

For Pathologists performing their own PCR microdissection, please check the box below.

Cell selection for microdissection performed by submitting Pathologist

Highlighted areas are required billing information.

Client Information **Required Billing Information** (Attach face sheet & front and back of Insurance Card)

Client: _____
Address: _____

Ordering Physician _____ UPIN # _____ NPI# _____

Phone () _____ Fax () _____

Tissue Block included in shipment **or** Tissue Block located at the third party location listed below

Location Name _____ City _____ State _____

Phone () _____ Fax () _____

Bill: Insurance Medicare - Part B Patient Hospital/Institution

Patient Status: Inpatient Outpatient Non-Hospital patient

Hospital Discharge Date: _____

Pre-Authorization # _____

Health Plan _____ See attached billing info

Address _____

Policy / Cert. # _____ Group / Plan # _____

Medical Group _____

Name of Insured _____ Ins. Phone () _____

Relationship to Insured _____

Secondary Insurance Yes No (If Yes, please attach)

Medicare will only reimburse for tests which meet Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient.

Specimen Information

Body Site: _____

Specimen ID (#): _____ Block(s) _____ Slide(s) _____

Collection Date & Time: _____

Retrieved from Archive Date: _____ Choose best blocks
 Perform tests on all blocks

Diagnosis or Signs/Symptoms (ICD-9 or Narrative): _____

Diagnosis Breast Cancer Colorectal Cancer Lung Cancer
 Other _____

Tumor Primary Metastatic Recurrence/Residual

Patient Information

Name (Last, First) _____

Address _____

Social Security # _____ **Sex** Male Female **D.O.B.** _____

Med. Rec. No. / Patient No. _____ Phone () _____

Statement of Medical Necessity

I confirm that this test is medically necessary, and the results will be used in the medical management and treatment decisions for the patient.

Medical Professional Signature _____ Date _____

Test Menu

All tests on this requisition will be reported by a Clarient Pathologist.

Breast Cancer Profile

ER, PR, HER2 by IHC If ER(+), Perform Mammostrat

Individual Markers

ER by IHC Analysis by PCR
 PR by IHC PTEN by IHC TopoII α by FISH
 HER2 by IHC CK 5/6 by IHC p53 by IHC
 EGFR by IHC MYC Amplification by FISH
 BRCA by IHC Ki-67 by IHC HER2 by FISH
 PI3K Mutation

Clarient Insight[®]Mammostrat[®]

Mammostrat Mammostrat Plus (Mammostrat, ER, PR, Ki67, HER2 by IHC and FISH)

Colon Cancer Profile

KRAS, MMR, p53, BRAF Mutation, MLH1 Methylation, PI3K, pTEN
 KRAS, MMR, p53
 BRAF Mutation, MLH-1 Methylation, PI3K, pTEN

Individual Markers

KRAS Mutation Analysis by PCR Reflex to BRAF
 KRAS Mutation Analysis by PCR
 BRAF Mutation Analysis by PCR
 PI3K Mutation Analysis by PCR, PTEN by IHC
 EGFR by FISH (gene copy) ERCC1 by IHC
 TS by IHC (Thymidylate Synthase)
 MSI by PCR PTEN by IHC p53 by IHC
 MMR Profile by IHC (MLH1, MSH2, MSH6, PMS2)

Lung Cancer Profiles

EGFR Mutation Analysis, ALK Rearrangement by FISH
 EGFR Mutation Analysis, ALK Rearrangement by FISH, EGFR by IHC, KRAS, BRAF, ERCC1, TS
 EGFR Mutation Analysis, ALK Rearrangement by FISH, EGFR by IHC
 KRAS Mutation Analysis by PCR, BRAF Mutation Analysis by PCR, ERCC1 by IHC, TS by IHC

Individual Markers

EGFR Mutation Analysis by PCR
 KRAS Mutation Analysis by PCR
 BRAF Mutation Analysis by PCR
 ALK Rearrangement by FISH
 EGFR by IHC (protein expression)
 EGFR by FISH (gene copy)
 PI3K Mutation Analysis by PCR ERCC1 by IHC
 PTEN by IHC HER2 by FISH MET by IHC
 TS by IHC (Thymidylate Synthase)

OncoCEE-BR[™]*

HER2 OncoCEE-BR[™]
CTC enumeration by CEE[™] with CK detection & HER2 (FISH)

Enumeration OncoCEE-BR[™]
CTC enumeration by CEE[™] with CK detection

***Only performed on peripheral blood**

Tumor Consultation

Diagnostic Consultation: Clarient pathologist will provide a consultative diagnosis based on a comprehensive consultation.

Differential Diagnosis: _____

Clarient Insight[®]Dx Pulmotype[®]

Clarient InsightDx Pulmotype

Gastric Cancer Profile

HER2 by IHC and FISH

Melanoma Testing

BRAF V600 Mutation - Melanoma

In order to perform this analysis, the following is required:
Formalin-fixed, paraffin-embedded block or 4 unstained slides at 5 μ

Head and Neck Cancer Profile

p16 by IHC HPV-high risk by ISH

Other Testing Requested _____

A copy of the report will be sent to you once it is completed.

For preparation and shipping information, please see reverse side.

Authorized Signature: _____ **Date:** _____

Lab Use Only:

N/A Path Rep No. of Paraffin Block(s) _____ **Date:** _____

Insurance Slides _____ unstained _____ stained _____ H&E

Preparation

In order to perform this analysis, the following is required:

For IHC/FISH testing

- A formalin-fixed, paraffin-embedded block containing the patient's tumor tissue
Or
- **2 (two) unstained slides** 4 micron cut sections for each test ordered, use positively charged slides.
- **Please include the address where the blocks and/or slides should be returned.**

For PCR testing

- A formalin-fixed, paraffin-embedded block containing the patient's tumor tissue
Or
- 1 (one) unbaked, unstained slide for H&E staining
- 4 (four) unbaked, unstained, 7 micron cut sections on regular slides
- Please do not oven dry – AIR DRY ONLY
- Please do not use coverslips
- **Please include the address where the blocks and/or slides should be returned.**

Shipping

Please call Client Services at 888.443.3311 for shipping instructions.