

### Hereditary Cancer Screening Test Requisition

#### Patient Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Biological Sex  Male  Female    DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Medical Record Number \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State and Zip code \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_

#### Ordering Provider

Full Name \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

#### Clinical Indications

##### Ethnicity

- Asian                       White/Caucasian                       Hispanic/Latin American  
 Black/African American     Ashkenazi Jewish                       Native American  
 Pacific Islander               Sephardic Jewish                       Other \_\_\_\_\_  
 French Canadian               Middle Eastern

**The patient has family history of cancer**

Known family history of genetic mutations?     Yes (Attach copy of report)     No

Family Cancer Type	Age of Dx	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

**The patient has personal history of cancer**

Known personal history of genetic mutations?     Yes (Attach copy of report)     No

Cancer	Age of Diagnosis	Notes/Criteria
<input type="checkbox"/> Breast	_____	<input type="checkbox"/> Bilateral Breast Cancer
<input type="checkbox"/> Ovarian	_____	<input type="checkbox"/> Triple negative (ER-, PR-, HER2-)
<input type="checkbox"/> Uterine / Endometrial	_____	<input type="checkbox"/> Tumor MSI-high or IHC abnormal
<input type="checkbox"/> Prostate	_____	<input type="checkbox"/> Gleason Score $\geq$ 7
<input type="checkbox"/> Pancreatic	_____	<input type="checkbox"/> Metastatic
<input type="checkbox"/> Stomach	_____	<input type="checkbox"/> Number of colon/rectal polyps _____
<input type="checkbox"/> Colorectal	_____	
<input type="checkbox"/> Colon/Rectal polyps	_____	
<input type="checkbox"/> Melanoma	_____	
<input type="checkbox"/> Other(s) _____	_____	



#### Testing Options (see back for full list of genes covered in each panel)

BRCA1 and BRCA2 Panel with reflex to Comprehensive Hereditary Cancer Panel

BRCA1 and BRCA2 Panel

#### Organ and System Specific Panels

- Hereditary Breast Cancer Panel                       Hereditary Melanoma Panel  
 Hereditary Colorectal Cancer Panel                       Hereditary Ovarian Cancer Panel  
 Hereditary Endometrial Cancer Panel                       Hereditary Pancreatic Cancer Panel  
 Hereditary Gastric Cancer Panel                       Hereditary Prostate Cancer Panel

Reflex to Comprehensive Hereditary Cancer Panel

Comprehensive Hereditary Cancer Panel

#### Specimen Information

Specimen type     Blood     Saliva

Collection Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Send Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Bone marrow transplant recipient?     Yes     No

#### Reporting Options

Exclude VUS (Report only pathogenic or likely pathogenic variants)     Rush/STAT

#### Billing Information

Institutional Billing (Send invoice to facility above)

Patient Billing    Credit Card # \_\_\_\_\_    Expiration \_\_\_\_\_ / \_\_\_\_\_

Insurance Billing

Insurance Company Name \_\_\_\_\_

Address \_\_\_\_\_

Policy Holder Name \_\_\_\_\_

Policy Holder Relationship to Patient \_\_\_\_\_

Policy Number \_\_\_\_\_

Prior Auth # \_\_\_\_\_

#### ICD-10 (Diagnosis Codes)

- C50.919 - Malignant neoplasm of unspecified site of unspecified female breast  
 Z85.03 - Personal history of malignant neoplasm of breast  
 Z80.03 - Family history of malignant neoplasm of breast  
 D05.10 - Intraductal carcinoma in situ of unspecified breast  
 Z85.43 - Personal history of malignant neoplasm of ovary  
 Z80.41 - Family history of malignant neoplasm of ovary  
 C61 - Malignant neoplasm of prostate  
 Z80.42 - Family history of malignant neoplasm of prostate  
 C18.9 - Malignant neoplasm of colon, unspecified  
 Z86.010 - Personal history of colon polyps  
 Z85.038 - Personal history of other malignant neoplasm of large intestine  
 Z80.0 - Family history of malignant neoplasm of digestive organs  
 C25.9 - Malignant neoplasm pancreas, unspecified  
 Other \_\_\_\_\_

#### Physician Acknowledgment

##### Confirmation of Informed Consent & Statement of Medical Necessity

**I affirm each of the following:** I have provided genetic testing information to the patient and the patient has consented to genetic testing. This test is medically necessary, and the results will be used in the patient's medical management and treatment decisions. The person listed as the Ordering Provider is authorized by law to order the test(s) requested herein.

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### Patient Acknowledgment

I have read the attached Informed Consent document. I give permission to PsiGenex to perform genetic testing as described. I also give PsiGenex permission to share any relevant personal information with my insurance company for billing purposes. I authorize PsiGenex to bill my insurance company for testing. I understand the benefits and limitations of PGT-A.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Gene list**

Gene List	Comprehensive Panel	Breast Panel	Ovarian Panel	Colorectal Panel	Endometrial Panel	Melanoma Panel	Pancreatic Panel	Gastric Panel	Prostate Panel
APC	.			.			.	.	
ATM	.	.					.		.
AXIN2	.			.					
BAP1	.					.			
BARD1	.	.	.						
BMPR1A	.			.			.	.	
BRCA1	.	.	.		.		.	.	.
BRCA2	.	.	.		.	.	.	.	.
BRIP1	.	.	.						
CDH1	.	.	.	.				.	
CDK4	.					.	.		
CDKN2A	.					.	.		
CHEK2	.	.	.		.				.
CTNNA1	.							.	
DICER1	.		.						
EPCAM	.		.		.		.	.	.
GALNT12	.			.					
GREM1	.			.					
HOXB13	.								.
KIT	.							.	
MEN1	.						.	.	
MITF	.					.			
MLH1	.		.	.	.		.	.	.
MRE11A	.	.	.						
MSH2	.		.	.	.		.	.	.
MSH3	.			.					
MSH6	.		.		.		.	.	.
MUTYH	.	.		.	.			.	
NBN	.	.	.						.
NF1	.	.					.	.	
NTHL1	.								
PALB2	.	.	.				.		.
PDGFRA	.							.	
PMS2	.		.	.	.		.	.	.
POLD1	.			.	.				
POLE	.			.					
PTEN	.	.		.	.	.			
RAD50	.	.	.						
RAD51C	.	.	.						
RAD51D	.	.	.						.
RET	.								
RNF43	.			.					
RPS20	.								
SDHA	.							.	
SDHB	.							.	
SDHC	.							.	
SDHD	.							.	
SMAD4	.			.			.	.	
SMARCA4	.		.						
STK11	.	.	.		.		.	.	
TP53	.	.	.	.	.	.	.	.	.
TSC1	.						.		
TSC2	.						.		
VHL	.						.		