REGARDING PATIENT'S APPLICABLE MEDICAL HISTORY

SECTIONS 12, 13 & 14 ARE FROM THE PATIENT INTAKE SURVEY AND FOR INFORMATIONAL PURPOSES ONLY AND NOT INTENDED TO BE USED AS A DIAGNOSIS

12. ANCESTRY

- [x] White / Non-Hispanic
- [x] Hispanic / Latino
- [x] Black / African
- [x] Ashkenazi Jewish
- [x] Asian
- [x] Native American
- [x] Pacific Islander
- [x] Middle Eastern
- [x] Other Martian

13. PATIENT PERSONAL HISTORY OF CANCER & OTHER CLINICAL INFORMAITON

- [ ] **Patient has NO personal history of cancer**

CONDITION	AGE	PATIENT IS CURRENTLY BEING TREATED	PATHOLOGY AND OTHER INFORMATION
[ ] Breast Cancer [x] Left [ ] Right	67	[ ]	[ ] Ductal Invasive [ ] Lobular Invasive [ ] Bilateral [ ] DCIS [ ] Premenopausal [ ] Triple Negative (ER-, PR-, HER2-)
[ ] Endometrial / Uterine Cancer		[ ]	[ ] Tumor MSI-HIGH or IHC Abnormal Result
[ ] Ovarian Cancer	0	[ ]	[ ] Non-epithelial
[ ] Prostate Cancer		[ ]	[ ] Gleason Score
[ ] Colon / Rectal Cancer		[ ]	Type: [ ] Mucinous [ ] Signet Ring [ ] Crohn's-like Lymphocytic Reaction [ ] Tumor Infiltrating Lymphocytes [ ] Medullary Growth Pattern [ ] Patient's tumor is MSI-High or Abnormal Result
[ ] Colon/Rectal Adenomas		[ ]	***Cumulative*** Adenomatous **Polyp #**
[ ] Hematological Cancer		[ ]	
[ ] Other Cancer		[ ]	

Check if applicable to patient: [ ] Bone marrow transplant recipient

14. FAMILY HISTORY OF CANCER

- [ ] **No known family history of cancer**
- [ ] **Limited family structure**

RELATIONSHIP TO PATIENT	MATERNAL	PATERNAL	CANCER SITE OR POLYP SITE	AGE
Aunt	[x]	[ ]	lung	54
	[ ]	[ ]		
	[ ]	[ ]		
	[ ]	[ ]		

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15. ICD-10 REFERENCE SHEET. PLEASE SELECT ALL THAT APPLY:

BREAST CANCER

☐ C50.011	Malignant neoplasm of nipple and areola, right female breast	☐ C50.012	Malignant neoplasm of nipple and areola, left female breast
☐ C50.111	Malignant neoplasm of central portion of right female breast	☐ C50.112	Malignant neoplasm of central portion of left female breast
☐ C50.211	Malignant neoplasm of upper-inner quadrant of right female breast	☐ C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
☐ C50.311	Malignant neoplasm of lower-inner quadrant of right female breast	☐ C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
☐ C50.411	Malignant neoplasm of upper-outer quadrant of right female breast	☐ C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
☐ C50.511	Malignant neoplasm of lower-outer quadrant of right female breast	☐ C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
☐ C50.611	Malignant neoplasm of axillary tail of right female breast	☐ C50.612	Malignant neoplasm of axillary tail of left female breast
☐ C50.811	Malignant neoplasm of overlapping sites of right female breast	☐ C50.812	Malignant neoplasm of overlapping sites of left female breast
☐ C50.911	Malignant neoplasm of unspecified site of right female breast	☐ C50.912	Malignant neoplasm of unspecified site of left female breast
☐ C50.021	Malignant neoplasm of nipple and areola, right male breast	☐ C50.022	Malignant neoplasm of nipple and areola, left male breast
☐ C50.121	Malignant neoplasm of central portion of right male breast	☐ C50.122	Malignant neoplasm of central portion of left male breast
☐ C50.221	Malignant neoplasm of upper-inner quadrant of right male breast	☐ C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
☐ C50.321	Malignant neoplasm of lower-inner quadrant of right male breast	☐ C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
☐ C50.421	Malignant neoplasm of upper-outer quadrant of right male breast	☐ C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
☐ C50.521	Malignant neoplasm of lower-outer quadrant of right male breast	☐ C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
☐ C50.621	Malignant neoplasm of axillary tail of right male breast	☐ C50.622	Malignant neoplasm of axillary tail of left male breast
☐ C50.821	Malignant neoplasm of overlapping sites of right male breast	☐ C50.822	Malignant neoplasm of overlapping sites of left male breast
☐ C50.921	Malignant neoplasm of unspecified site of right male breast	☐ C50.922	Malignant neoplasm of unspecified site of left male breast
☐ D05.01	Lobular carcinoma in situ of right breast	☐ D05.02	Lobular carcinoma in situ of left breast
☐ D05.11	Intraductal carcinoma in situ of right breast	☐ D05.12	Intraductal carcinoma in situ of left breast
☐ D05.81	Other specified type of carcinoma in situ of right breast	☐ D05.82	Other specified type of carcinoma in situ of left breast
☐ D05.91	Unspecified type of carcinoma in situ of right breast	☐ D05.92	Unspecified type of carcinoma in situ of left breast
☐ 717.0*	Estrogen receptor positive status [ER+]	☐ 717.1*	Estrogen receptor negative status [ER]
☐ Z85.3	Personal history of malignant neoplasm of breast	☐ Z80.3	Family history of malignant neoplasm of breast
☐ Z84.81	Family History of carrier of genetic disease		

*For ICD-10-CM C50 codes, report applicable ICD-10-CM Z17 code for patients 60 years of age or less, to identify estrogen-receptor status.

OVARIAN CANCER

☐ C56.1	Malignant neoplasm of right ovary	☐ C56.2	Malignant neoplasm of left ovary
☐ C57.01	Malignant neoplasm of right fallopian tube	☐ C57.02	Malignant neoplasm of left fallopian tube
☐ Z85.43	Personal history of malignant neoplasm of ovary	☐ Z80.41	Family history of malignant neoplasm of ovary

UTERINE (ENDOMETRIAL) CANCER

☐ C54.0	Malignant neoplasm of isthmus uteri	☐ C54.1	Malignant neoplasm of endometrium
☐ C54.2	Malignant neoplasm of myometrium	☐ C54.3	Malignant neoplasm of fundus uteri
☐ C54.8	Malignant neoplasm of overlapping sites of corpus uteri	☐ C54.9	Malignant neoplasm of corpus uteri, unspecified
☐ C55	Malignant neoplasm of uterus, part unspecified	☐ C56.1	Malignant neoplasm of right ovary
☐ C56.2	Malignant neoplasm of left ovary	☐ C56.3	Malignant neoplasm of bilateral ovaries
☐ C56.9	Malignant neoplasm of unspecified ovary	☐ C57.00	Malignant neoplasm of unspecified fallopian tube
☐ C57.01	Malignant neoplasm of right fallopian tube	☐ C57.02	Malignant neoplasm of left fallopian tube
☐ C57.10	Malignant neoplasm of unspecified broad ligament	☐ C57.11	Malignant neoplasm of right broad ligament
☐ C57.12	Malignant neoplasm of left broad ligament	☐ C57.20	Malignant neoplasm of unspecified round ligament
☐ C57.3	Malignant neoplasm of parametrium	☐ C57.22	Malignant neoplasm of left round ligament
☐ C57.4	Malignant neoplasm of uterine adnexa, unspecified	☐ C57.21	Malignant neoplasm of right round ligament

BRAIN CANCER

☐ C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles	☐ C71.1	Malignant neoplasm of frontal lobe
☐ C71.2	Malignant neoplasm of temporal lobe	☐ C71.3	Malignant neoplasm of parietal lobe
☐ C71.4	Malignant neoplasm of occipital lobe	☐ C71.5	Malignant neoplasm of cerebral ventricle
☐ C71.6	Malignant neoplasm of cerebellum	☐ C71.7	Malignant neoplasm of brain stem
☐ C71.8	Malignant neoplasm of overlapping sites of brain	☐ C71.9	Malignant neoplasm of brain, unspecified

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15. ICD-10 REFERENCE SHEET CONTINUED. PLEASE SELECT ALL THAT APPLY:

COLORECTAL CANCER

☐ C7A.022	Malignant carcinoid tumor of the ascending colon	☐ C7A.023	Malignant carcinoid tumor of the transverse colon
☐ C7A.024	Malignant carcinoid tumor of the descending colon	☐ C7A.025	Malignant carcinoid tumor of the sigmoid colon
☐ C7A.026	Malignant carcinoid tumor of the rectum	☐ C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
☐ D3A.021	Benign carcinoid tumor of the cecum	☐ D3A.022	Benign carcinoid tumor of the ascending colon
☐ D3A.023	Benign carcinoid tumor of the transverse colon	☐ D3A.024	Benign carcinoid tumor of the descending colon
☐ D3A.025	Benign carcinoid tumor of the sigmoid colon	☐ D3A.026	Benign carcinoid tumor of the rectum
☐ D3A.029	Benign carcinoid tumor of the large intestine, unspecified portion	☐ C7A.021	Malignant carcinoid tumor of the cecum
☐ C18.0	Malignant neoplasm of cecum	☐ C18.1	Malignant neoplasm of appendix
☐ C18.2	Malignant neoplasm of ascending colon	☐ C18.3	Malignant neoplasm of hepatic flexure
☐ C18.4	Malignant neoplasm of transverse colon	☐ C18.5	Malignant neoplasm of splenic flexure
☐ C18.6	Malignant neoplasm of descending colon	☐ C18.7	Malignant neoplasm of sigmoid colon
☐ C18.8	Malignant neoplasm of overlapping sites of colon	☐ C18.9	Malignant neoplasm of colon, unspecified
☐ C19	Malignant neoplasm of rectosigmoid junction	☐ C20	Malignant neoplasm of rectum
☐ C21.0	Malignant neoplasm of anus, unspecified	☐ C21.1	Malignant neoplasm of anal canal
☐ C21.2	Malignant neoplasm of cloacogenic zone	☐ C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
☐ Z85.038	Personal history of other maligant neoplasm of large intestine	☐ Z86.010	Personal history of colon polyps
☐ Z80.0	Family history of malignant neoplasm of digestive organs		

GASTRO-INTESTINAL CANCER

☐ C7A.010	Malignant carcinoid tumor of the duodenum	☐ C7A.011	Malignant carcinoid tumor of the jejunum
☐ C7A.012	Malignant carcinoid tumor of the ileum	☐ C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
☐ C7A.020	Malignant carcinoid tumor of the appendix	☐ C7A.092	Malignant carcinoid tumor of the stomach
☐ C7A.094	Malignant carcinoid tumor of the foregut, unspecified	☐ C7A.095	Malignant carcinoid tumor of the midgut, unspecified
☐ C7A.096	Malignant carcinoid tumor of the hindgut, unspecified	☐ C7A.098	Malignant carcinoid tumors of the other sites
☐ D3A.092	Benign carcinoid tumor of the stomach	☐ D3A.010	Benign carcinoid tumor of the duodenum
☐ D3A.011	Benign carcinoid tumor of the jejunum	☐ D3A.012	Benign carcinoid tumor of the ileum
☐ D3A.019	Benign carcinoid tumor of the small intestine, unspecified portion	☐ D3A.020	Benign carcinoid tumor of the appendix
☐ D3A.094	Benign carcinoid tumor of the foregut, unspecified	☐ D3A.095	Benign carcinoid tumor of the midgut, unspecified
☐ D3A.096	Benign carcinoid tumor of the hindgut, unspecified	☐ D3A.098	Benign carcinoid tumors of other sites
☐ C17.0	Malignant neoplasm of duodenum	☐ C17.1	Malignant neoplasm of jejunum
☐ C17.2	Malignant neoplasm of ileum	☐ C17.3	Meckel's diverticulum, malignant
☐ C17.8	Malignant neoplasm of overlapping sites of small intestine	☐ C17.9	Malignant neoplasm of small intestine, unspecified
☐ Z85.030	Personal history of malignant carcinoid tumor of large intestine	☐ Z85.038	Personal history of other malignant neoplasm of large intestine
☐ Z85.040	Personal history of malignant carcinoid tumor of rectum	☐ Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus

ENDOCRINE CANCER

☐ D3A.8	Other benign neuroendocrine tumors	☐ C7A.091	Malignant carcinoid tumor of the thymus
☐ D3A.091	Benign carcinoid tumor of the thymus	☐ C7A.1	Malignant poorly differentiated neuroendocrine tumors
☐ C7A.8	Other malignant neuroendocrine tumors	☐ C7B.01	Secondary carcinoid tumors of distant lymph nodes
☐ C7B.02	Secondary carcinoid tumors of liver	☐ C7B.8	Other secondary neuroendocrine tumors
☐ C25.0	Malignant neoplasm of head of pancreas	☐ C25.1	Malignant neoplasm of body of pancreas
☐ C25.2	Malignant neoplasm of tail of pancreas	☐ C25.3	Malignant neoplasm of pancreatic duct
☐ C25.4	Malignant neoplasm of endocrine pancreas	☐ C25.7	Malignant neoplasm of other parts of pancreas
☐ C25.8	Malignant neoplasm of overlapping sites of pancreas	☐ C25.9	Malignant neoplasm of pancreas, unspecified
☐ Z85.07	Personal history of malignant neoplasm of pancreas		

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15. ICD-10 REFERENCE SHEET CONTINUED. PLEASE SELECT ALL THAT APPLY:

GENITO-URINARY CANCER

☐ C61	Malignant neoplasm of prostate	☐ D29.1	Benign neoplasm of prostate
☐ D40.0	Neoplasm of uncertain behavior of prostate	☐ N40.0	Benign prostatic hyperplasia without lower urinary tract symptoms
☐ N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms	☐ N40.2	Nodular prostate without lower urinary tract symptoms
☐ N40.3	Nodular prostate with lower urinary tract symptoms	☐ N42.31	Prostatic intraepithelial neoplasia
☐ N42.32	Atypical small acinar proliferation of prostate	☐ N42.39	Other dysplasia of prostate
☐ N42.83	Cyst of prostate	☐ R31.1	Benign essential microscopic hematuria
☐ R31.29	Other microscopic hematuria	☐ C7A.093	Malignant carcinoid tumor of the kidney
☐ D3A.093	Benign carcinoid tumor of the kidney	☐ C67.0	Malignant neoplasm of trigone of bladder
☐ C67.1	Malignant neoplasm of dome of bladder	☐ C67.2	Malignant neoplasm of lateral wall of bladder
☐ C67.3	Malignant neoplasm of anterior wall of bladder	☐ C67.4	Malignant neoplasm of posterior wall of bladder
☐ C67.5	Malignant neoplasm of bladder neck	☐ C67.6	Malignant neoplasm of ureteric orifice
☐ C67.7	Malignant neoplasm of urachus	☐ C67.8	Malignant neoplasm of overlapping sites of bladder
☐ C67.9	Malignant neoplasm of bladder, unspecified	☐ C7B.04	Secondary carcinoid tumors of peritoneum
☐ C7B.09	Secondary carcinoid tumors of other sites	☐ C45.1	Mesothelioma of peritoneum
☐ C48.1	Malignant neoplasm of specified parts of peritoneum	☐ C48.2	Malignant neoplasm of peritoneum, unspecified
☐ C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum	☐ C61	Malignant neoplasm of prostate
☐ Z85.46	Personal history of malignant neoplasm of prostate	☐ C45.1	Mesothelioma of peritoneum
☐ C48.1	Malignant neoplasm of specified parts of peritoneum	☐ C48.2	Malignant neoplasm of peritoneum, unspecified
☐ C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum	☐ C65.1	Malignant neoplasm of right renal pelvis
☐ C65.2	Malignant neoplasm of left renal pelvis	☐ C65.9	Malignant neoplasm of unspecified renal pelvis
☐ C66.1	Malignant neoplasm of right ureter	☐ C66.2	Malignant neoplasm of left ureter
☐ C66.9	Malignant neoplasm of unspecified ureter	☐ C68.0	Malignant neoplasm of urethra
☐ C68.1	Malignant neoplasm of paraurethral glands	☐ C68.8	Malignant neoplasm of overlapping sites of urinary organs
☐ C68.9	Malignant neoplasm of urinary organ, unspecified		

RESPIRATORY CANCER

☐ C7A.090	Malignant carcinoid tumor of the bronchus and lung	☐ D3A.090	Benign carcinoid tumor of the bronchus and lung

MUSCULOSKELETAL CANCER

☐ C7B.03	Secondary carcinoid tumors of bone

INTEGUMENTARY CANCER

☐ C7B.1	Secondary Merkel cell carcinoma

BONE MARROW AND LYMPHATIC CANCER

☐ C92.00	Acute myeloblastic leukemia, not having achieved remission	☐ C92.01	Acute myeloblastic leukemia, in remission
☐ C92.02	Acute myeloblastic leukemia, in relapse	☐ C92.40	Acute promyelocytic leukemia, not having achieved remission
☐ C92.41	Acute promyelocytic leukemia, in remission	☐ C92.42	Acute promyelocytic leukemia, in relapse
☐ C92.50	Acute myelomonocytic leukemia, not having achieved remission	☐ C92.51	Acute myelomonocytic leukemia, in remission
☐ C92.52	Acute myelomonocytic leukemia, in relapse	☐ C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission
☐ C92.61	Acute myeloid leukemia with 11q23-abnormality in remission	☐ C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse
☐ C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission	☐ C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission
☐ C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse	☐ D45	Polycythemia vera
☐ D47.1	Chronic myeloproliferative disease	☐ D47.3	Essential (hemorrhagic) thrombocythemia
☐ D75.81	Myelofibrosis		

The list below contains commonly used ICD-10 codes. Providers should report diagnosis code(s) based on information recorded in the patient's medical record that best describes the reason for testing. To appropriately bill insurance, Apollo Genetics requires ICD-10 codes which 1) are patient specific, 2) prove the medical necessity of the ordered test and 3) are a billable code of the highest specificity.

* This list is intended to assist ordering physicians in providing ICD-10 Diagnosis Codes as required by Medicare and other Insurers. It includes the most commonly found out- patient diagnoses (generally without complications) but is not complete. This list was compiled from the ICD10-CM 2015, as well as the Medicare Regulations and Manuals issued or authorized by the Centers for Medicaid and Medicare Services. An ICD-10-CM book should be used as a complete reference. The ultimate responsibility for correct coding belongs to the ordering physician. *

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LABORATORY USE ONLY	REQUISITION ID:	DATE RECEIVED:	SPECIMEN ID:

1. PATIENT INFORMATION (REQUIRED)

First Name JOHN Last Name SMITH
DOB (mm-dd-yyyy) 01-01-1945 ☐ Male ☐ Female Age 75
Address 123 MAIN STREET
City MONTEREY State CA Zip Code 12345
Phone 555-555-1234 Patient ID 1234567890
Email

2. ORDERING PHYSICIAN INFORMATION (REQUIRED)

First Name JANE Last Name DOE
Medical Credentials MD NPI 123456789
Facility NPI Facility Name
Address 333 FIRST AVENUE
City MONTEREY State CA Zip Code 12345
Phone 555-555-2345 Office Fax 555-555-3456

3. SPECIMEN INFORMATION (REQUIRED)

Specimen Type:
☐ Home ☐ Provider's Office ☑ Buccal Swab

4. INSURANCE INFORMATION (REQUIRED)

Insurance Name MEDICARE PART A AND B
Insurance ID 123456789 Customer Service Phone 555-555-4567

Select a panel

HEREDITARY CANCER PANELS

5. TEST(S) REQUESTED

☒ **Full Hereditary CGx (Test Code: AGCG1)** - **36 genes** - **MOST COMMON PANEL**
APC, ATM, BLM, BRAC 1/2, BRAF, CEBPA, DPYD, EGFR, EZH2, FANCC, FLT3, G6PD, HRAS, IDH1, IDH2, JAK2, JAK3, KIT, KRAS, MLH1, MPL, MSH2, MSH6, NRAS, PALB2, PDGFRA, PIK3CA, PML/RARA, PMP22, PMS2, PTEN, RET, ROS1, SEPTIN9, TP53, UGT1A1

☐ **Internist CGx (Colon, Renal, Pancreatic, Gastric, Liver) (Test Code: AGCG2)** - **19 genes**
APC, ATM, BMPR1A, BRCA2, CDH1, CDKN2A, CHEK2, EPCAM, FH, FLCN, MLH1, MSH2, MSH6, PALB2, PMS2, PTEN, SMAD4, TP53, VHL

☐ **Breast, Ovarian, Uterine, Endometrial CGx (Test Code: AGCG3)** - **14 genes**
ATM, BRCA1, BRCA2, CDH1, CHEK2, EPCAM, MSH2, MSH6, NBN, PALB2, PMS2, PTEN, RAD51C, TP53

☐ **Lynch Syndrome (Test Code: AGCG4)** - **5 genes**
EPCAM, MLH1, MSH2, MSH6, PMS2

☐ **BRCA 1/2 (Test Code: AGCG5)** - **2 genes**
Sequencing and duplication/deletion analysis

MUST CHECK ONE PANEL IN THIS SECTION

6. ICD10 CODES (REQUIRED)

7. MEDICAL NECESSITY / CHART NOTES:

Please complete section 11 on the reverse side of this form and attach required clinical notes regarding medical necessity.

8. PATIENT INFORMED CONSENT

☐ I have read and understand the Patient Informed Consent and freely give my consent to Apollo Genetics (Lab) to perform the genetic tests as described.
☐ Optional: I consent to the use of my de-identified test samples for research.

Patient Signature: **Date:**

9. PATIENT PAYMENT OPTIONS

☑ **INSURANCE OR MEDICARE** ***Please provide copy of front & back of card**
I am covered by insurance and understand and authorize once a test is ordered by my healthcare provider:

- The Lab may use all information on this form and information provided by my healthcare provider that is necessary for reimbursement.
- The Lab will inform my insurance plan of my test result only if required for preauthorization or payment of additional or reflex testing.
- My plan benefits will be payable to the Lab.
- In the event my insurance sends the payment to me directly, I am responsible for forwarding the check or equivalent payment amo
- I am responsible for any coinsurance, deductible or amount required by my insurance.

☐ **OTHER** - Please Specify

Patient Signature: **Date:**

Sign and date

10. ORDER AND CONFIRMATION OF MEDICAL NECESSITY

By signing below, the ordering healthcare provider orders the test indicated above, confirms that the test ordered is medically necessary for the risk assessment, diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder, and confirms that the ordering healthcare provider:

- Has an on-going relationship with the patient.
- Will use the results in the management of the patient's medical condition,
- Will follow up with the patient once the test results are received to render Additional treatment decisions based on the test results.
- Will maintain a detailed chart with extensive SOAP notes specifying how the test results impacted the medical care and treatment of the patient in follow-up visits.
- Understands that if the patient is a Medicare beneficiary that Medicare may not cover routine screening tests.
- Certifies under penalties of perjury that all local and national CMS coverage guidelines and/or federal screening coverage guidelines of the ordered test have been met.

Understands

- That the appropriate prior written consent has been obtained from the patient where required by state law.

Provider Signature: Dr. Jane Doe **Date:** 05/23/2020