RECEIVED DATE _____ RECEIVED BY _____

REV 05/14/2024

CIRCULOGENE

Client Services: 855-380-1555
Fax: 855-614-7084
support@circulogene.com

Somatic and Hereditary

1. PATIENT INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

MR# _____

DOB _____ ☐ MALE ☐ FEMALE

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PRIMARY PHONE _____

2. SPECIMEN INFORMATION

COLLECTION DATE _____ ☐ HOME PHLEBOTOMY REQUESTED

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 for a full list of all somatic and hereditary genes

☐ SOMATIC MOLECULAR PANEL

NGS DNA GENE PANEL
NGS RNA FUSION GENE PANEL*
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 COLON CANCER PANEL
☐ HEREDITARY HBOUC PANEL
☐ HEREDITARY LYNCH SYNDROME PANEL
☐ HEREDITARY PANCREATIC CANCER PANEL
☐ HEREDITARY PROSTATE CANCER PANEL

INDIVIDUAL TESTING

☐ NGS DNA SOMATIC GENE PANEL
☐ NGS RNA 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 tested genes on page 2 or at 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 this patient qualifies for applicable hereditary testing if ordered.

*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 HOSPITAL/FACILITY:

☐ MEDICARE ☐ MEDICAID ☐ CLIENT BILL

PRIOR AUTHORIZATION# (IF AVAIL):

PRIMARY INSURANCE

CARRIER

POLICY # GROUP #

SUBSCRIBER DOB

RELATIONSHIP TO SUBSCRIBER: ☐ SELF ☐ SPOUSE ☐ CHILD

SECONDARY INSURANCE

CARRIER

POLICY # GROUP #

SUBSCRIBER DOB

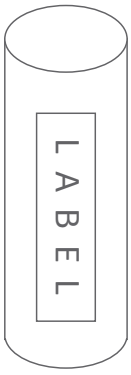
RELATIONSHIP TO SUBSCRIBER: ☐ SELF ☐ SPOUSE ☐ CHILD

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)
- Two unique identifiers are required and phlebotomist's signature is recommended
- Apply label correctly
- Follow packing instructions on shipper box when ready to ship. Keep refrigerated until ready to ship.



CIRCULOGENE

IMPORTANCE OF TESTING

Identification of variations in the tested genes may help in the management of cancer. Follow-up testing may help in the future management of patients.

SOMATIC RNA FUSION NGS

ABL1	CCNB3	FGFR1	MYB	POU5F1	STAT6
ACTB	CCND1	FGFR2	MYC	PPARGC1A	STRN
AFAP1	CD74	FGFR3	NAB2	PPP1CB	SUZ12
AGK	CIC	FLI1	NCOA1	PRKACA	TACC1
AKAP12	CLTC	FN1	NCOA2	PRKAR1A	TACC3
AKAP4	CNTRL	FOXO1	NCOA4	PTPRZ1	TAF15
AKAP9	COL1A1	FOXO4	NFIB	QKI	TCF12
AKT2	CREB1	FUS	NOTCH2	RAF1	TERT
AKT3	CREB3L1	GLI1	NPM1	RANBP2	TFE3
ALK	CREB3L2	GOPC	NR4A3	RARA	TFG
ASPSCR1	CRTC1	GPR128	NRG1	RELA	THADA
ATF1	DDIT3	HMGA2	NRG2	RELCH	TMPRSS2
ATP1B1	DNAJB1	JAZF1	NSD3	RET	TPM3
ATRX	EGFR	KIAA1549	NTRK1	ROS1	TPR
BAG4	EML4	KIF5B	NTRK2	RREB1	TRIM24
BCL2	EPC1	LMNA	NTRK3	RSPO2	TRIM33
BCOR	ERBB2	LPP	NUTM1	RSPO3	TRIO
BCORL1	ERBB4	MAGI3	PAX3	SDC1	VGLL2
BCR	ERG	MAML1	PAX7	SDC4	WT1
BICC1	ESR1	MAML2	PAX8	SHTN1	WWTR1
BRAF	ETV1	MAML3	PDGFB	SLC34A2	YAP1
BRD3	ETV4	MET	PDGFRA	SND1	YWHAE
BRD4	ETV5	MGA	PDGFRB	SQSTM1	ZMYM2
CAMTA1	ETV6	MGMT	PHF1	SS18	ZNF703
CCAR2	EWSR1	MIR143	PIK3CA	SSX1	ZFTA
CCDC6	EZR	MITF	PLAG1	SSX2	
CCDC88A	FEV	MKL2	PML	SSX4	

SOMATIC DNA SEQUENCING

FULL GENE

AKT1	CDH1	EZH2	JAK3	NOTCH1	ROS1
ALK	CDK4	FBXW7	KDR	NRAS	SETD2
AR	CDK12	FGFR1	KEAP1	NTRK1	SMAD4
ARAF	CDK6	FGFR2	KIT	NTRK2	SMARCA4
ARID1A	CDKN2A	FOXL2	KRAS	NTRK3	SMARCB1
ATM	CHEK1	FGFR3	MAP2K1	PALB2	SMO
ATR	CHEK2	GNA11	MAP2K2	PDGFRA	SRC
AXL	CRKL	GNAQ	MET (Incl.	PIK3CA	STAT3
BAP1	CSF1R	GNAS	Exon 14	POLD1	STK11
BARD1	CTNNB1	HNF1A	Skipping)	POLE	TERT
BRAF	DDR2	HRAS	MAPK3	PTEN	TOP1
BRCA1	EGFR	IDH1	MLH1	PTPN11	TP53
BRCA2	ERBB2	IDH2	MTOR	RB1	TSC1
CCND1	ERBB4	IGF1R	MYC	RAF1	TSC2
CCNE1	ESR1	JAK2	NF1	RET	VHL

CNV: AR, CCND1, CCNE1, CDK4, CDK6, EGFR, ERBB2, FGFR1, FGFR2, KIT, MET, MYC

FUSION BY RT-PCR: ALK, NTRK1, NTRK2, NTRK3, RET, ROS1

IMMUNOTHERAPY: MSI, PD-L1 RNA EXPRESSION

HEREDITARY GENES

APC	CDH1	FLCN	NBN	RAD51C	TP53
ATM	CDK4	HOXB13	NF1	RAD51D	TSC1
AXIN2	CDKN2A	MET	NTHL1	RECQL	TSC2
BAP1	CHEK2	MITF	PALB2	SCG5	VHL
BARD1	CTNNA1	MLH1	PMS2	SDHB	
BMPR1A	EPCAM	MSH2	POLD1	SDHC	
BRCA1	FANCC	MSH3	POLE	SDHD	
BRCA2	FANCM	MSH6	POT1	SMAD4	
BRIP1	FH	MUTYH	PTEN	STK11	