**TEST REQUEST**

*Please attach a copy of family member's test results

**HEREDITARY CANCER PANEL (see reverse for gene list)**
- **VistaSeq® Hereditary Cancer Panel (27 Gene Assay) (481220)**
- **VistaSeq® Hereditary Cancer Panel Plus BRCA1/2 genes (23 Gene Assay) (481240)**
- **VistaSeq® Breast Cancer Panel (19 Gene Assay) (481319)**
- **VistaSeq® High/Moderate Risk Breast Cancer Panel (9 Gene Assay) (481452)**
- **VistaSeq® GYN Cancer Panel (11 Gene Assay) (481330)**
- **VistaSeq® Breast and GYN Cancer Panel (25 Gene Assay) (481341)**
- **VistaSeq® High Risk Colorectal Cancer Panel (7 Gene Assay) (481352)**
- **VistaSeq® Colorectal Cancer Panel (22 Gene Assay) (481363)**
- **VistaSeq® Brain/ONS/PNS Cancer Panel (17 Gene Assay) (481386)**
- **VistaSeq® Endocrine Cancer Panel (13 Gene Assay) (481374)**
- **VistaSeq® Pancreatic Cancer Panel (14 Gene Assay) (481385)**
- **VistaSeq® Renal Cell Cancer Panel (19 Gene Assay) (481407)**

**HEREDITARY BREAST AND OVARIAN CANCER (test components on back)**
- **BRCAAssure® Comprehensive Analysis® (252911)**
- **BRCAAssure® BRCA2 Targeted Analysis® (252235)**
- **BRCAAssure® BRCA2 Targeted Analysis® (252250)**
- **BRCAAssure® Ashkenazi Jewish Panel (252970)**
- **BRCAAssure® BRCA1/2 Deletion/Duplication Analysis (252886)**

**LYNCH SYNDROME GERMLINE TESTING**
- **MLH1/MSH2 Comprehensive Analysis® (511660)**
- **MLH1/MSH2/MSH6 Comprehensive Analysis® (511673)**
- **MLH1/MSH2/MSH6/PM2 Comprehensive Analysis® (511700)**

**Individual Tests:**
- See reverse side for individual test list and write in test name/test code in the space above

- **Mutation Specific Sequencing (451382)**
  - (Required Gene(s):)
  - (Mutation(s):)

**PREVIOUS GENETIC TESTING FOR CANCER**

Has the patient had genetic testing for cancer? If yes, please document the gene(s) tested and results:

**FAMILY HISTORY**

*Please attach a copy of family member's test results

- Is there a family history of cancer? **[ ] Yes **[ ] No **[ ] Unknown
- Other family members tested positive for a hereditary cancer syndrome? **[ ] Yes **[ ] No
- Does the patient have Ashkenazi Jewish Ancestry? **[ ] Yes **[ ] No

Please attach pedigree or complete table below if a pedigree is attached?

**Patient understands by signing below**

LabCorp may use information obtained on this form and other information provided by me and/or my ordering provider or his/her designee to initiate preauthorization with my health plan as required. I understand a preauthorization approval from my health plan does not guarantee full payment.

LabCorp will make 3 attempts to contact me if my estimated out-of-pocket payment is more than $300. If a sample has been received, testing may be canceled if LabCorp is unable to reach me. It is my responsibility to contact my insurance company regarding concerns over my coverage and benefits.

Please contact Prior Authorization at 855-488-8750 if you have any questions about our service.

**INFORMED CONSENT**

I have obtained informed consent of the patient (or the patient’s authorized representative) for the ordered genetic test(s) in accordance with applicable law. (Required)

**Physician Signature**

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**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.
VistaSeq® Hereditary Cancer Panel - Gene List

<table>
<thead>
<tr>
<th>Gene Panel</th>
<th>Genes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hereditary Cancer Panel</td>
<td>APC, ATM, BAR1, BMYR1A, BRCA1, BRCA2, BRIP1, CDH1, CDK4, CDKN2A, CHEK2, EPCAM, FAM175A, MLH1, MSH2, MSH6, MUTYH, NBN, PALB2, PMS2, PXKAR1A, PTEN, RAD51C, RAD51D, SMAD4, STK11, TP53</td>
</tr>
<tr>
<td>Hereditary Cancer Panel Minus BRCA1/2 genes</td>
<td>APC, ATM, BAR1, BMYR1A, BRIP1, CDH1, CDK4, CDKN2A, CHEK2, EPCAM, FAM175A, MLH1, MSH2, MSH6, MUTYH, NBN, PALB2, PMS2, PXKAR1A, PTEN, RAD51C, RAD51D, SMAD4, STK11, TP53</td>
</tr>
<tr>
<td>Breast Cancer Panel</td>
<td>ATM, BAR1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, FAM175A, MRE11A, MUTYH, NBN, NF1, PALB2, PTEN, RAD50, RAD51C, RAD51D, STK11, TP53</td>
</tr>
<tr>
<td>High/Moderate Risk Breast Cancer Panel</td>
<td>ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, STK11, TP53</td>
</tr>
<tr>
<td>GYN Cancer Panel</td>
<td>BRCA1, BRCA2, CHEK2, EPCAM, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, TP53</td>
</tr>
<tr>
<td>Breast and GYN Cancer Panel</td>
<td>ATM, BAR1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, EPCAM, FAM175A, MRE11A, MUTYH, NBN, NF1, PALB2, PMS2, PTEN, RAD50, RAD51C, RAD51D, STK11, TP53</td>
</tr>
<tr>
<td>High Risk Colorectal Cancer Panel</td>
<td>APC, EPCAM, MLH1, MSH2, MSH6, MUTYH, PMS2</td>
</tr>
<tr>
<td>Colorectal Cancer Panel</td>
<td>APC, ATM, AXIN2, BLM, BMPR1A, BRCA1, BRCA2, CDH1, CDK2A, CHEK2, EPCAM, MLH1, MSH2, MSH6, MUTYH, NBN, NF1, PALB2, PMS2, PTEN, RAD50, RAD51C, RAD51D, STK11, TP53</td>
</tr>
<tr>
<td>Brain/CNS/PNS Cancer Panel</td>
<td>ALK, APC, MEC1, MLH1, MSH2, MSH6, NF1, NF2, PHOX2B, PMS2, PTH1, RB1, SMARCB1, SUFU, TP53, VHL</td>
</tr>
<tr>
<td>Endocrine Cancer Panel</td>
<td>CDC73, MAX, MEC1, NF1, PXKAR1A, PTEN, RET, SDHB, SDHC, SDHD, TMEM127, TP53, VHL</td>
</tr>
<tr>
<td>Pancreatic Cancer Panel</td>
<td>APC, ATM, BRCA1, BRCA2, CDKN2A, EPCAM, MLH1, MSH2, MSH6, PALB2, PMS2, STK11, TP53, VHL</td>
</tr>
<tr>
<td>Renal Cell Cancer Panel</td>
<td>EPCAM, FH, FLON, GPCS, MET, MIR1, MLH1, MSH2, MSH6, PMS2, PTEN, SDHB, SDHC, SDHD, TP53, TSC1, TSC2, VHL, WT1</td>
</tr>
</tbody>
</table>

BRCAssure® Test Components

<table>
<thead>
<tr>
<th>Comprehensive Analysis</th>
<th>BRCA1 Target Analysis</th>
<th>BRCA2 Target Analysis</th>
<th>Ashkenazi Jewish Panel</th>
<th>BRCA1/2 Deletion/Duplication Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes full gene sequencing and deletion/duplication analysis of BRCA1/2 genes</td>
<td>Includes sequencing of known familial mutation(s) on BRCA1 gene</td>
<td>Includes sequencing of known familial mutation(s) on BRCA2 gene</td>
<td>Includes screening for three known pathogenic variants: two in BRCA1 gene, and one in BRCA2 gene</td>
<td>Deletion/duplication analysis of BRCA1/2 genes</td>
</tr>
</tbody>
</table>

Lynch Syndrome Germline Testing - Individual Test List (Test Names / Test Code)

<table>
<thead>
<tr>
<th>Individual Tests</th>
<th>Familial Tests with Known Mutations*</th>
</tr>
</thead>
<tbody>
<tr>
<td>MLH1 Comprehensive Analysis* (511615)</td>
<td>MLH1 (511635)</td>
</tr>
<tr>
<td>MSH2 Comprehensive Analysis* (511632)</td>
<td>MSH2 (511750)</td>
</tr>
<tr>
<td>MSH6 Comprehensive Analysis* (511636)</td>
<td>MSH6 (511765)</td>
</tr>
<tr>
<td>PMS2 Comprehensive Analysis* (511630)</td>
<td>PMS2 (511776)</td>
</tr>
<tr>
<td>EPCAM Deletion/Duplication Analysis (511654)</td>
<td>EPCAM Deletion/Duplication Analysis (511654)</td>
</tr>
<tr>
<td>MLH1 Deletion/Duplication Analysis (511690)</td>
<td></td>
</tr>
<tr>
<td>MSH2 Deletion/Duplication Analysis (511705)</td>
<td></td>
</tr>
<tr>
<td>MSH6 Deletion/Duplication Analysis (511720)</td>
<td></td>
</tr>
<tr>
<td>PMS2 Deletion/Duplication Analysis (511725)</td>
<td></td>
</tr>
</tbody>
</table>

*Comprehensive analysis includes gene sequencing and deletion/duplication analysis

* Please attach a copy of family member's test results

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 Medicare Part B Beneficiary, using the name as it appears on the patient's red, white, and blue Medicare card.
4. Include an estimated cost for the test(s)/procedure(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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