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, _____, am providing consent to perform the genetic testing as ordered. I understand that by signing this section:

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. In addition, if a test is reimbursed by the insurance company for any portion of the cost, IntelligeneCG will not invoice me or hold me responsible for any amount owed above and beyond what has been reimbursed by the insurance company and the cost of the test would be considered paid in full.

If the test is not authorized by or is not covered by my insurance, then I agree to be considered as a Self-Pay patient and will be responsible for the maximum out of pocket cost of the test of $375. IntelligeneCG is authorized to bill me directly for the cost, which shall not exceed the maximum out of pocket of $375. ICG will allow me, at my own choice, to pay for the cost over a maximum of 3 installments if needed. I understand that if payments or arrangements are not made after 3 statements my information may be sent to collections.

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.

❑ **BRCG**	**Bladder and Renal Cancer Panel** (21 genes) (BAP1, CDC73, DICER1, EPCAM, FH, FLCN, MET, MLH1, MSH2, MSH6, PMS2, PTEN, RB1, SDHB, SDHC, SDHD, TSC1,TSC2, TP53, VHL and WT1 + in/del)	❑ **BOCG**	Breast and Ovarian Cancer Panel (29 genes) (ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CDKN2A, CHEK2, DICER1, EPCAM, KLLN, MLH1, MRE11A, MSH2, MSH6, MUTYH, NF1, NBN, PALB2, PMS2, PTEN, RAD50, RAD51C, RAD51D, SDHB, SDHD, SMARC4, STK11 and TP53 + in/del)
❑ **CLCG**	**Colorectal Cancer and Lynch Syndrome Panel** (25 genes) (APC, ATM, AXIN2, BLM, BMPR1A, BUB1B, CDH1, CHEK2, EPCAM, KLLN, GALNT12, GREM1, MLH1, MSH2, MSH3, MSH6, MUTYH, NTHL1, POLD1, POLE, PMS2, PTEN, SMAD4, STK11 and TP53 + in/del)	❑ **ETCG**	**Endocrine and Thyroid Cancer Panel** (18 genes) (APC, CDC73, CDKN1B, DICER1, MAX, MEN1, MYH8, PRKAR1A, PDE11A, PDE8B, PTEN, RET, SDHAF2, SDHB, SDHC, SDHD, TMEM127 and VHL + in/del)
❑ **EUCG**	**Endometrial/Uterine Panel** (19 genes) (BRCA1, BRCA2, BRIP1, EPCAM, FH, KLLN, MLH1, MSH2, MSH6, MUTYH, PALB2, PMS2, PTEN, RAD51C, RAD51D, SDHB, SDHD, STK11 and TP53 + in/del)	❑ **GGCG**	**Gastric and GIST Cancer Panel** (19 genes) (APC, BMPR1A, CDH1, EPCAM, KIT, MLH1, MSH2, MSH6, MUTYH, NF1, PDGFRA, PMS2, SDHA, SDHB, SDHC, SDHD, SMAD4, STK11, and TP53 + in/del).
❑ **LFCG**	**Li-Fraumeni Syndrome Cancer Panel** (3 genes) (CHEK2, MDM2 and TP53+ in/del)	❑ **MSCG**	**Melanoma and Skin Cancer Panel** (12 genes) (BAP1, BRCA2, CDK4, CDKN2A, KLLN, MC1R, MITF, POT1, PTCH1, RB1, TERT and TP53 + in/del)
❑ **PCCG**	**Pancreatic Cancer Panel** (18 genes) (APC, ATM, BMPR1A, BRCA1, BRCA2, CDK4, CDKN2A, EPCAM, MEN1, MLH1, MSH2, MSH6, PALB2, PMS2, SMAD4, STK11, TP53 and VHL + in/del)	❑ **PTCG**	**Prostate Cancer Panel** (24 genes) (ATM, ATR, BRCA1, BRCA2, BRIP1, CHEK2, FAM175A, FANCL, GEN1, HOX13B, MLH1, MSH2, MSH6, MRE11A, MSR1, MUTYH, NBN, PMS2, RB1, RAD51C, RAD51D, TP53, TSHR and WRN+ in/del)

❑ **CRCG** Complete Risk Panel (80 genes) (APC, ATM, ATR, AXIN2, BAP1, BARD1, BLM, BMPR1A, BRCA1, BRCA2, BRIP1, BUB1B, CDC73, CDH1, CDK4, CDKN1B, CDKN2A, CHEK2, DICER1, EGFR, EPCAM, FAM175A, FANCL, FH, FLCN, GALNT12, GEN1, GREM1, HOX13B, KLLN, MAX, MC1R, MDM2, MEN1, MET, MITF, MLH1, MSH2, MSH3, MSH6, MUTYH, MYH8, NBN, NF1, NF2, NTHL1, PALB2, PDE8B, PDE11A, PDGFRA, PMS2, POLD1, POLE, POT1, PHOX2B, PRKAR1A, PTCH1, PTEN, RAD50, RAD51C, RAD51D, RB1, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARC4, STK11, TERT, TMEM127, TP53, TSC1, TSC2, TSHR, VHL, WRN and WT1 +in/del)

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 This method sequences all variations in the protein-coding regions (exons) of each gene. As most of known mutations that cause disease occur in exons, whole exome sequencing allows physicians to make a diagnosis in cases where other diagnostic tests were uninformative or inconclusive.

❑ **CGE-001** **Exome** - (coding region of genes) ❑ICD-10 code: _____

Most common ICD-10 codes. please select all that apply

- ❑ C16.9 - Malignant neoplasm of stomach, unspecified
- ❑ C17.9 - Malignant neoplasm of small intestine, unspecified
- ❑ C18.9 - Malignant neoplasm of colon, unspecified
- ❑ C20 - Malignant neoplasm of rectum
- ❑ C25.9 - Malignant neoplasm of pancreas, unspecified
- ❑ C50.919 - Malignant neoplasm of unspecified site of unspecified female breast
- ❑ C50.929 - Malignant neoplasm of unspecified site of unspecified male breast
- ❑ Z80.0 - Family history of malignant neoplasm of digestive organs
- ❑ Z85.00 - Personal history of malignant neoplasm of unspecified digestive organ
- ❑ Z84.81 - Family history of carrier of genetic disease (includes at risk for heritable disorder based on family history, family history of gene mutation, family history of hereditary disease etc.)
- ❑ Z85.038 - Personal history of other malignant neoplasm of large intestine
- ❑ Z85.048 - Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus
- ❑ Z85.07 - Personal history of malignant neoplasm of pancreas
- ❑ Z85.42 - Personal history of malignant neoplasm of other parts of uterus
- ❑ Z85.43 - Personal history of malignant neoplasm of ovary
- ❑ Z85.46 - Personal history of malignant neoplasm of prostate
- ❑ Z85.53 - Personal history of malignant neoplasm of renal pelvis
- ❑ Z85.54 - Personal history of malignant neoplasm of ureter
- ❑ Z85.59 - Personal history of malignant neoplasm of other urinary tract organ
- ❑ Z85.89 - Personal history of malignant neoplasm of other organs and systems
- ❑ OR Enter One or More Codes From Code List on Page 3&4:_____

_____

REQUIRED DOCUMENTS AND INFORMATION FOR INSURANCE

All applicable documents listed below must accompany the requisition form to insure fast processing of samples and results.

- Detailed medical record (pedigree if available)
- ICD-10 code(s)
- Physician, patient, and insured signatures
- Copy of insurance card(s) - front / back
- Insurer specific forms (i.E. ABN)
- Insurance authorization, if available
- Medical Necessity Section of This Form