

Circulogene Requisition Form



Component Details and Explanations

Instructions for completing the Circulogene Test Requisition Form for all tests are outlined below. These instructions provide a general overview, but please contact Client Services at 855.380.1555 or support@circulogene.com for questions or further detail. Optional fields are indicated. All other fields are required. If required fields are not provided, the test may be delayed and you may be contacted by our Client Services Team. For more information, visit www.circulogene.com.

1 Client Information

If not already pre-populated, Please add your Client ID, Practice Name, Address, Phone and Fax. If you do not know, or do not have a Circulogene Client ID, Customer service will create or add one for you.

2 Ordering Provider Information

Ordering Provider Name: Provide the full legal name of the physician here. This must match the signature line at the bottom of this form.

Additional Physicians indicated here will receive a copy of the report when it is available (if desired). To ensure additional physicians are copied, please include their Fax number next to their name.

3 Patient Demographics

Patient First Name, Last Name: Enter patient's full legal first name (no nicknames) and full legal last name (including any hyphenations). Include the Date of Birth along with Genetic Sex. The patient Phone, and full address are also required.

4 Mobile Phlebotomy

Circulogene provides the option to use mobile phlebotomy to collect the patient sample (may not be available in all areas). If you wish to use mobile phlebotomy services, please fill out the requisition in its entirety and fax a copy to 833.476.0758 or email an electronic copy to support@circulogene.com

5 Diagnosis Information and Clinical Indications

Accurate diagnosis information helps inform health insurance coverage and supports faster turn-around-time by preventing follow-up from our Client Services, Medical records, and Billing Teams.

To help ensure a clean billing process:

- Stage OR Disease Status, AND
- Cancer type, ICD Code(s) when available

Disease status at time of testing and Previous Diagnosis: Choose status and cancer type or fill out "other". Provide any additional diagnosis information in the "None/ Other" section.

Stage, Date, Previous testing history, Disease history, and patient plan are all relevant to establish medical necessity.

Attachments: Inclusion of any additional supplementary test results may assist our team in their assessment of the case and with any billing appeals.

6 Billing Information (Top of the Back of the Requisition)

Our team must obtain all relevant billing information. To help expedite this process, please select a Payment Option and include any associated Insurance information by completing the form OR providing a copy of the patient's face sheet, front and back of the insurance card, and any relevant medical records.

If any of the necessary billing information is missing, a member of our Medical Records team will contact your office to request the necessary information.

The form is titled "Somatic NGS & Molecular Testing Requisition and Statement of Medical Necessity". It includes a header with Circulogene contact information and a "Specimen Information" box. The main body is divided into sections: 1. Client Information, 2. Ordering Provider Information, 3. Patient Demographics, 4. Mobile Phlebotomy Requested?, 5. Diagnosis Information & Clinical Indications, 6. Billing Information, 7. Test Selection, and 8. Ordering Provider Signature Required. Each section contains various input fields, checkboxes, and text boxes for patient and provider details, diagnosis codes, and test selections.

7 Test Selection

Please select the necessary test by checking the box for either the comprehensive Somatic Molecular Profile, or by Selecting the test(s) individually from the list on the right.

8 Ordering Providers Signature (Required)

A Signature from the ordering Provider is required to acknowledge the acceptance of the Providers duty to inform the patient about the Circulogene Test, to provide Consent, and to provide Certificate of Medical Necessity.

Contact information to Fax or Email the Test Requisition Form, to request support, or to order supplies:

Phone: 855.380.1555

Fax: 833.476.1555

Email: Support@circulogene.com

For More Information, please visit: www.Circulogene.com