Integrated ONCOLOGY
LabCorp Specialty Testing Group

Client Services
Brentwood, TN: (800) 874-8532 fax: (615) 370-8074
Phoenix, AZ: (800) 710-1800 fax: (800) 481-4151
New York, NY: (800) 447-5816 fax: (212) 698-9532

CHILDREN'S ONCOLOGY GROUP (COG)

www.integratedoncology.com

Highlighted fields are REQUIRED

CLIENT INFORMATION

ORDERING PHYSICIAN	NPI #
PHONE NUMBER	
PHYSICIAN/AUTHORIZED SIGNATURE	

Client#

Client Name

Address

Phone Number Fax Number

PATIENT INFORMATION

Name (LAST, FIRST, MI):

Date of Birth: Sex: ☐ Male ☐ Female

Address:

City, State, Zip:

Phone Number:

Med. Rec. # / Patient #:

BILLING INFORMATION (attach face sheet and copy of insurance card – both sides)

Bill: ☐ My Account ☐ Insurance ☐ Medicare ☐ Medicaid ☐ Patient ☐ Workers Comp
Patient Hospital Status: ☐ In-Patient ☐ Out-Patient ☐ Non-Patient
Insurance Information: ☐ See attached Authorization # _____

PRIMARY BILLING PARTY	SECONDARY BILLING PARTY
INSURANCE CARRIER*	INSURANCE CARRIER*
ID #	ID #
GROUP #	GROUP #
INSURANCE ADDRESS	INSURANCE ADDRESS
NAME OF INSURED PERSON	NAME OF INSURED PERSON
RELATIONSHIP TO PATIENT	RELATIONSHIP TO PATIENT
EMPLOYER NAME	EMPLOYER NAME
*IF MEDICAID STATE / PHYSICIAN'S PROVIDER #	

SPECIMEN INFORMATION

Collection Date: Time: ☐ AM ☐ PM

Specimen ID #(s):

Body Site/Descriptor:

Fixative: ☐ 10% Neutral Buffered Formalin ☐ Other: Hours Fixed:

Specimen Type:		Smears:
☐ BM Aspirate	☐ Fluid:	☐ Peripheral Blood #
☐ BM Clot	☐ FNA:	☐ BM Touch Preps #
☐ BM Core	☐ CSF	☐ BM Aspirate #
☐ Dry Tap	☐ Lymph Node:	☐ Effusion #/Source
☐ Peripheral Blood	☐ Slides #	☐ Fresh Tissue #/Site

CLINICAL STATUS

Narrative Diagnosis/Clinical Data (Attach previous test results, if applicable):

☐ New Diagnosis
☐ Relapse
☐ Minimal Residual Disease (MRD)

All diagnoses should be provided by the ordering physician or an authorized designee.
Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required)

ICD-CM	ICD-CM	ICD-CM
☐ Acute Lymphoblastic Leukemia ☐ B-cell ☐ T-cell ☐ Lineage Uncertain ☐ Acute Myeloid Leukemia ☐ Anemia ☐ Chronic Lymphocytic Leukemia ☐ Chronic Myelogenous Leukemia	☐ Hodgkin Lymphoma ☐ Leukemia, Unspecified ☐ Leukocytosis, Unspecified ☐ Leukopenia ☐ Lymphadenopathy ☐ Monoclonal Gammopathy ☐ Myeloma, Plasma Cell	☐ Myelodysplastic Syndrome ☐ Myeloproliferative Neoplasm ☐ Non-Hodgkin Lymphoma ☐ Polycythemia ☐ Suspected malignant neoplasm ☐ Thrombocytopenia ☐ Thrombocytosis

TESTS REQUESTED

This test requisition is only to be used for COG samples

CYTOGENETICS

☐ Chromosome Analysis, Blood/Marrow [510999]
☐ Chromosome Analysis, Solid Tumor [510995]

REVEAL® SNP MICROARRAY

☐ Reveal® SNP Microarray [510002]

FLUORESCENCE IN SITU HYBRIDIZATION (FISH) PROFILES

Profiles below include all probes listed. For specific probes, please check individual boxes.

ALL

☐ ALL Profile [510324]
☐ BCR/ABL1, t(9;22) ☐ MLL ☐ ETV6/RUNX1, t(12;21) ☐ 4, 10, 17
☐ CDKN2A (p16) ☐ TCF3 (E2A)

AML

☐ AML Profile [510336]
☐ PML/RARA, t(15;17) ☐ CBFB (Inv 16) ☐ RUNX1T1/RUNX1, t(8;21)
☐ KMT2A (MLL) ☐ 5q ☐ 7q

NHL

☐ IgH/CCND1 (BCL1) ☐ BCL2 ☐ MYC ☐ MALT1 ☐ BCL6

☐ Other Individual FISH probes [510669]
Specify Probe: _____

FISH

☐ FISH, Paraffin-embedded tissue [510825]

BONE MARROW TRANSPLANT

☐ Xcen, Yq12
☐ Other _____

When ordering tests for which Medicare or Medicaid reimbursements will be sought, physicians should order only those tests that are medically necessary for the diagnosis or treatment of the patient.

Integrated Oncology is a brand used by both Accupath Diagnostic Laboratories, Inc. and Esoterix Genetic Laboratories, LLC, wholly-owned subsidiaries of Laboratory Corporation of America® holdings.

Determining Necessity of Advance Beneficiary Notice of Noncoverage (ABN) Completion*

1. **Diagnose.** Determine your patient's diagnosis.
2. **Document.** Write the diagnosis code(s) on the front of this requisition.
3. **Verify.** Determine if the laboratory test(s) ordered for the patient is subject to Local Coverage Determination or National Coverage Determination. This information can be located in the policies published by your Medicare Administrative Contractor (MAC), CMS, or www.LabCorp.com/MedicareMedicalNecessity.
4. **Review.** If the diagnosis code for your patient **does not** meet the medical necessity requirements set forth by Medicare or the test is being performed more frequently than Medicare allows, an ABN should be completed.

*An ABN should be completed for all tests that are considered investigational (experimental or for research use) by Medicare.

How to Complete an Advance Beneficiary Notice of Noncoverage (ABN)

Medicare is very specific in requiring that all of the information included on the ABN must be completed. Additionally, LabCorp requests that the specimen number or bar code label be included on the form. To be valid, an ABN must:

1. Be executed on the CMS approved ABN form (CMS-R-131).
2. Identify the Medicare Part B Beneficiary, using the name as it appears on the patient's red, white, and blue Medicare card.
3. Indicate the test(s)/procedure(s) which may be denied within the relevant reason column.
4. Include an estimated cost for the test(s)/procedures(s) subject to the ABN.
5. Have "Option 1", "Option 2", or "Option 3" designated by the beneficiary.
6. Be signed **and** dated by the beneficiary or his/her representative **prior to** the service being rendered.

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