Molecular Diagnostic Requisition

COMPLETE ENTIRE FORM AND SUBMIT WITH SPECIMEN TO AVOID DELAYS

PrimBio Research Institute
665 Stockton Dr. 200I, Exton, PA 19341
P: 610-458-1112 | F: 610-458-1114 | primbioresearch.com

PATIENT LABEL (IF AVAILABLE)	1. SPECIMEN COLLECTION	PLEASE SUBMIT THE FOLLOWING WITH THE TRF:
	Collection Date	☐ Pathological Report ☐ Insurance Card ☐ Credit Card ☐ Patient ID

2. PATIENT INFORMATION

Name (Last, First, Middle)	Biological Sex ☐ F ☐ M	Date of Birth	MRN

Ethnicity: ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Portuguese ☐ Other: | Ashkenazi Jewish: ☐ Yes ☐ No

Address	City	State	Zip

Preferred Method of Contact: ☐ Phone ☐ E-mail	Phone	E-Mail	Preferred Billing: ☐ Insurance* ☐ Credit Card

**Copy of front/back of insurance card required. If applicable, please complete Patient Assistance Program information below.*

Credit Card Number	Exp (mm/yy)	CVC	Cardholder Name and Billing Address (if different)

3. ORDERING PROVIDER INFORMATION

Organization Name	Address	City, State	Zip

Ordering Provider Name (Last, First)	Provider Email	Provider NPI	Phone	Fax

Genetic Counselor/Other Healthcare Professional Name (Last, First)	Phone

4. PATIENT CLINICAL HISTORY (Attach additional information if necessary)

Personal History of Cancer ☐ Yes ☐ No	Age of Dx	Diagnosis Notes (cancer type, etc.)	ICD Code(s)

Family History of Cancer ☐ Yes ☐ No	Family History Details (include relative, cancer type, and age of diagnosis)

Prior Genetic Testing, IHC, or MSI ☐ Yes ☐ No	Patient Testing Details	Family Members Testing Details

5. TEST ORDER

STEP 1: Select the indication for testing	STEP 2: Select desired test	STEP 3: Select Sample Type
☐ Hereditary/Germline ☐ Somatic	☐ PrimBio Breast Cancer Therapy Panel (6233) ☐ PrimBio Cancer Hotspot Panel (6231) ☐ PrimBio Colorectal Cancer Panel (6232)	☐ FFPE ☐ Saliva ☐ Blood ☐ Extracted DNA

Patient Signature (I agree to the terms below):	**Date:**
Medical Professional Signature (I agree to the terms below):	**Date:**

TERMS AND CONDITIONS

Patient Acknowledgement: I acknowledge that the information provided by me is true and correct. For direct insurance billing: I authorize my insurance benefits to be paid directly to PrimBio Research Institute, LLC (PrimBio), authorize PrimBio to release medical information concerning my testing to my insurer, to be my designated representative for purposes of appealing any denial of benefits as needed and to request additional medical records for this purpose. I understand that I am financially responsible for any amounts not covered by my insurer and have provided herein credit card information. See reverse for limitations of genetic testing.

NY residents: ☐ I am a New York resident and give PrimBio permission to store my sample for longer than 60 days. **NOTE:** If left blank, consent is interpreted as "NO".

Research Use: ☐ I give consent to PrimBio to de-identify and use my sample internally for research purposes. **NOTE:** If left blank, consent is interpreted as "NO".

Patient Assistance Program: Please provide the total annual gross household income: $_____. and the number of family members in the household supported by the listed income: _____. I authorize Primbio to verify the above information for the sole purpose of assessing financial need, including the right to seek support documentation.

Medical Professional: The undersigned person (or representative thereof) ensures he/she is a licensed medical professional authorized to order genetic testing and confirms that the patient has been informed of the benefits, risks and limitations of the laboratory test requested and has given appropriate consent. I confirm that testing is medically necessary and that test results may impact medical management of the patient. Furthermore, all information on this TRF is true to the best of my knowledge.

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Supplemental Information

Hereditary Cancer Panels

Test Name	CPT Code	Genes
PrimBio Colorectal Cancer Panel (48 genes)	81435 81436	AKT1, APC, AXIN1, BHD, BLM, BMPR1A, BRAF, BRCA1, BRIP1, BUB1B, CCND1, CDH1, CTNNA1, CTNNB1, DLC1, EIF3E, EP300, EPCAM, FBXW7, FGFR3, GALNT12, GREM1, MCC, MLH1, MLH3, MSH2, MSH6, MUTYH, NRAS, PDGFRL, PIK3CA, PIK3R1, PLA2G2A, PMS1, PMS2, POLD1, POLE, PTEN, PTPRK, RAD51C, RSPO2, RSPO3, SMAD4, STK11, TCF7L2, TGFBR2, TP53, VTI1A
PrimBio Breast Cancer Therapy Panel (69 genes)	81432 81433	AKT1, ATM, BAP1, BARD1, BRAF, BRCA1, BRCA2, BRIP1, CASP8, CCND1, CDA, CDH1, CHEK2, CTLA4, CYB5R1, CYB5R2, CYB5R3, CYB5R4, CYP19A1, DPYD, EGFR, EP300, ERBB2, ERCC1, ESR1, ETV6, F2, F5, FOXA1, G6PD, GATA3, GSTP1, H19, HLA-DQA1, HLA-DRB1, KIT, KRAS, LSP1, MAP2K4, MAP3K1, MRE11A, MSI, MTHFR, MUTYH, NBN, NF1, NRAS, NTRK3, PALB2, PBRM1, PDGFRA, PDGFRB, PIK3CA, PTEN, RAD50, RAD51, RAD51C, RAD51D, RB1, STK11, TERT, TOP2A, TOX3, TP53, TPMT, UGT1A1, XRCC1, XRCC2, XRCC3

Somatic Cancer Panels

Test Name	CPT Code	Genes
PrimBio Cancer Hotspot Panel (50 genes)	81445 81450	ABL1, AKT1, ALK, APC, ATM, BRAF, CDH1, CDKN2A, CSF1R, CTNNB1, EGFR, ERBB2, ERBB4, EZH2, FBXW7, FGFR1, FGFR2, FGFR3, FLT3, GNA11, GNAS, GNAQ, HNF1A, HRAS, IDH1, JAK2, JAK3, IDH2, KDR, KIT, KRAS, MET, MLH1, MPL, NOTCH1, NPM1, NRAS, PDGFRA, PIK3CA, PTEN, PTPN11, RB1, RET, SMAD4, SMARCB1, SMO, SRC, STK11, TP53, VHL
PrimBio Colorectal Cancer Panel (84 genes)	81455	AKT1, ABL1, ALK, APC, ATM, AXIN1, BHD, BLM, BMPR1A, BRAF, BRCA1, BRIP1, BUB1B, CCND1, CDH1, CDKN2A, CSF1R, CTNNA1, CTNNB1, DLC1, EGFR, EIF3E, EP300, EPCAM, ERBB2, ERBB4, EZH2, FBXW7, FGFR1, FGFR2, FGFR3, FLT3, GALNT12, GNA11, GNAQ, GNAS, GREM1, HNF1A, HRAS, IDH1, IDH2, JAK2, JAK3, KDR, KIT, KRAS, MCC, MET, MLH1, MLH3, MPL, MSH2, MSH6, MUTYH, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRL, PIK3CA, PIK3R1, PLA2G2A, PMS1, PMS2, POLD1, POLE, PTEN, PTPN11, PTPRK, RAD51C, RB1, RET, RSPO2, RSPO3, SMAD4, SMARCB1, SMO, SRC, STK11, TCF7L2, TGFBR2, TP53, VHL, VTI1A
PrimBio Breast Cancer Therapy Panel (69 genes)	81455	AKT1, ATM, BAP1, BARD1, BRAF, BRCA1, BRCA2, BRIP1, CASP8, CCND1, CDA, CDH1, CHEK2, CTLA4, CYB5R1, CYB5R2, CYB5R3, CYB5R4, CYP19A1, DPYD, EGFR, EP300, ERBB2, ERCC1, ESR1, ETV6, F2, F5, FOXA1, G6PD, GATA3, GSTP1, H19, HLA-DQA1, HLA-DRB1, KIT, KRAS, LSP1, MAP2K4, MAP3K1, MRE11A, MSI, MTHFR, MUTYH, NBN, NF1, NRAS, NTRK3, PALB2, PBRM1, PDGFRA, PDGFRB, PIK3CA, PTEN, RAD50, RAD51, RAD51C, RAD51D, RB1, STK11, TERT, TOP2A, TOX3, TP53, TPMT, UGT1A1, XRCC1, XRCC2, XRCC3

Limitations & Disclosures

* Participation in genetic testing is completely voluntary. The patient may withdraw consent or request that their DNA sample be discarded at any time.
* Current testing may not be able to detect all genetic mutations associated with the suspected condition. The accuracy, implications and limitations of this testing should be reviewed prior to testing.
* DNA analysis is limited to the requested test and cannot rule out all other genetic conditions or mutations. The correct clinical diagnosis is important for accurate DNA results.
* DNA testing may reveal information about genes or gene changes other than the requested genetic test. The significance of such a gene change may be unclear. DNA testing may also uncover non-paternity or an undisclosed adoption. Accurate test results depend on knowing the correct relationship between family members.
* Testing is based on the current level of knowledge in medical genetics. It is the patient and/or physician's responsibility to periodically seek updated information, especially before any reproductive decisions are made. The patient is responsible for keeping their physician(s) informed of address changes and new medical and family history information.
* Improved or additional testing may become available either because of changes in laboratory techniques or because of new information regarding genetic cause of the condition(s). In some cases, when improved or additional testing becomes available the patient's DNA may be re-tested upon request.
* Confidentiality will be maintained to the best of our ability as required by the applicable health privacy laws.