

# HEREDITARY CANCER GENE PANEL

## Test Requisition

### Patient Information (Required)

Patient Name (Last, First)	Date of Birth (mm/dd/yyyy)	Age	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Phone
Street Address	City, State, Zip			Email		
Patient Ethnicity (Select all that apply)	<input type="checkbox"/> African American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> French Canadian	<input type="checkbox"/> Mediterranean	<input type="checkbox"/> Other	
	<input type="checkbox"/> Ashkenazi Jewish	<input type="checkbox"/> East Indian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Middle Eastern		
Payment Options	<input type="checkbox"/> <b>Commercial Insurance:</b> Please attach a copy of front and back of insurance card			<input type="checkbox"/> <b>Medicare</b>	<input type="checkbox"/> <b>Medicaid</b>	
	<input type="checkbox"/> <b>Self-Pay:</b> OmniHealth DX will contact patient to obtain payment					
	<input type="checkbox"/> <b>Invoice Practice/Institutional Bill/Facility Bill</b>					

### Ordering Physician and/or Other Licensed Medical Professional Information (Required)

NPI #	Name (Last, First)	Medical Credentials
Street Address	City, State, Zip	
Facility Name	Direct Office Contract (required)	Phone

### Clinical Notes

### Patient Informed Consent (Please sign)

I confirm that I have been informed about the details of Hereditary Cancer Gene Panel ordered for me by my provider. I understand the risks, benefits and limitations of testing and I voluntarily consent to testing. I give permission to OmniHealth DX to perform the genetic tests described. I understand I am financially responsible for services performed. I authorize OmniHealth DX to submit claims to my medical insurance on my behalf, to give my health plan, my health information on this form and other information provided by my healthcare provider that is necessary for reimbursement.

Patient Signature

Date

### Confirmation of Informed Consent and Medical Necessity

The tests ordered are medically necessary for the risk assessment, diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder. The results will determine the patient's medical management and treatment decision. The person listed as the Ordering Physician is legally authorized to order the test(s) requested herein. The patient was provided with information about genetic testing and has consented to have genetic testing performed.

Ordering Physician Signature

Date

### Specimen Information (Required)

Date of Collection	Specimen Type	Collected By	ICD-10 Diagnosis Code(s)
	<input type="checkbox"/> Oral Buccal/Cheek Swab <input type="checkbox"/> Saliva <input type="checkbox"/> Peripheral blood		

### Test Order Information

HEREDITARY CANCER GENE PANEL (82 GENES)			
AIP, ALK, APC, ATM, AXIN2, BAP1, BARD1, BLM, BMPR1A, BRCA1, BRCA2, BRIP1, CASR, CDC73, CDH1, CDK4, CDKN1B, CDKN1C, CDKN2A, CEBPA, CHEK2, CTNNA1, DICER1, DIS3L2, EPCAM, FH, FLCN, GATA2, GPC3, GREM1, HOXB13, HRAS, KIT, MAX, MEN1, MET, MITF, MLH1, MSH2, MSH6, MUTYH, NBN, NF1, NF2, NTHL1, PALB2, PDGFRA, PHOX2B, PMS2, POLD1, POLE, POT1, PRKAR1A, PTCH1, PTEN, RAD50, RAD51C, RAD51D, RB1, RECQL4, RET, RUNX1, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, SMARCB1, SMARCE1, STK11, SUFU, TERC, TERT, TMEM127, TP53, TSC1, TSC2, VHL, WRN, WT1			
ICD Codes - SEE REVERSE SIDE			

**ICD Codes**

CODE	DESCRIPTION	CODE	DESCRIPTION
<b>C45.1</b>	Mesothelioma of peritoneum	<b>D40.0</b>	<b>Neoplasm of uncertain behavior of prostate</b>
<b>C48.1</b>	Malignant neoplasm of specified parts of peritoneum	<b>N40.0</b>	<b>Benign prostatic hyperplasia without lower urinary tract symptoms</b>
<b>C48.2</b>	Malignant neoplasm of peritoneum, unspecified	<b>N40.1</b>	<b>Benign prostatic hyperplasia with lower urinary tract symptoms</b>
<b>C48.8</b>	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum	<b>N40.2</b>	<b>Nodular prostate without lower urinary tract symptoms</b>
<b>C54.0</b>	Malignant neoplasm of isthmus uteri	<b>N40.3</b>	<b>Nodular prostate with lower urinary tract symptoms</b>
<b>C54.1</b>	Malignant neoplasm of endometrium	<b>N42.31</b>	<b>Prostatic intraepithelial neoplasia</b>
<b>C54.2</b>	Malignant neoplasm of myometrium	<b>N42.32</b>	<b>Atypical small acinar proliferation of prostate</b>
<b>C54.3</b>	Malignant neoplasm of fundus uteri	<b>N42.39</b>	<b>Other dysplasia of prostate</b>
<b>C54.8</b>	Malignant neoplasm of overlapping sites of corpus uteri	<b>N42.83</b>	<b>Cyst of prostate</b>
<b>C54.9</b>	Malignant neoplasm of corpus uteri, unspecified	<b>R31.1</b>	<b>Benign essential microscopic hematuria</b>
<b>C55</b>	Malignant neoplasm of uterus, part unspecified	<b>R31.29</b>	<b>Other microscopic hematuria</b>
<b>C56.1</b>	Malignant neoplasm of right ovary	<b>C17.0</b>	<b>Malignant neoplasm of duodenum</b>
<b>C56.2</b>	Malignant neoplasm of left ovary	<b>C17.1</b>	<b>Malignant neoplasm of jejunum</b>
<b>C56.3</b>	Malignant neoplasm of bilateral ovaries	<b>C17.2</b>	<b>Malignant neoplasm of ileum</b>
<b>C56.9</b>	Malignant neoplasm of unspecified ovary	<b>C17.3</b>	<b>Meckel's diverticulum, malignant</b>
<b>C57.00</b>	Malignant neoplasm of unspecified fallopian tube	<b>C17.8</b>	<b>Malignant neoplasm of overlapping sites of small intestine</b>
<b>C57.01</b>	Malignant neoplasm of right fallopian tube	<b>C17.9</b>	<b>Malignant neoplasm of small intestine, unspecified</b>
<b>C57.02</b>	Malignant neoplasm of left fallopian tube	<b>C18.0</b>	<b>Malignant neoplasm of cecum</b>
<b>C57.10</b>	Malignant neoplasm of unspecified broad ligament	<b>C18.1</b>	<b>Malignant neoplasm of appendix</b>
<b>C57.11</b>	Malignant neoplasm of right broad ligament	<b>C18.2</b>	<b>Malignant neoplasm of ascending colon</b>
<b>C57.12</b>	Malignant neoplasm of left broad ligament	<b>C18.3</b>	<b>Malignant neoplasm of hepatic flexure</b>
<b>C57.20</b>	Malignant neoplasm of unspecified round ligament	<b>C18.4</b>	<b>Malignant neoplasm of transverse colon</b>
<b>C57.21</b>	Malignant neoplasm of right round ligament	<b>C18.5</b>	<b>Malignant neoplasm of splenic flexure</b>
<b>C57.22</b>	Malignant neoplasm of left round ligament	<b>C18.6</b>	<b>Malignant neoplasm of descending colon</b>
<b>C57.3</b>	Malignant neoplasm of parametrium	<b>C18.7</b>	<b>Malignant neoplasm of sigmoid colon</b>
<b>C57.4</b>	Malignant neoplasm of uterine adnexa, unspecified	<b>C18.8</b>	<b>Malignant neoplasm of overlapping sites of colon</b>
<b>C65.1</b>	Malignant neoplasm of right renal pelvis	<b>C18.9</b>	<b>Malignant neoplasm of colon, unspecified</b>
<b>C65.2</b>	Malignant neoplasm of left renal pelvis	<b>C19</b>	<b>Malignant neoplasm of rectosigmoid junction</b>
<b>C65.9</b>	Malignant neoplasm of unspecified renal pelvis	<b>C20</b>	<b>Malignant neoplasm of rectum</b>
<b>C66.1</b>	Malignant neoplasm of right ureter	<b>C21.0</b>	<b>Malignant neoplasm of anus, unspecified</b>
<b>C66.2</b>	Malignant neoplasm of left ureter	<b>C21.1</b>	<b>Malignant neoplasm of anal canal</b>
<b>C66.9</b>	Malignant neoplasm of unspecified ureter	<b>C21.2</b>	<b>Malignant neoplasm of cloacogenic zone</b>
<b>C68.0</b>	Malignant neoplasm of urethra	<b>C21.8</b>	<b>Malignant neoplasm of overlapping sites of rectum, anus and anal canal</b>
<b>C68.1</b>	Malignant neoplasm of paraurethral glands	<b>Z85.030</b>	<b>Personal history of malignant carcinoid tumor of large intestine</b>
<b>C68.8</b>	Malignant neoplasm of overlapping sites of urinary organs	<b>Z85.038</b>	<b>Personal history of other malignant neoplasm of large intestine</b>
<b>C68.9</b>	Malignant neoplasm of urinary organ, unspecified	<b>Z85.040</b>	<b>Personal history of malignant carcinoid tumor of rectum</b>
<b>C61</b>	Malignant neoplasm of prostate	<b>Z85.048</b>	<b>Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus</b>
<b>D29.1</b>	Benign neoplasm of prostate		