

CLIENT INFORMATION
ORDERING PHYSICIAN NPI #
TREATING PHYSICIAN NPI #
PHYSICIAN/AUTHORIZED SIGNATURE
Client#
Client Name
Address
Phone Number Fax Number

PATIENT INFORMATION
Name (LAST, FIRST, MIDDLE):
Date of Birth: Sex: Male Female
Address:
City, State, Zip:
Phone Number:
Med. Rec. # / Patient #:

BILLING INFORMATION (attach face sheet and copy of insurance card - both sides)
Bill: My Account Insurance Medicare Medicaid Patient Workers Comp
Patient Hospital Status: In-Patient Out-Patient Non-Patient
Insurance Information: See attached Authorization #

PRIMARY BILLING PARTY SECONDARY BILLING PARTY
INSURANCE CARRIER*
ID #
GROUP #
INSURANCE ADDRESS
NAME OF INSURED PERSON
RELATIONSHIP TO PATIENT
EMPLOYER NAME
*IF MEDICAID STATE PHYSICIAN'S PROVIDER # WORKERS COMP Yes No

CLINICAL/SPECIMEN INFORMATION
Collection Date: Time: Fixative: 10% Neutral Buffered Formalin
Send Date: Other:
Time to Fixation: Hours Fixed:
Body Site/Descriptor: See previous case history
Specimen ID # (as it appears on the specimen):
Narrative Diagnosis/Clinical Data - Please provide pathology report
Paraffin Block(s): # Slides: # Smears: # Other:

CLINICAL INDICATION (attach clinical history and pathology reports)
All diagnoses should be provided by the ordering physician or an authorized designee.
Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required)
ICD-CM ICD-CM ICD-CM

When ordering tests for which Medicare or Medicaid reimbursements will be sought, physicians should order only those tests that are medically necessary for the diagnosis or treatment of the patient.
If ordering for endometrial cancer, BRAF mutation analysis will not be performed

TESTING REQUESTED
TUMOR ANALYSIS - select one and send pathology report:
Surgical pathology consult - Comprehensive tumor analysis and report (FFPE with or without slides)
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 pathologist. When a differential diagnosis is selected from below, it will serve as a guide for the Labcorp Oncology (LO) pathologists in the case evaluation. A LO pathologist will select antibodies (range 1-25) that are medically necessary depending on the diagnosis under consideration.
Select Differential Diagnosis in Question:
Adenocarcinoma vs. mesothelioma Kidney tumor
Bladder vs. prostate carcinoma Lung vs. breast
Breast: in situ vs. invasive Lymphoma vs. reactive hyperplasia
Breast: ductal vs. lobular Neuroendocrine neoplasm
Carcinoma unknown primary - Female Paget's disease vs. melanoma vs. sqCC
Carcinoma unknown primary - Male Pancreatic endocrine neoplasm
Carcinoma vs. melanoma Pituitary neoplasm
Endocervical vs. endometrial Prostate carcinoma vs. adenosis
Exclude Micrometastases Small cell vs. non-small cell carcinoma
Germ cell tumor Small round cell tumor (e.g. Ewing's, PNET)
Gastrointestinal stromal tumors (GIST) Soft tissue tumor
Hepatoma/cholangio vs. met. carcinoma SqCC vs. melanoma vs. AFX
Squamous cell vs. adenocarcinoma

Second opinion consultation (stained slides without FFPE)

IMMUNOHISTOCHEMISTRY LEVEL OF SERVICE - MUST SELECT ONE
IHC Stain with Manual Interpretation
IHC stain - Technical Component only (slides)
IHC stain with Virtual Image - Technical Component only

Immunohistochemistry analysis with interpretation of specific antibodies selected
Write individual antibodies below. (Current Antibody Library available at oncology.labcorp.com)
Table with 4 columns for antibody selection.

DISEASE-SPECIFIC PROFILES

Lynch Syndrome
MLH1/MSH2/MSH6/PMS2 (MMR IHC) by IHC
MLH1/MSH2/MSH6/PMS2 (MMR IHC) by IHC and Microsatellite Instability (MSI) by PCR*
MLH1 (IHC) MSH2 (IHC) MSH6 (IHC) PMS2 (IHC)
MSI by PCR

To note: Tumor and normal tissue/peripheral blood required for MSI (PCR)
If insufficient normal tissue, perform MMR IHC
BRAF mutation analysis MLH1 promoter methylation

Reflex Options
Lynch Syndrome Comprehensive Tumor Evaluation* (Includes MLH1/MSH2/MSH6/PMS2 (IHC), and MSI (PCR). If MLH1 is deficient, reflex to BRAF mutation analysis. If negative, reflex to MLH1 promoter methylation)
MSI (PCR); if unstable reflex to MLH1/MSH2/MSH6/PMS2 (MMR IHC)
MMR IHC, reflex to MSI by PCR if any marker is not expressed or equivocal
MMR IHC, reflex to BRAF mutation if MLH1 (IHC) is not expressed; reflex to MLH1 promoter methylation if BRAF mutation not detected (Colorectal cancer only)
Reflex to MLH1 promoter methylation if MLH1 is not expressed (Endometrial carcinoma only)

Gastrointestinal Stromal Tumors (GIST)
cKIT mutation analysis; if cKIT negative, reflex to PDGFRA and BRAF mutation analysis
cKIT mutation analysis PDGFRA mutation analysis BRAF mutation analysis

Molar Pregnancy
MUST Select Level of Service: Pathology Consultation/Report IHC Stain/Manual Interpretation
DNA Ploidy/S-Phase & p57 (IHC) DNA ploidy/S-Phase; if diploid, reflex to p57 (IHC)

INFECTIOUS AGENTS IHC
Adeno CMV HBsAg H. pylori HSV VHSV II
Parvovirus TOXO VZV

IN SITU HYBRIDIZATION
EBV (EBER) KAPPA LAMBDA
HPV Tissue Testing: p16 (IHC), Low/High Risk HPV (6/11, 16/18, 31/33)
High Risk (16/18, 31/33) Low/High Risk (6/11, 16/18, 31/33)
p16 (IHC) Low Risk (6/11) High Risk (16/18) High Risk (31/33)

FISH
1p, 19q DDIT3 (CHOP) EWSR1 FKHR cMET N-MYC
PTEN RB1 SYT MDM2

Bladder Cancer Testing: Bladder Cancer FISH (MD review)
Urine Collection Method: Voided Catheterized Bladder Wash

OTHER TESTS (Please visit oncology.labcorp.com to see a complete list of our testing services)

* Global Only

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.
3. **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 **does not** 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.

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

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

^ = Medicare deems investigational. Medicare does not pay for services it deems investigational.