



QUEST VANTAGE™ INHERITED CANCER RISK TESTING

- BILL TO: My Account, Insurance Provided, Lab Card/Select, Patient

PRINT PATIENT NAME (LAST, FIRST, MIDDLE), REGISTRATION # (IF APPLICABLE), DATE OF BIRTH, SEX

ACCOUNT #: NAME: ADDRESS: CITY, STATE, ZIP TELEPHONE #:

IMPORTANT! THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY. Reflex tests are performed at an additional charge. Each sample should be labeled with at least two patient identifiers at time of collection. ICD Diagnosis Codes are Mandatory. Fill in the applicable fields below.

PATIENT EMAIL ADDRESS, PATIENT ID # / MRN, CELL PHONE, PATIENT PHONE, PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT, PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # KEY #

DATE COLLECTED, TIME, TOTAL VOL/HRS., Fasting, Non Fasting

NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST BE INDICATED)

PRIMARY INSURANCE

CITY, STATE, ZIP, RELATIONSHIP TO INSURED: SELF, SPOUSE, DEPENDENT, PRIMARY INSURANCE CO. NAME, MEMBER / INSURED ID NO. #, GROUP #, INSURANCE ADDRESS, CITY, STATE, ZIP

ADDIT'L PHYS.: Dr. NPI/UPIN, NON-PHYSICIAN PROVIDER: NAME, I.D.#, Fax Results to: (), Client # OR NAME: ADDRESS: CITY: STATE: ZIP

Preauthorization approved Preauthorization number: Preauthorization not submitted

ABN required for tests with these symbols. Medicare Limited Coverage Tests. @ = May not be covered for the reported diagnosis. F = Has prescribed frequency rules for coverage. & = A test or service performed with research/experimental kit. B = Has both diagnosis and frequency-related coverage limitations. Provide signed ABN when necessary. Visit QuestDiagnostics.com/MLCP for Medicare coverage guidelines. ICD Codes (enter all that apply)

THIS REQUISITION MUST BE ACCOMPANIED BY THE PATIENT AND FAMILY CLINICAL HISTORY FORM. FORM AVAILABLE THROUGH YOUR LOCAL REPRESENTATIVE OR BY VISITING WWW.QUESTVANTAGE.COM

BRCA-Related Breast and/or Ovarian Cancer Syndrome: 91863 BRCAvantage® Comprehensive, 91864 BRCAvantage® Ashkenazi Jewish Screen, 92140 BRCAvantage® Ashkenazi Jewish Screen w/Reflex to BRCAvantage® Comprehensive. Lynch Syndrome: 91461 Lynch Syndrome Panel. Single Gene Testing: 91460 MLH1, 91471 MSH2 (inc. EPCAM), 91458 MSH6, 91457 PMS2, Other

Expanded Hereditary Cancer Risk Panels: 93791 Givantage™ Hereditary Colorectal Cancer Panel (13 Genes), 93768 MYvantage™ Hereditary Comprehensive Cancer Panel (34 Genes), 94053 Juvenile Polyposis Panel (BMPRIA, SMAD4). Additional Single-Gene Tests: 92560 TP53, 92565 STK11, 93797 APC, 92571 PALB2, 92566 PTEN, 93940 CHEK2, 92568 CDH1, 93939 CDKN2A, 93942 MEN1, 93944 MUTYH (MYH), 93941 NF1, 93943 VHL, 93796 RET. Single site testing for any Quest Vantage Gene: 93945 Gene Name: Mutation Name: NOTE: Copy of family member's report MUST be submitted.

REQUIRED SIGNATURES PATIENT ACKNOWLEDGEMENT: I authorize Quest Diagnostics (Quest) to release information received, including, without limitation, medical information, which includes laboratory test results, to my health plan/insurance carrier and its authorized representatives as necessary for reimbursement. I further authorize my health plan/insurance carrier to directly pay Quest for the services rendered. I understand that I may be responsible for portions of this test not covered by my insurance. SIGNATURE REQUIRED Patient Signature Date. STATEMENT OF MEDICAL NECESSITY AND INFORMED CONSENT: I have supplied information to the patient regarding genetic testing and the patient has given consent for genetic testing to be performed. I further confirm that this test is medically necessary for the diagnosis or detection of disease, illness, impairment, symptom, syndrome, or disorder and the results will be used in the medical management and treatment decisions for the patient. I confirm that the person listed in the Ordering Physician space above is authorized by law to order the test(s) requested herein. SIGNATURE REQUIRED Medical Professional's Signature X Date

QUEST VANTAGE, the associated logo and all associated Quest Diagnostics marks are the trademarks of Quest Diagnostics. Copyright © 2018 Quest Diagnostics Incorporated. All rights reserved. www.questdiagnostics.com. For fastest processing, please fax this requisition and fully-completed Patient and Family Clinical History Form to 855.422.5181. If you have questions regarding this order, please call 866.GENE.INFO. Many payers (including Medicare and Medicaid) have medical necessity requirements. You should only order those tests which are medically necessary for the diagnosis and treatment of the patient.

SPECIMEN KEY ON BACK, FOLD HERE, SMOOTHSEAL®, SPECIMEN KEY ON BACK

ICD Diagnosis Codes are Mandatory. Fill in the applicable fields below. FOLD HERE, Provide signed ABN when necessary, Provide signed ABN when necessary, Provide signed ABN when necessary

All samples to be shipped ambient, unless otherwise specified.

Specimen Key:

- L = Lavender top tube
- ◆ = See the BRCAvantage® Test Selection Guide for the appropriate clinical application of this test.



Consider taking advantage of our convenient scheduling. Visit us at [QuestDiagnostics.com/appointment](https://www.questdiagnostics.com/appointment) or call 888-277-8772 or simply download our mobile app. at [QuestDiagnostics.com/mobile](https://www.questdiagnostics.com/mobile)



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BRCA-Related Breast and/or Ovarian Cancer Syndrome, Lynch Syndrome, Single Gene Testing

Expanded Hereditary Cancer Risk Panels, Additional Single-Gene Tests, Single site testing for any Quest Vantage Gene

REQUIRED SIGNATURES, PATIENT ACKNOWLEDGEMENT, SIGNATURE REQUIRED, STATEMENT OF MEDICAL NECESSITY AND INFORMED CONSENT, SIGNATURE REQUIRED

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SPECIMEN KEY ON BACK

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Consider taking advantage of our convenient scheduling. Visit us at [QuestDiagnostics.com/appointment](https://www.questdiagnostics.com/appointment) or call 888-277-8772 or simply download our mobile app. at [QuestDiagnostics.com/mobile](https://www.questdiagnostics.com/mobile)