

SOLID TUMOR PATHOLOGY

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Highlighted fields are REQUIRED

CLIENT INFORMATION	١	NPI#			TESTING REQUE				
REATING PHYSICIAN		NPI#			Immunohistoche IHC Stain with Manu	mistry Level of Serv	rice - MUST SELEC	TONE	
PHYSICIAN/AUTHORIZED SIGNATURE					☐ IHC stain – Technical Component only (slides) ☐ IHC stain with Virtual Image – Technical Component only				
THOONIQUOTIONIZED GIONNIGHE						,	,	-4.	
Client#					TUMOR ANALYSIS - select one and send pathology report: Surgical pathology consult - Comprehensive tumor analysis and report (FFPE with or without slides)				
Client Name					Consultative diagnostic workup for solid tumor. Includes histologic/morphologic evaluation with the application of IHC and other relevant diagnostic tests (i.e. FISH, molecular) per recommendation of our				
Address					pathologist. When a	differential diagnosis is sele	cted from below, it will serve	e as a guide for the Labcorp	
						logists in the case evaluation ecessary depending on the d			
					Select Differential Diag	nosis in Question:	_		
					Adenocarcinoma vs.Bladder vs. prostate		☐ Kidney tumor☐ Lung vs. breast		
Phone Number		Fax Number			☐ Breast: in situ vs. inv		Lymphoma vs. reac Neuroendocrine ne	tive hyperplasia	
PATIENT INFORMATION					☐ Carcinoma unknown primary – Female ☐ Paget's disease vs. melanoma vs. sqCC ☐ Carcinoma unknown primary – Male ☐ Pancreatic endocrine neoplasm				
Name (LAST, FIRST, MIDDLE):	'N				Carcinoma vs. melar	noma	☐ Pituitary neoplasm	•	
Date of Birth: Sex: Male Female					☐ Endocervical vs. end☐ Germ cell tumor	ometrial	☐ Prostate carcinoma☐ Small cell vs. non-s		
Address:					Gastrointestinal stro		Small round cell tur	mor (e.g. Ewing's, PNET)	
					☐ Hepatoma/cholangi		☐ Soft tissue tumor☐ SqCC vs. melanomo	a vs. AFX	
City, State, Zip: Phone Number:					Immunohistochemis	try analysis with interpre	tation of specific antibod	lies selected	
Med. Rec. # / Patient #:					Write individual an	tibodies below. (Current Ar	ntibody Library available at once	ology.labcorp.com)	
BILLING INFORMATIO	N (attach face she	eet and conv of insurance	e card – hoth side	ne)					
Bill: My Account Insur									
Patient Hospital Status: In-Patient Out-Patient Non-Patient									
Insurance Information: S					Second opinion cor	sultation (stained slides	without FFPF)		
PRIMARY BILLING PARTY INSURANCE CARRIER* INSI		SECONDARY BILLING PARTY INSURANCE CARRIER*		DISEASE-SPECIFIC PROFILES					
ID#		ID#				± Lung Cancer			
GROUP #					☐ Squamous Cell vs Adenocarcinoma: reflex to Comprehensive Lung Panel ([EGFR, KRAS, BRAF mutation analysis], [ALK, ROS1, RET by FISH], PD-L1 KEYTRUDA® [IHC]¥)				
SURANCE ADDRESS INSURANCE ADDRESS					PD-L1 for KEYTRUDA	` '			
NAME OF INSURED PERSON NAME OF INS		NAME OF INSURED PERSON	IE OF INSURED PERSON		Lynch Syndrome		mal tissue/peripheral blo nt normal tissue, perform		
		RELATIONSHIP TO PATIENT			☐ MLH1/MSH2/MSH6/I		ni nomiai nasae, penomi	WINNIN IIIO	
EMPLOYER NAME	OYER NAME EMPLOYER NAME				☐ MLH1/MSH2/MSH6/PMS2 by IHC and Microsatellite Instability (MSI) by PCR¥				
*IF MEDICAID STATE PHYSICIAN'	S PROVIDER #		WORKERS YE	es 🗆 No	` '	(IHC) ☐ MSH6 (IHC) ☐ F			
CLINICAL/SPECIMEN	INFORMATI	ON	COMP L YE	es 🗀 NO	Reflex Options	mutation analysis 🗖 MLH1	promoter methylation		
Collection Date:	Time:		10% Neutral I	Buffered Formalin	<u> </u>	mprehensive Tumor Evalu	ation®¥ (Includes MLH1/MSH2	/MSH6/PMS2 (IHC), and MSI (PC	
			Other:		If MLH1 is deficient, reflex to BRAF mutation analysis. If negative, reflex to MLH1 promoter methylation)				
Body Site/Descriptor:					MSI (PCR); if unstable reflex to MLH1/MSH2/MSH6/PMS2 (MMR IHC)				
Specimen ID # (as it appears on the specimen):					☐ MLH1/MSH2/MSH6/PMS2 by IHC, reflex to MSI by PCR if any marker is not expressed or equivocal ☐ Reflex to BRAF mutation if MLH1 (IHC) is not expressed: reflex to MLH promoter methylation				
Narrative Diagnosis/Clinical Data - Please provide pathology report					if BRAF mutation not detected (Colorectal cancer only)				
						oter methylation if MLH1 i	in not expressed (Endom	etrial carcinoma only)	
						is; if cKIT negative, reflex t			
					CKIT mutation analysis Molar Pregnancy	is PDGFRA mutati	on analysis 🔲 BRAF	mutation analysis	
					☐ DNA Ploidy/S-Phase		ploidy/S-Phase; if diploid		
					MUST Select Level of Se Lymph Node Microme	ervice: Pathology Cons	sultation/Report LIHCS	Stain/Manual Interpretatio	
					☐ Breast ☐ Meland				
					INFECTIOUS AGE				
					☐ Adeno ☐ CM☐ HSV I/HSV II ☐ Par			□ H. <i>pylori</i> □ VZV	
·					IN SITU HYBRIDIZA				
					` /	PML (JC)	☐ KAPPA	☐ LAMBDA	
Devoffin Dissive) "	Clides: "	C			☐ High Risk (16/18, 31		Risk (6/11, 16/18, 31/33	3)	
Paraffin Block(s): # CLINICAL INDICATION	Slides: #	_ Smears:#	Other:_		,	Low Risk (6/11)	☐ High Risk (16/18)	☐ High Risk (31/33)	
All diagnoses should be provided by	the ordering physici	an or an authorized desig	nee.		FISH ☐ 1p,19q ☐ DDIT	3 (CHOP)	☐ FKHR ☐ cMET	□ N-MYC	
Diagnosis/Signs/Symptoms in ICD-CI		Daie of Service (Highest S)	☐ PTEN ☐ RB1	` ☐ SYT	☐ MDM2	-	
ICD-CM	ICD-CM		ICD-CM		Bladder Cancer Testing: Urine Collection Method	Bladder Cancer Fix	Catheterized	☐ Bladder Wash	
When ordering tests for which Medicar			physicians should	order only those tests	OTHER TESTS (Pleas	e visit oncology.labcorp.com	to see a complete list of our	testing services)	
nat are medically necessary for the di	ugriosis or irealmen	i oi irie patient.			- I				

1 If ordering for endometrial cancer, BRAF mutation analysis will not be performed

Determining Necessity of Advance Beneficiary Notice of Non-coverage (ABN) Completion*

- 1. **Diagnose.** Determine your patient's diagnosis.
- 2. **Document.** Write the diagnosis code(s) on the front of this requisition.
- Verify. Determine if the laboratory test(s) ordered for the patient is subject to the Local Coverage Determination or National Coverage
 Determination. This information can be located in the policies published by your Medicare Administrative Contractor (MAC), CMS, or
 www.Labcorp.com/MedicareMedicalNecessity.
- 4. **Review.** If the diagnosis code for your patient <u>does not</u> meet the medical necessity requirements set forth by Medicare or the test is being performed more frequently than Medicare allows, an ABN should be completed.

How to Complete an Advance Beneficiary Notice of Non-coverage (ABN)

Medicare is very specific in requiring that all of the information included on the ABN must be completed. Additionally, Labcorp requests that the specimen number or bar code label be included on the form. To be valid, an ABN must:

- 1. Be executed on the CMS approved ABN form (CMS-R-131).
- 2. Identify the Medicare Part B Beneficiary, using the name as it appears on the patient's red, white, and blue Medicare card.
- 3. Indicate the test(s)/procedure(s) which may be denied within the relevant reason column.
- 4. Include an estimated cost for the test(s)/procedures(s) subject to the ABN.
- 5. Have "Option 1", "Option 2", or "Option 3" designated by the beneficiary.
- 6. Be signed **and** dated by the beneficiary or his/her representative **prior to** the service being rendered.

Patient, client, and billing information is requested for timely processing of this case. Medicare and other third party payors require that services be medically necessary for coverage, and generally do not cover routine screening tests.

When ordering tests that are subject to ABN guidelines, refer to the policies published by your Medicare Administrative Contractor (MAC), CMS, or www.Labcorp.com/MedicareMedicalNecessity.

Symbols Legend

 $^{\circ}$ = Medicare deems investigational. Medicare does not pay for services it deems investigational.

^{*}An ABN should be completed for all tests that are considered investigational (experimental or for research use) by Medicare.