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

SOLID TUMOR PATHOLOGY

www.integratedoncology.com

Highlighted fields are REQUIRED

CLIENT INFORMATION

ORDERING PHYSICIAN	NPI #
TREATING PHYSICIAN	NPI #
PHYSICIAN/AUTHORIZED SIGNATURE	

PATIENT INFORMATION

Name (LAST, FIRST, MIDDLE):

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 # | WORKERS COMP ☐ Yes ☐ No

CLINICAL/SPECIMEN INFORMATION

Collection Date: Time: Fixative: ☐ 10% Neutral Buffered Formalin

Send Date: ☐ Other:

Body Site/Descriptor: ☐ See previous case history

Specimen ID # (as it appears on the specimen):

Narrative Diagnosis/Clinical Data (please attach CBC, previous test results, if applicable):

☐ Paraffin Block(s): #_____ ☐ Slides: #_____ ☐ Smears: # _____ ☐ Other:_____

CLINICAL INDICATION FOR STUDY (attach clinical history and pathology reports)

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	

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.

① Lynch Syndrome Comprehensive Tumor Evaluation includes MLH1/MSH2/MSH6/PMS2 (IHC), and MSI (PCR). If MLH1 is deficient, reflex to BRAF mutation analysis. If negative, reflex to MLH1 promoter methylation^ . If ordering for endometrial cancer, BRAF mutation analysis will not be performed

TESTING REQUESTED

TUMOR ANALYSIS - Service Levels (select one and send pathology report):

☐ **Surgical pathology consult – Comprehensive tumor analysis and report (FFPE with or without slides)**
Consultative diagnostic workup for solid tumor. Includes histologic/morphologic evaluation with the application of IHC and other relevant diagnostic tests (i.e. FISH, molecular) per recommendation of IO pathologist. When a differential diagnosis is selected from below, it will serve as a guide for the Integrated Oncology (IO) pathologists in the case evaluation. An IO pathologist will select antibodies (range 1-25) that are medically necessary depending on the diagnosis under consideration.

☐ **Immunohistochemistry analysis with interpretation of specific antibodies selected**
Write individual antibodies below. (Current Antibody Library available at www.integratedoncology.com)

☐ **Second opinion consultation (stained slides without FFPE)**

Select Differential Diagnosis in Question:

☐ Adenocarcinoma vs. mesothelioma
☐ Bladder vs. prostate carcinoma
☐ Breast: in situ vs. invasive
☐ Breast: ductal vs. lobular
☐ Carcinoma unknown primary – Female
☐ Carcinoma unknown primary – Male
☐ Carcinoma vs. melanoma
☐ Endocervical vs. endometrial
☐ Germ cell tumor
☐ Gastrointestinal stromal tumors (GIST)
☐ Hepatoma/cholangio vs. met. carcinoma
☐ Squamous cell vs. adenocarcinoma ±
☐ Kidney tumor
☐ Lung vs. breast
☐ Neuroendocrine neoplasm
☐ Paget's disease vs. melanoma vs. sqCC
☐ Pancreatic endocrine neoplasm
☐ Pituitary neoplasm
☐ Prostate carcinoma vs. adenosis
☐ Small cell vs. non-small cell carcinoma
☐ Small round cell tumor (e.g. Ewing's, PNET)
☐ Soft tissue tumor
☐ SqCC vs. melanoma vs. AFX
☐ Undifferentiated malignant tumor

Immunohistochemistry Level of Service – MUST SELECT ONE

☐ IHC Stain with Manual Interpretation
☐ IHC stain – Technical Component only (slides)
☐ IHC stain with Virtual Image – Technical Component only

DISEASE-SPECIFIC PROFILES

± Lung Cancer
☐ Squamous Cell vs Adenocarcinoma: if adenocarcinoma, reflex to Lung Panel (EGFR mutation, ALK [FISH], ROS1 [FISH])
☐ PD-L1 for KEYTRUDA® (IHC) ¥

Lynch Syndrome To note: Tumor and normal tissue/peripheral blood required for MSI (PCR)
☐ If insufficient normal tissue, perform MMR IHC
☐ Lynch Syndrome Comprehensive Tumor Evaluation①¥
☐ MLH1/MSH2/MSH6/PMS2 by IHC
☐ MLH1/MSH2/MSH6/PMS2 by IHC and Microsatellite Instability (MSI) by PCR¥
☐ MSI (PCR); if unstable reflex to MLH1/MSH2/MSH6/PMS2 (MMR IHC)
☐ MLH1/MSH2/MSH6/PMS2 by IHC, reflex to MSI by PCR if any marker is not expressed
☐ MLH1 ☐ MSH2 ☐ MSH6 ☐ PMS2 ☐ MSI by PCR ☐ BRAF mutation analysis

Additional Reflex Options
☐ Reflex to BRAF mutation if MLH1(IHC) is not expressed; reflex to MLH1 promoter methylation^ if BRAF mutation not detected (Colorectal cancer only)
☐ Reflex to MLH1 promoter methylation^ if MLH1 is not expressed (Endometrial carcinoma only)

Gastrointestinal Stromal Tumors (GIST)
☐ cKIT mutation analysis; if cKIT negative, reflex to PDGFRA and BRAF mutation analysis
☐ cKIT mutation analysis ☐ PDGFRA mutation analysis ☐ BRAF mutation analysis

Molar Pregnancy
☐ DNA Ploidy/S-Phase & p57 (IHC) ☐ DNA ploidy/S-Phase; if diploid, reflex to p57 (IHC)
MUST Select Level of Service: ☐ Pathology Consultation/Report ☐ IHC Stain/Manual Interpretation

Lymph Node Micrometastases Detection
☐ Breast ☐ Melanoma ☐ Other: _____

INFECTIOUS AGENTS IHC

☐ Adeno ☐ CMV ☐ HBcAg ☐ HBsAg ☐ H. *pylori*
☐ HSV I/HSV II ☐ Parvovirus ☐ P. *carinii* ☐ TOXO ☐ VZV

IN SITU HYBRIDIZATION

☐ EBV (EBER) ☐ PML (JC) ☐ KAPPA ☐ LAMBDA

HPV Tissue Testing: ☐ p16 (IHC), Low/High Risk HPV (6/11, 16/18, 31/33)
☐ High Risk (16/18, 31/33) ☐ Low/High Risk (6/11, 16/18, 31/33)
☐ p16 (IHC) ☐ Low Risk (6/11) ☐ High Risk (16/18) ☐ High Risk (31/33)

FISH

☐ 1p,19q ☐ CHOP ☐ EWSR1 ☐ FKHR ☐ cMET ☐ N-MYC
☐ PTEN ☐ RB1 ☐ SYT

UroVysion® Testing: ☐ UroVysion® FISH (MD review)
Urine Collection Method: ☐ Voided ☐ Catheterized ☐ Bladder Wash

MOLECULAR

☐ TCR gamma rearrangement ☐ IgH (B-cell) rearrangement

OTHER TESTS (Please visit www.integratedoncology.com to see a complete list of our testing services)

¥ Global Only

Patient, client, and billing information is requested for timely processing of this case. Medicare and other third party payors require that services be medically necessary for coverage, and generally do not cover routine screening tests.

When ordering tests that are subject to ABN guidelines, refer to the policies published by your Medicare Administrative Contractor (MAC), CMS, or www.LabCorp.com/MedicareMedicalNecessity.

Symbols Legend

^ = Medicare deems investigational. Medicare does not pay for services it deems investigational.

SPECIMEN LABEL INSTRUCTIONS

1. Complete the requisition with all requested information.
2. Label specimen with two unique identifiers.
3. Remove the required number of labels from the front of this sheet.
4. Place one (1) label on each specimen container (not on the lid).

Please dispose of unused labels.

Name: _____ Name: _____

Name: _____ Name: _____

FP

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 the 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.

B2A

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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