Quest Diagnostics™

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 M M D D YEAR | SEX

PATIENT SOCIAL SECURITY # - - | OFFICE / PATIENT ID #

ROOM # | LAB REFERENCE # | PATIENT PHONE # ( )

PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT

PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # KEY #

CITY | STATE | ZIP

DID YOU KNOW

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.

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

DATE COLLECTED | TIME : ☐ AM ☐ PM | TOTAL VOL/HRS. _____ ML _____ HR | ☐ Fasting ☐ Non Fasting

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

☐ ADDIT'L PHYS.: Dr._____ NPI/UPIN

NON-PHYSICIAN PROVIDER: | NAME | I.D.#

☐ Fax Results to: ( )_____

Send Duplicate Report to: Client # OR NAME:_____ ADDRESS:_____ CITY:_____ STATE_____ ZIP_____

PRIMARY INSURANCE

RELATIONSHIP TO INSURED: ☐ SELF ☐ SPOUSE ☐ DEPENDENT

PRIMARY INSURANCE CO. NAME

MEMBER / INSURED ID NO. # | GROUP #

INSURANCE ADDRESS

CITY | STATE | ZIP

☐ Preauthorization approved Preauthorization number:_____

☐ Preauthorization not submitted

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

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.BRCAVANTAGE.COM

BRCA-Related Breast and/or Ovarian Cancer Syndrome

91863 ☐ **BRCAvantage® Comprehensive** L
(BRCA1 and BRCA2 sequencing and deletion/duplication)

91864 ☐ **BRCAvantage® Ashkenazi Jewish Screen** L
(Common founder mutations BRCA1 c.68_69delAG, BRCA1 c.5266dupC, and BRCA2 c.5946delT)

92140 ☐ **BRCAvantage® Ashkenazi Jewish Screen w/Reflex to BRCAvantage® Comprehensive** L
(Ashkenazi Jewish Screen, if negative reflex to BRCAvantage® Comprehensive.)

91865 ☐ **BRCAvantage® Single Site** L
(Known familial mutation in BRCA1 or BRCA2 gene)

Lynch Syndrome

91461 ☐ **Lynch Syndrome Panel** L
(Sequencing and deletion/duplication in MLH1, MSH2 (inc. EPCAM), MSH6, and PMS2)

Single Gene Testing

91460 ☐ MLH1 91471 ☐ MSH2 (inc. EPCAM)
91458 ☐ MSH6 91457 ☐ PMS2 ☐ Other _____

Single Site (select gene below)

14984 ☐ MLH1 14981 ☐ MSH2 (inc. EPCAM) 14983 ☐ MSH6
(Known familial mutation in MLH2, MSH2 (inc. EPCAM) or MSH6)

Expanded Hereditary Cancer Risk Panels

92573 ☐ **BRCAvantage® with Reflex to Breast Plus Panel** ◆
(BRCA1, BRCA2 if negative reflex to:TP53, PTEN, CDH1, STK11, PALB2)

92587 ☐ **BRCAvantage® Plus™ Breast Cancer Risk Panel (7 Genes)** ◆
(BRCA1, BRCA2, TP53, PTEN, CDH1, STK11, PALB2)

92586 ☐ **Breast Plus Panel w/o BRCA (5 Genes)** ◆
(TP53, PTEN, CDH1, STK11, PALB2)

93791 ☐ **GIvantage™ Hereditary Colorectal Cancer Panel (13 Genes)** L
(APC, BMPR1A, CDH1, EPCAM, MLH1, MSH2, MSH6, MUTYH (MYH), PMS2, PTEN, SMAD4, STK11, TP53)

93792 ☐ **Qvantage™ Hereditary Women's Health Cancer Panel (14 Genes)** L
(ATM, BRCA1, BRCA2, CDH1, CHEK2, EPCAM, MLH1, MSH2, MSH6, PALB2, PMS2, PTEN, STK11, TP53)

93768 ☐ **MYvantage™ Hereditary Comprehensive Cancer Panel (34 Genes)** L
(APC, ATM, BARD1, BMPR1A, BRCA1, BRCA2, BRIP1, CDH1, CDK4, CDKN2A (p16, p14), CHEK2, EPCAM, MEN1, MLH1, MSH2, MSH6, MUTYH (MYH), NBN, NF1, PALB2, PMS2, POLD1, POLE, PTEN, RAD51C, RAD51D, RET, SDHB, SDHC, SDHD, SMAD4, STK11, TP53, VHL)

Other Single Gene Testing

92560 ☐ TP53 (Li Fraumeni Syndrome) 92565 ☐ STK11 (Peutz-Jeghers Syndrome)
92571 ☐ PALB2 92566 ☐ PTEN (Hamartoma Tumor Syndrome, inc. Cowden Syndrome)
92568 ☐ CDH1 (Hereditary Diffuse Gastric Cancer Syndrome) ☐ 93797 APC
☐ Other _____

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, and that Quest will contact me prior to test start ONLY if my responsibility for coinsurance, deductible, and/or non-covered services is estimated to be greater than $350.
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 _____

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®

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 or call 888-277-8772 or simply download our mobile app. at QuestDiagnostics.com/mobile