

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

PATIENT INFORMATION	
Name (LAST, FIRST, MIDDLE):	
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	
City, State, Zip:	
Phone Number:	
Med. Rec. # / Patient #:	

BLOCK PROCUREMENT	
Block Location: Do you have possession of the block? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, indicate the location (below) and fax completed requisition to your lab location (see fax #s at top of requisition).	
Facility Name:	
Attention/Dept:	
Address:	
Phone Number: Fax Number:	

BILLING INFORMATION (attach face sheet and copy of insurance card – both sides)	
Bill: <input type="checkbox"/> My Account <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Patient <input type="checkbox"/> Workers Comp	
Patient Hospital Status: <input type="checkbox"/> In-Patient <input type="checkbox"/> Out-Patient <input type="checkbox"/> Non-Patient	
Insurance Information: <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL PHYSICIAN(S) TO BE COPIED	
Name:	
Facility Name:	
Attention/Dept:	
Address:	
Phone Number: Fax Number:	

SPECIMEN INFORMATION	
Collection Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Send Date:	<input type="checkbox"/> Other:
Specimen ID# (as it appears on the specimen):	
Body Site/Descriptor:	
Fixative: <input type="checkbox"/> 10% Neutral Buffered Formalin <input type="checkbox"/> Other:	Hours Fixed:
Specimen Type (for complete specimen requirements see reverse)	
<input type="checkbox"/> FFPE Block <input type="checkbox"/> Unstained slides #	
<input type="checkbox"/> BM Aspirate <input type="checkbox"/> BM Core	
<input type="checkbox"/> BM Clot <input type="checkbox"/> FNA-Source:	

OMNISEQ® ASSAYS	
Note: A copy of the original pathology report is REQUIRED for OmniSeq testing. See reverse for detailed specimen requirements	
Required information for the OmniSeq Assays:	
Tumor Type: <input type="checkbox"/> Lung <input type="checkbox"/> Breast <input type="checkbox"/> Colon <input type="checkbox"/> Melanoma <input type="checkbox"/> Kidney	
Other: _____	
Stage: _____	
<input type="checkbox"/> OmniSeq Advance SM Assay	
<input type="checkbox"/> OmniSeq Comprehensive [®] Profile Assay	
<input type="checkbox"/> OmniSeq Immune Report Card [®] Assay	

CLINICAL INDICATION FOR STUDY (attach clinical history and pathology reports)		
Narrative Diagnosis/Clinical Data (please attach previous test results, if applicable):		
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

IntelliGEN® ASSAY	
Note: A copy of the original pathology report is REQUIRED for IntelliGEN® testing.	
Panel:	
<input type="checkbox"/> IntelliGEN® Oncology Therapeutic Panel (NGS) [^] (489600) (see reverse for the gene list)	
Individual Assay(s): Offered to complement the IntelliGEN® panel, which must be ordered above.	
<input type="checkbox"/> HER2 expression by IHC <input type="checkbox"/> HER2 amplification by FISH <input type="checkbox"/> ALK rearrangements by FISH	
<input type="checkbox"/> EGFR amplification by FISH <input type="checkbox"/> ROS1 rearrangements by FISH <input type="checkbox"/> RET rearrangements by FISH	
<input type="checkbox"/> cMET expression by IHC <input type="checkbox"/> cMET amplification by FISH	
[^] Investigational Use Only	

PROSIGNA® ASSAY	
<input type="checkbox"/> Prosigna® Breast Cancer Prognostic Gene Signature Assay (481210)	
Important Note:	
REQUIRED: Gross Tumor Size (must select one) <input type="checkbox"/> <2cm <input type="checkbox"/> >2cm	
REQUIRED: Nodal Status (must select one) <input type="checkbox"/> Negative <input type="checkbox"/> 1-3 nodes	

OTHER TESTS (Please visit www.integratedoncology.com to see a complete list of our testing services)	
Please request additional tests by writing in the space below:	

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 Esoferix Genetic Laboratories, LLC, wholly-owned subsidiaries of Laboratory Corporation of America® Holdings.

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.
Refer to Determining Necessity of ABN Completion on reverse.

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

OmniSeq Advance Assay - A single test combines the benefits of both targeted immunotherapy and genomic targeting: measures protein, RNA, and DNA. Methodology includes IHC, MSI, mutational burden, NGS sequencing of 204 genes.

OmniSeq Comprehensive Profile Assay - A NGS assay that tests tumor DNA and RNA to identify somatic mutations in 144 genes for solid tumors to help guide targeted therapeutic management decisions.

OmniSeq Immune Report Card Assay - An assay that measures multiple biomarkers present in DNA, RNA, proteins, and cells to comprehensively interrogate the cancer-immunity cycle. Methodology includes IHC, MSI, mutational burden and gene expression of 54 specific immune markers.

OmniSeq® Specimen Requirements

Tissue Submission Guidelines	All blocks and slides must at a minimum be labeled with the pathology case number and part. Reports and other provided materials must be labeled with the pathology case number and at least two patient identifiers, such as name, medical record number or date of birth. PLEASE INCLUDE THE PATHOLOGY REPORT.
Recommended Specimen Submission	**DO NOT SUBMIT Decalcified Specimens or Cytology Smears** The preferred specimen is at least one FFPE block. If a block cannot be provided, see slide requirements below. Specimens with very small amounts of tumor and/or less than requested number of slides will be accepted with the caveat that complete testing may not be possible. Specimens should be selected by a board-certified pathologist and should contain neoplastic and normal tissue, where indicated. It is recommended that USS are cut using standard DNA/RNA precautions (change microtome blade, wipe stage, never re-use blade for more than one case and remove floaters in water bath between cases).
Slide Requirements	<input type="checkbox"/> OmniSeq AdvanceSM : Block is preferred, or send 20 unbaked, positively charged, unstained slides cut at 5 µm. <input type="checkbox"/> OmniSeq Comprehensive AND Immune Report Card : Block is preferred, or send 20 unbaked, positively charged, unstained slides cut at 5 µm. <input type="checkbox"/> Immune Report Card Only : Block is preferred, or send 15 unbaked, positively charged, unstained slides cut at 5 µm. <input type="checkbox"/> OmniSeq Comprehensive Only (OCP) : Block is preferred, or send 10 unbaked, positively charged, unstained slides cut at 5 µm.

IntelliGEN® Gene List

ABL1	BRAF	EGFR	FGFR1	GNAQ	IDH2	KRAS	NPM1	PTPN11	SMO
AKT1	CDH1	ERBB2	FGFR2	GNAS	JAK2	MET	NRAS	RB1	SRC
ALK	CDKN2A	ERBB4	FGFR3	HNF1A	JAK3	MLH1	PDGFRA	RET	STK11
APC	CSF1R	EZH2	FLT3	HRAS	KDR	MPL	PIK3CA	SMAD4	TP53
ATM	CTNNB1	FBXW7	GNA11	IDH1	KIT	NOTCH1	PTEN	SMARCB1	VHL

IntelliGEN® Specimen Requirements

Solid Tumor (excision, core, FNA or endoscopic biopsies)

Formalin-Fixed paraffin embedded tissue. Fixative should be neutral buffered formalin. For solid tumor metastatic bone samples submit a non-decalcified FFPE sample. Decalcified bone biopsies are not acceptable sample types for this test.

Block

Tumor surface area of $\geq 4 \text{ mm}^2$ and tumor content $\geq 10\%$; $\geq 50\%$ is preferred. **(SEE NOTE)**

Unstained slides

See table below as a guide to the number of slides required to meet the DNA input requirements

Measured tumor surface area	Tumor content %	Number of slides needed (each slide cut at 10 µm sections)
$\geq 4 \text{ mm}^2$	$\geq 50\%$	5 unstained slides and 1 H&E
1-4 mm ²	$\geq 10\%$	10 unstained slides and 1 H&E

NOTE:

1. Tumor surface areas between 1-4 mm² with $\geq 10\%$ tumor content are less likely to meet the DNA input requirements.
2. Tumor surface areas between 1-4 mm² and $< 10\%$ tumor or below $< 1 \text{ mm}^2$ will be considered QNS for analysis.
3. If sending a core biopsy, if tumor is less than $< 0.5 \text{ cm}$ in length it is less likely to meet the DNA input requirements.
4. If sending a cell block aspirate, at least eight tumor cell clusters providing 400-800 intact tumor cells is needed or it is less likely to meet the DNA input requirements.

Bone Marrow Aspirates

1-2 ml fresh aspirate in a Lavender top (EDTA) or a green top (sodium heparin) tube.

Fresh Tumor Aspirates (FNAs)

5-10 ml tumor in RPMI or Cytolyt® container. FNAs require sufficient tumor cells for DNA extraction.

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.

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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