IntelligeneCG℠
Cancer Genomics

Barcode label

Hereditary Test Requisition Form

Ordering Provider Information

Name	NPI	
Address		
City	State	ZIP
Phone	FAX	
Email		

Patient Information

Date received in lab: ___/___/____

Name	DOB	
Gender ☐ Male ☐ Female	Phone	
Address		
City	State	ZIP
Email		

Billing Information – include secondary insurance on separate page, if applicable.
Please include a copy of the front and back of the insurance card or patient information sheet.

Type of Insurance ☐ Commercial Insurance ☐ Medicaid ☐ Self-Pay ☐ Medicare – also required to complete an ABN			
Insurance Company	ID	Group	
Name of Subscriber		Relationship to Patient	
Address of Subscriber *(if different than patient)*	City	State	ZIP

Billing and payment disclosure

I, _____(patient's name) am providing consent to perform the genetic testing as ordered. I understand that by signing this section:

1) If I am covered by insurance, I authorize IntelligeneCG and their contracted billing company to give my insurance carrier the information on this form and provided by my healthcare provider that is necessary for reimbursement. I understand that I am responsible for deductible and coinsurance amounts as indicated by my insurance carrier. I agree to assist in resolving insurance claim issues and if I don't assist, I may be responsible for the full cost of the test. I understand that I am responsible for sending IntelligeneCG any and all of the money that I receive directly from my insurance carrier in payment for this test.

2) If the test is not authorized by or is not covered by my insurance, then I will be contacted with the option to either cancel the ordered test or elect to pay out-of-pocket according to the proposed payment plan provided to me when I am contacted. If I elect to pay out-of-pocket, I will be responsible for all payment obligations arising from the ordered testing and guarantee payment for these services. I understand that if payments or arrangements are not made after 3 statements my information may be sent to collections.

3) I also give my permission for my sample and clinical information to be used for research purposes by IntelligeneCG and for publications. My name or other protected health information will not be used or linked to the results of any research or publications.

☐ **Please check this box to opt out of research studies.**

IntelligeneCG is committed to support you with your share of costs. If required, you will be contacted by our team to setup a payment plan for your portion of the costs using the following forms of payment: Check, Visa, Master Card and American Express. You may also contact our billing team at 913-258-2300.

Signature	Date

Provider Statement of Medical Necessity and Authorization

I have determined that this test is medically necessary for the above patient due to the assessment of the patient's family and/or personal history as defined in the Patient's Family/Personal History Assessment Tool which is based on the NCCN/ACMG recommendations. The patient has provided informed consent to pursue genetic testing, based on my discussion of the personal and/or family history, the potential test results, and the implications for medical management.

Red Flags for Patients: (Select all that apply)

- ☐ Multiple family members with history of hereditary cancers, as defined in the family/personal history assessment.
- ☐ Young/ Early Onset History, as defined in the family/personal history assessment.
- ☐ Rare cancers including, but not limited to, ovarian, pheochromocytoma, paraganglioma, sarcoma and retinoblastoma.
- ☐ Adopted - Family history unavailable

Signature	Date

Collection Date mm/dd/yy	Sample Type ☐ Saliva ☐ Blood ☐ DNA

Test Menu

Our **Hereditary Panels** analyze the most frequent syndromes that present predisposition to cancer, which may lead to the development of tumors such as: breast and ovarian, colorectal, prostate, as well as genes that are associated with an increased susceptibility to the development of neoplasia.

☐ CGHC-001	**Bladder and Renal Cancer Panel** (16 genes) (CDC73, EPCAM, FH, FLCN, MET, MLH1, MSH2, MSH6, PMS2, PTEN, SDHB, SDHC, SDHD, TSC1, TSC2 and VHL + in/del)	Applicable ICD-10 codes may include: ☐ D09.0 ☐ D09.10 ☐ D09.19 ☐ Z80.51 ☐ Z80.52 ☐ Z80.59 ☐ Z84.81 ☐ Z85.50 ☐ Z85.51 ☐ Z85.520 ☐ Z85.528 ☐ Z85.53 ☐ Z85.54 ☐ Z85.59 ☐ Other ICD-10 codes: _____
☐ CGHC-002	**Breast and Ovarian Cancer Panel** (27 genes) (ATM, BAP1, BRCA1, BRCA2, BRIP1, CDH1, CDK4, CDKN2A, CHEK2, EPCAM, MLH1, MSH2, MSH6, MUTYH, NBN, PALB2, PMS2, PTEN, RAD51C, RAD51D, SDHB, SDHC, SDHD, SLX4, SMAD4, STK11 and TP53 + in/del)	Applicable ICD-10 codes may include: ☐ C50.929 ☐ C50.919 ☐ D05.00 ☐ D05.10 ☐ D05.90 ☐ D07.30 ☐ Z15.01 ☐ Z15.02 ☐ Z80.3 ☐ Z80.41 ☐ Z80.42 ☐ Z84.81 ☐ Z85.3 ☐ Z85.43 ☐ Other ICD-10 codes: _____
☐ CGHC-003	**Colorectal Cancer Panel** (16 genes) (APC, BMPR1A, BUB1B, CDH1, CHEK2, EPCAM, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, SDHD, SMAD4, STK11 and TP53 + in/del)	Applicable ICD-10 codes may include: ☐ C18.9 ☐ C19 ☐ C20 ☐ C21.0 ☐ D01.0 ☐ D01.1 ☐ D01.2 ☐ D01.3 ☐ D01.40 ☐ D01.7 ☐ D01.9 ☐ K63.5 ☐ Z80.0 ☐ Z83.71 ☐ Z83.79 ☐ Z84.81 ☐ Z85.00 ☐ Z86.010 ☐ Other ICD-10 codes: _____
☐ CGHC-004	**Endocrine Neoplasia Panel** (7 genes) (CDC73, HRAS, MEN1, PRKAR1A, PTEN, RET and VHL + in/del)	Applicable ICD-10 codes may include: ☐ C70.0 ☐ C70.1 ☐ C70.9 ☐ C75.0 ☐ C75.1 ☐ D09.3 ☐ D17.9 ☐ D42.9 ☐ E21.5 ☐ E23.7 ☐ Z15.81 ☐ Z83.41 ☐ Z83.49 ☐ Z84.81 ☐ Z85.850 ☐ Z85.858 ☐ Other ICD-10 codes: _____
☐ CGHC-005	**Endometrial/Uterine Panel** (7 genes) (EPCAM, FH, MLH1, MSH2, MSH6, PMS2 and PTEN + in/del)	Applicable ICD-10 codes may include: ☐ C18.9 ☐ C54.1 ☐ C55 ☐ C56.9 ☐ D07.0 ☐ Z15.04 ☐ Z80.0 ☐ Z80.3 ☐ Z80.41 ☐ Z80.49 ☐ Z84.81 ☐ Z85.00 ☐ Z85.3 ☐ Z85.43 ☐ Z85.44 ☐ Other ICD-10 codes: _____
☐ CGHC-006	**Gastric Cancer Panel** (15 genes) (APC, BMPR1A, CDH1, EPCAM, KIT, MLH1, MSH2, MSH6, MUTYH, PMS2, SDHB, SDHC, SDHD, SMAD4 and TP53 + in/del).	Applicable ICD-10 codes may include: ☐ C15.9 ☐ C16.9 ☐ C17.9 ☐ D00.1 ☐ D00.2 ☐ D05.90 ☐ Z80.0 ☐ Z84.81 ☐ Z85.00 ☐ Other ICD-10 codes: _____
☐ CGHC-007	**Li-Fraumeni Syndrome Cancer Panel** (2 genes) (CHEK2 and TP53 + in/del)	Applicable ICD-10 codes may include: ☐ C41.9 ☐ C49.9 ☐ C50.919 ☐ C50.929 ☐ C71.9 ☐ C74.90 ☐ D05.00 ☐ D05.10 ☐ D05.90 ☐ D09.8 ☐ D43.2 ☐ D43.4 ☐ Z85.830 ☐ Other ICD-10 codes:_____
☐ CGHC-008	**Lynch Syndrome Cancer Panel** (5 genes) (EPCAM, MLH1, MSH2, MSH6 and PMS2 + in/del)	Applicable ICD-10 codes may include: ☐ C15.9 ☐ C16.9 ☐ C17.9 ☐ C18.9 ☐ C25.9 ☐ C54.1 ☐ D01.0 ☐ D07.0 ☐ D07.30 ☐ Z80.0 ☐ Z80.41 ☐ Z85.00 ☐ Z85.07 ☐ Z85.43 ☐ Other ICD-10 codes: _____
☐ CGHC-009	**Melanoma Cancer Panel** (9 genes) (BAP1, BRCA2, CDK4, CDKN2A, PTEN, RB1, TP53, XPA and XPC + in/del)	Applicable ICD-10 codes may include: ☐ C25.9 ☐ C43.9 ☐ D01.7 ☐ D01.9 ☐ D03.9 ☐ D04.9 ☐ Z80.0 ☐ Z80.8 ☐ Z84.81 ☐ Z85.820 ☐ Other ICD-10 codes: _____
☐ CGHC-010	**Pancreatic Cancer Panel** (10 genes) (APC, ATM, BRCA1, BRCA2, CDK4, CDKN2A, MLH1, MSH2, PALB2 and TP53 + in/del)	Applicable ICD-10 codes may include: ☐ C25.9 ☐ C80.1 ☐ D01.7 ☐ D01.9 ☐ Z80.0 ☐ Z84.81 ☐ Z85.07 ☐ Other ICD-10 codes: _____
☐ CGHC-011	**Prostate Cancer Panel** (14 genes) (ATM, BRCA1, BRCA2, CHEK2, FANCL, MLH1, MSH2, MSH6, MUTYH, NBN, PMS2, RB1, TP53, WRN + in/del)	Applicable ICD-10 codes may include: ☐ C61 ☐ D07.5 ☐ R97.2 ☐ Z15.03 ☐ Z80.41 ☐ Z80.42 ☐ Z84.81 ☐ Z85.46 ☐ Other ICD-10 code: _____
☐ CGHC-012	**Complete Risk Panel** (AIP, ALK, APC, ATM, BAP1, BLM, BMPR1A, BRCA1, BRCA2, BRIP1, BUB1B, CDC73, CDH1, CDK4, CDKN1C, CDKN2A, CEBPA, CEP57, CHEK2, CYLD, DDB2, DICER1, DIS3L2, EGFR, EPCAM, ERCC2, ERCC3, ERCC4, ERCC5, EXT1, EXT2, EZH2, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, FANCM, FH, FLCN, GATA2, GPC3, HNF1A, HRAS, KIT, MAX, MEN1, MET, MLH1, MSH2, MSH6, MUTYH, NBN, NF1, NF2, NSD1, PALB2, PHOX2B, PMS1, PMS2, PRF1, PRKAR1A, PTCH1, PTEN, RAD51C, RAD51D, RB1, RECQL4, RET, RHBDF2, RUNX1, SBDS, SDHAF2, SDHB, SDHC, SDHD, SLX4, SMAD4, SMARCB1, STK11, SUFU, TMEM127, TP53, TSC1, TSC2, VHL, WRN, WT1, XPA and XPC + in/del)	☐ ICD-10 codes: _____
☐ CGHC-013	Single Gene or Specific Gene Set (for example: BRCA1 & BRCA2 only). Please note the gene(s) in space below. Requested gene(s) to sequence: _____	☐ ICD-10 codes: _____

Single-Site Testing is indicated for those patients who have a familial mutation already identified. Only this mutation will be analyzed and reported.

☐ CGV-001	**Single-Site Testing** – Please provide a copy of the familly member's results: _____	Applicable ICD-10 codes may include: ☐ Z15.01 ☐ Z15.02 ☐ Z15.03 ☐ Z15.09 ☐ Z15.81 ☐ Z15.89 ☐ Z84.81 ICD-10 codes: _____

Exome Testing includes 4,813 genes with an emphasis on regions where pathogenic mutations are associated with known genetic disorders. This panel may allow physicians to make a diagnosis in cases where other diagnostic tests were uninformative or inconclusive.

☐ CGE-001	**Exome** - (coding region of 4.813 genes)	CD-10 code: _____