

## Somatic and Hereditary

### 1. PATIENT INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_  
 MR# \_\_\_\_\_  
☐ MALE ☐ FEMALE  
 DOB \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 PRIMARY PHONE \_\_\_\_\_

### 2. SPECIMEN INFORMATION

\_\_\_\_\_ ☐ HOME PHLEBOTOMY REQUESTED  
 COLLECTION DATE \_\_\_\_\_

### 3. DIAGNOSIS INFORMATION

DIAGNOSIS \_\_\_\_\_ ICD-10 CODE(S) \_\_\_\_\_  
 INDICATION:  
☐ LUNG ☐ COLORECTAL ☐ PANCREATIC ☐ BREAST  
☐ OVARIAN ☐ GIST ☐ LIVER ☐ PROSTATE  
☐ CERVICAL ☐ GASTRIC ☐ BILIARY ☐ BLADDER  
☐ ENDOMETRIAL ☐ ESOPHAGEAL ☐ THYROID ☐ MELANOMA  
☐ OTHER/UNSPECIFIED

### 4. CLIENT INFORMATION / ORDERING PHYSICIAN

CLIENT ID \_\_\_\_\_ NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 INDICATE ORDERING PHYSICIAN: \_\_\_\_\_  
☐ OTHER \_\_\_\_\_ IF OTHER, NPI # \_\_\_\_\_  
 REFERRING PHYSICIAN NAME: \_\_\_\_\_  
 REFERRING PHYSICIAN FAX: \_\_\_\_\_

### 5. BILLING INFORMATION \*\*INCLUDE COPY OF INSURANCE CARD & I.D.\*\*

- ☐ ATTACH FACE SHEET WITH PATIENT INSURANCE INFORMATION  
 OR COMPLETE INSURANCE INFORMATION ON BACK OF THIS FORM  
☐ ATTACH COPY FRONT AND BACK OF INSURANCE CARD(S) IF POSSIBLE

### CANCER TUMOR PROFILES:

\*Visit [www.circulogene.com/tests](http://www.circulogene.com/tests) for a full list of all somatic and hereditary genes

#### ☐ SOMATIC MOLECULAR PANEL

NGS GENE PANEL \*  
 (BRCA1, BRCA2 INCLUDED)  
 PD-L1 EXPRESSION  
 MSI  
 ALK GENE FUSION  
 ROS1 GENE FUSION  
 NTRK 1/2/3 GENE FUSIONS  
 RET GENE FUSION

#### HEREDITARY PANELS\*

- ☐ HEREDITARY CANCER DISORDERS  
☐ HEREDITARY BRCA1, BRCA2  
☐ HEREDITARY COLON CANCER PANEL  
☐ HEREDITARY HBOUC PANEL  
 (BRCA1, BRCA2 INCLUDED)  
☐ HEREDITARY LYNCH SYNDROME PANEL  
☐ HEREDITARY PANCREATIC CANCER PANEL  
☐ HEREDITARY PROSTATE CANCER PANEL

#### INDIVIDUAL TESTING

- ☐ NGS SOMATIC GENE PANEL  
☐ PD-L1 EXPRESSION  
☐ MSI  
☐ ALK GENE FUSION  
☐ ROS1 GENE FUSION  
☐ NTRK 1/2/3 GENE FUSIONS  
☐ RET GENE FUSION

\*See full list of all somatic and hereditary genes at [www.circulogene.com/tests](http://www.circulogene.com/tests)

### AUTHORIZING SIGNATURE REQUIRED

This requisition constitutes a certification of medical necessity and intent to use the results of test(s) ordered. All of the information on this form is true and correct. We have obtained patient informed consent\* and authorize CIRCULOGENE to release the results and patient information for reimbursement purposes. To the best of my knowledge, I certify that (if ordered) this patient qualifies for applicable hereditary testing.

\*CIRCULOGENE can provide a Patient Genetic Testing Consent form and a Hereditary Cancer Screening Questionnaire if requested.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## BILLING INFORMATION

\*\*INCLUDE COPY OF INSURANCE CARD & I.D.\*\*

SPECIMEN ORIGIN (MUST CHOOSE 1): \_\_\_\_\_

☐ NON-HOSPITAL PATIENT ☐ HOSPITAL PATIENT (IN) ☐ HOSPITAL PATIENT (OUT)

PAYMENT OPTIONS: \_\_\_\_\_

BILL TO: ☐ INSURANCE ☐ PATIENT/SELF PAY ☐ BILL CHARGES TO OTHER  
☐ MEDICARE ☐ MEDICAID ☐ CLIENT BILL HOSPITAL/FACILITY:

PRIOR AUTHORIZATION# (IF AVAIL): \_\_\_\_\_

PRIMARY INSURANCE \_\_\_\_\_

CARRIER

POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

SUBSCRIBER \_\_\_\_\_ DOB \_\_\_\_\_

RELATIONSHIP TO SUBSCRIBER: ☐ SELF ☐ SPOUSE ☐ CHILD

SECONDARY INSURANCE \_\_\_\_\_

CARRIER

POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

SUBSCRIBER \_\_\_\_\_ DOB \_\_\_\_\_

RELATIONSHIP TO SUBSCRIBER: ☐ SELF ☐ SPOUSE ☐ CHILD

CREDIT CARD NUMBER \_\_\_\_\_ SEC. CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

## SPECIMEN REQUIREMENTS AND PROCEDURES

- Use standard lavender sample tube provided
- Fill entire tube
- Gently invert tube 5 times
- Refrigerate immediately after inverting (do not freeze)
- Specimen viability is 7 days NOT including collection date (if kept refrigerated)
- Tube must include one label, patient name, date of birth, and phlebotomist signature
- Apply label correctly
- Follow packing instructions on shipper box when ready to ship. Keep refrigerated until ready to ship.



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