IntelligeneDx
Cancer Genomics

PLACE
BARCODE LABEL
HERE

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www.intelligenedx.com

Hereditary Test Requisition Form

Date received in lab: _ _ / _ _ / _ _

ORDERING INSTRUCTIONS
1. Complete all fields below.
2. Place one of the supplied barcode stickers on this requisition form and the other on the sample tube.
3. Please include the completed hereditary test requisition form, a copy of the patient insurance card(s), patient questionnaire & physician screening form along with the saliva sample.
4. Ship to Intelligene*Dx* via the supplied pre-paid FedEx supplies.

Ordering Provider Information

Name				NPI	
Address					
City		State		Zip	
Phone #		Fax #			
E-mail Address					

Patient Information

Name				DOB	
Gender	☐Male ☐Female		Phone #		
Address					
City		State		Zip	

Billing Information – include secondary on separate page if applicable

Type of Insurance	☐Commercial Insurance ☐Medicare ☐Medicaid				
Insurance Company		ID #		Group #	
Name of Subscriber			Relationship to Patient		
Address of Subscriber (if different than patient)					
City		State		Zip	

Physician Authorization

I have concluded that the test(s) I have ordered are medically necessary for this patient because I believe this test(s) will provide risk information, and/or a diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder. The results will help determine my medical management and treatment decisions for this patient. I certify that I am authorized by law to order the test(s) requested herein. I confirm that I have provided genetic testing information to the patient and they have consented to genetic testing.

Signature		Date	

Patient Consent

I hereby give my permission to IntelligeneDx to perform the genetic testing as ordered. I also give my permission for my sample and clinical information to be used for research purposes by IntelligeneDx 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.

Signature		Date	

IntelligeneDx Cancer Genomics

Patient Name:

Sample Information

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.

☐ **DXHC-001**	**Hereditary - 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: _____
☐ **DXHC-003**	**Hereditary - 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 ☐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: _____
☐ **DXHC-006**	**Hereditary - Colorectal Cancer Panel (15 genes)** (APC, BMPR1A, BUB1B, 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: _____
☐ **DXHC-007**	**Hereditary - 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: _____
☐ **DXHC-008**	**Hereditary - 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: _____
☐ **DXHC-009**	**Hereditary - 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: _____
☐ **DXHC-010**	**Hereditary - 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: _____
☐ **DXHC-011**	**Hereditary - 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: _____
☐ **DXHC-012**	**Hereditary - Prostate Cancer Panel (2 genes)** (BRCA2 and CHEK2 + in/del) Applicable ICD-10 codes may include: ☐D07.5 ☐R97.2 ☐Z15.03 ☐Z80.41 ☐Z80.42 ☐Z84.81 ☐Z85.46 ☐Other ICD-10 codes: _____
☐ **DXHC-013**	**Hereditary – 94 Gene 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: _____
☐ **DXHC-014**	**Hereditary – Single Gene or Specific Gene Set** Requested gene(s) to sequence: _____ ☐ICD-10 codes: _____

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

☐ **DXV-001**	**Variant Testing -** Sequencing for a previously identified mutation of uncertain significance or familial mutation. 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.

☐ **DXE-001**	**Exome -** (coding region of 4.813 genes) ☐ICD-10 codes: _____