

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"/> Ashkenazi Jewish	<input type="checkbox"/> Caucasian <input type="checkbox"/> East Indian	<input type="checkbox"/> French Canadian <input type="checkbox"/> Hispanic	<input type="checkbox"/> Mediterranean <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other
Payment Options	<input type="checkbox"/> Commercial Insurance: Please attach a copy of front and back of insurance card		<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Self-Pay: OmniHealth DX will contact patient to obtain payment				
<input type="checkbox"/> Invoice Practice/Institutional Bill/Facility Bill				

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