

	ACCESSION NO. (LAB USE ONLY)	SPECIMEN ID	PLACE BARCODE HERE
--	------------------------------	-------------	--------------------------

PATIENT INFORMATION

NAME (LAST, FIRST, MI)	PRIMARY ETHNICITY (CHOOSE ONE) <input type="checkbox"/> AFRICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HISPANIC	DOB (MM/DD/YY)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS (STREET, CITY, STATE, ZIP)		HEIGHT (IN)	WEIGHT (LB)
PHONE	EMAIL	MEDICATIONS	

ORDER AUTHORIZED BY

PHYSICIAN NAME	MEDICAL CREDENTIALS	NPI #	DATE OF COLLECTION	TIME OF COLLECTION
ADDRESS (STREET, CITY, STATE, ZIP)			SPECIMEN TYPE <input type="checkbox"/> SALIVA <input type="checkbox"/> BUCCAL SWAB <input type="checkbox"/> BLOOD (LAVENDER CAP) <input type="checkbox"/> BLOOD (STRECK CELL-FREE DNA BCT)	
FACILITY NAME	PHONE	FAX	EMAIL (IF APPLICABLE)	

GENERAL HEALTH AND WELLNESS

<input type="checkbox"/> * PATHWAY FIT® (1503)	<input type="checkbox"/> HEALTHY WEIGHT DNA INSIGHT® (1534)	<input type="checkbox"/> * HEALTHY WOMAN DNA INSIGHT® (1525)	<input type="checkbox"/> * HEALTHY WOMAN DNA INSIGHT® (1525)
<input type="checkbox"/> SKINFIT™ (2001)	<input type="checkbox"/> * CARDIAC HEALTHY WEIGHT DNA INSIGHT® (1688)		

* INCLUDES ONE DIET GUIDELINES REPORT AT NO ADDITIONAL COST:
 DIET GUIDELINES (CHOOSE ONE) STANDARD (1728) GLUTEN-FREE (1652) VEGETARIAN (1729) DAIRY-FREE (1730) PREGNANCY AND LACTATION (1363)

PHARMACOGENOMICS

<input type="checkbox"/> MENTAL HEALTH DNA INSIGHT® (1469)	<input type="checkbox"/> CARDIAC DNA INSIGHT® (1710)	<input type="checkbox"/> PAIN MEDICATION DNA INSIGHT® (1275)	<input type="checkbox"/> CARRIER STATUS DNA INSIGHT® (1682)
--	--	--	---

HEREDITARY CANCER * MUST BE AUTHORIZED TO ORDER AND MUST HAVE SUPPORTING CLINICAL HISTORY FORMS FILLED OUT TO COMPLETION

<input type="checkbox"/> BRCATRUE® (1829)	<input type="checkbox"/> BRCATRUE® ASHKENAZI JEWISH (3-SITE) (1839)	<input type="checkbox"/> BRCATRUE® ASHKENAZI JEWISH WITH REFLEX TO BRCATRUE® (1845)	<input type="checkbox"/> BRCATRUE® ASHKENAZI JEWISH (3-SITE) WITH REFLEX TO BREASTRUE® HIGH RISK PANEL (1847)
<input type="checkbox"/> BREASTTRUE® HIGH RISK PANEL® (1849)	<input type="checkbox"/> BRCATRUE® HISPANIC (8-SITE) (1861)	<input type="checkbox"/> BRCATRUE® HISPANIC (8-SITE) WITH REFLEX TO BRCATRUE® (1865)	<input type="checkbox"/> BRCATRUE® HISPANIC (8-SITE) WITH REFLEX TO BREASTTRUE® HIGH RISK PANEL (1863)
<input type="checkbox"/> BRCATRUE® WITH REFLEX TO BREASTTRUE® HIGH RISK PANEL (1855)	<input type="checkbox"/> COLOTRUE® (1942)	<input type="checkbox"/> LYNCHSYNDROMETRUE® (1420)	<input type="checkbox"/> LYNCHSYNDROMETRUE® WITH REFLEX TO COLOTRUE® (1423)

SINGLE SITE (MUST ATTACH A COPY OF ORIGINAL TEST RESULT WITH VARIANT REQUESTED)

<input type="checkbox"/> SINGLE SITE ANALYSIS - SPECIFY GENE	SPECIFY VARIANT (HGVS NOMENCLATURE)	RELATIONSHIP TO PATIENT CARRYING VARIANT
--	-------------------------------------	--

LIQUID BIOPSY * MUST PROVIDE ICD-10 CODE AND ATTACH CLINICAL HISTORY FORMS

<input type="checkbox"/> CANCERINTERCEPT™ DETECT (3101)	<input type="checkbox"/> CANCERINTERCEPT™ MONITOR (3102)	<input type="checkbox"/> CANCERINTERCEPT™ MONITOR + CLINICAL TRIAL MATCHING (3103)	ICD-10 CODE FOR CANCERINTERCEPT™
---	--	--	----------------------------------

PAYMENT OPTIONS (SIGNATURE REQUIRED)

<input type="checkbox"/> PATIENT PAY	<input type="checkbox"/> BILL INSURANCE (ATTACH FRONT AND BACK COPY OF INSURANCE CARD, CHART NOTES)	FIRST AND LAST NAME OF FINANCIALLY RESPONSIBLE PARTY IF NOT PATIENT (EG. PATIENT IS MINOR)	
<input type="checkbox"/> INVOICE PRACTICE	INSURANCE COMPANY NAME	POLICY NUMBER/MEMBER ID	ICD-10 CODES FOR INSURANCE

Patient Acknowledgment and Authorization for Insurance Billing and Report Release: If I have provided my insurance information for direct insurance/3rd party billing: **I hereby authorize my insurance benefits to be paid directly to Pathway Genomics Corporation (Pathway) and authorize Pathway to release medical information concerning my testing, including upon request my genetic testing results, to my insurer and any business associate of insurer (TPB, TPA, etc.).** I authorize Pathway to be my Designated Representative for purposes of appealing any denial of health benefits. I understand that I am responsible for any amounts Pathway bills directly to me, including amounts that my insurer determines are my responsibility after calculating deductibles, co-payments and co-insurance due under my policy. I understand that I am legally responsible for sending Pathway any money received from my health insurance company for performance of this genetic test.

▶ Patient Signature: _____ Date: _____

ORDERING HEALTHCARE PROFESSIONAL (SIGNATURE REQUIRED)

Informed Consent and Statement of Medical Necessity: I hereby confirm that the test(s) are medically necessary for the treatment and/or plan of care for the patient. I further hereby confirm that the information has been supplied about genetic testing and that an appropriate Pathway informed consent has been signed by the patient and is on file with the ordering healthcare professional.

Did patient opt-out for the use of their sample for research purposes in the consent? Yes No ▶ Physician Signature: _____ Date: _____

PATHWAYFIT®	
ICD-10 Code	Description
E56.9	Vitamin deficiency, unspecified
E78.0	Pure hypercholesterolemia
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
E78.5	Hyperlipidemia, unspecified
E78.4	Other hyperlipidemia
E88.89	Other specified metabolic disorders
E78.89	Other lipoprotein metabolism disorders
E78.81	Lipoid dermatoarthritis
E88.9	Metabolic disorder, unspecified
E80.3	Defects of catalase and peroxidase
C96.6	Unifocal Langerhans-cell histiocytosis
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis

HEALTHY WOMAN DNA INSIGHT®	
Z68.26	Body mass index (BMI) 26.0-26.9, adult
E66.3	Overweight

HEALTHY WEIGHT DNA INSIGHT®	
R63.5	Abnormal weight gain
F41.9	Anxiety disorder, unspecified
E78.2	Mixed hyperlipidemia
E66.9	Obesity, unspecified
F43.0	Acute stress reaction
E53.8	Deficiency of other specified B group vitamins
R53.83	Other fatigue
R53.81	Other malaise
E66.3	Overweight
K21.0	Gastro-esophageal reflux disease with esophagitis
N91.5	Oligomenorrhea, unspecified
E55.9	Vitamin D deficiency, unspecified

CARDIAC HEALTHY WEIGHT DNA INSIGHT®	
Z71.3	Dietary counseling and surveillance
R03.0	Elevated blood-pressure reading, without diagnosis of hypertension
K21.9	Gastro-esophageal reflux disease without esophagitis
N95.1	Menopausal and female climacteric states
Z83.3	Family history of diabetes mellitus
R94.5	Abnormal results of liver function studies
E66.9	Obesity, unspecified
R53.83	Other fatigue
E29.1	Testicular hypofunction
E66.3	Overweight
E06.9	Thyroiditis, unspecified
E23.7	Disorder of pituitary gland, unspecified
E23.3	Hypothalamic dysfunction, not elsewhere classified
I10	Essential (primary) hypertension

MENTAL HEALTH DNA INSIGHT®	
Z00.00	Encounter for general adult medical examination without abnormal findings
T50.995A	Adverse effect of other drugs, medicaments and biological substances, initial encounter
T50.7X5A	Adverse effect of analeptics and opioid receptor antagonists, initial encounter

CARDIAC DNA INSIGHT®	
R10.13	Epigastric pain
R10.9	Unspecified abdominal pain
D68.311	Acquired hemophilia
I48.91	Unspecified atrial fibrillation
I10	Essential (primary) hypertension
Z68.34	Body mass index (BMI) 34.0-34.9, adult
K59.00	Constipation, unspecified
E11.9	Type 2 diabetes mellitus without complications
Z84.81	Family history of carrier of genetic disease
Z82.49	Family history of ischemic heart disease and other diseases of the circulatory system
M72.9	Fibroblastic disorder, unspecified
Z15.89	Genetic susceptibility to other disease
I20.0	Unstable angina
Z79.899	Other long term (current) drug therapy
E78.2	Mixed hyperlipidemia
M79.7	Fibromyalgia
E66.9	Obesity, unspecified
I20.9	Angina pectoris, unspecified
E78.5	Hyperlipidemia, unspecified
K59.09	Other constipation
T50.995A	Adverse effect of other drugs, medicaments and biological substances, initial encounter
R53.1	Weakness
G93.3	Postviral fatigue syndrome
R53.83	Other fatigue
R53.81	Other malaise
E66.3	Overweight
M25.50	Pain in unspecified joint
I73.9	Peripheral vascular disease, unspecified
I80.209	Phlebitis and thrombophlebitis of unspecified deep vessels of unspecified lower extremity
Z13.220	Encounter for screening for lipid disorders
E03.9	Hypothyroidism, unspecified
T50.7X5A	Adverse effect of analeptics and opioid receptor antagonists, initial encounter
E88.9	Metabolic disorder, unspecified
E63.9	Nutritional deficiency, unspecified
E55.9	Vitamin D deficiency, unspecified

PAIN MEDICATION DNA INSIGHT®	
G89.4	Chronic pain syndrome
G89.29	Other chronic pain
T50.995A	Adverse effect of other drugs, medicaments and biological substances, initial encounter
T50.7X5A	Adverse effect of analeptics and opioid receptor antagonists, initial encounter
Z79.1	Long term (current) use of non-steroidal anti-inflammatories (NSAID)
Z79.899	Other long term (current) drug therapy

CARRIER STATUS DNA INSIGHT®	
Z84.81	Family history of carrier of genetic disease
N46.9	Male infertility, unspecified
N97.9	Female infertility, unspecified
O35.2XX0	Maternal care for (suspected) hereditary disease in fetus, not applicable or unspecified
Z13.71	Encounter for nonprocreative screening for genetic disease carrier status
Z13.89	Encounter for screening for other disorder

BREAST CANCER - HEREDITARY CANCER TESTS	
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
D05.90	Unspecified type of carcinoma in situ of unspecified breast
Z85.3	Personal history of malignant neoplasm of breast
Z80.3	Family history of malignant neoplasm of breast
Z80.8	Family history of malignant neoplasm of other organs or systems
Z84.81	Family history of carrier of genetic disease

OVARIAN CANCER - HEREDITARY CANCER TESTS	
C56.9	Malignant neoplasm of unspecified ovary
C79.60	Secondary malignant neoplasm of unspecified ovary
D07.39	Carcinoma in situ of other female genital organs
N95.1	Menopausal and female climacteric states
Z85.43	Personal history of malignant neoplasm of ovary
Z80.41	Family history of malignant neoplasm of ovary

UTERINE CANCER - HEREDITARY CANCER TESTS	
C55	Malignant neoplasm of uterus, part unspecified
C54.9	Malignant neoplasm of corpus uteri, unspecified
Z80.8	Family history of malignant neoplasm of other organs or systems

PROSTATE CANCER - HEREDITARY CANCER TESTS	
C61	Malignant neoplasm of prostate
Z85.46	Personal history of malignant neoplasm of prostate
Z80.42	Family history of malignant neoplasm of prostate

SINGLE-SITE GENETIC TESTING - HEREDITARY CANCER TESTS	
Z84.81	Family history of carrier of genetic disease

COLORECTAL CANCER - HEREDITARY CANCER TESTS	
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.5	Malignant neoplasm of splenic flexure
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C20	Malignant neoplasm of rectum
D12.6	Benign neoplasm of colon, unspecified
Z85.038	Personal history of other malignant neoplasm of large intestine
Z86.010	Personal history of colonic polyps
Z80.0	Family history of malignant neoplasm of digestive organs

PANCREATIC CANCER - HEREDITARY CANCER TESTS	
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
Z80.0	Family history of malignant neoplasm of digestive organs

OTHER CANCER SITES - HEREDITARY CANCER TESTS	
C16.9	Malignant neoplasm of stomach, unspecified
C17.9	Malignant neoplasm of small intestine, unspecified
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C67.9	Malignant neoplasm of bladder, unspecified
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C66.9	Malignant neoplasm of unspecified ureter
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C73	Malignant neoplasm of thyroid gland
E03.9	Hypothyroidism, unspecified
Z80.0	Family history of malignant neoplasm of digestive organs
Z80.8	Family history of malignant neoplasm of other organs or systems

MELANOMA - HEREDITARY CANCER TESTS	
C43.0	Malignant melanoma of lip
C43.10	Malignant melanoma of unspecified eyelid, including canthus
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.39	Malignant melanoma of other parts of face
D03.4	Melanoma in situ of scalp and neck
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified
Z80.8	Family history of malignant neoplasm of other organs or systems

NO DIAGNOSIS OF CANCER - CANCERINTERCEPT™ DETECT	
Z12.9	Encounter for screening for malignant neoplasm, site unspecified

BREAST CANCER - CANCERINTERCEPT™ MONITOR TEST	
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
D05.90	Unspecified type of carcinoma in situ of unspecified breast
D05.90 and Z17.0	Unspecified type of carcinoma in situ of unspecified breast with Estrogen receptor positive status [ER+]
D05.90 and Z17.1	Unspecified type of carcinoma in situ of unspecified breast with Estrogen receptor negative status [ER-]
Z85.3	Personal history of malignant neoplasm of breast

COLORECTAL CANCER - CANCERINTERCEPT™ MONITOR TEST	
C18.9	Malignant neoplasm of colon, unspecified
C20.0	Malignant neoplasm of rectum
C21.0	Malignant neoplasm of anus, unspecified
D01.0	Carcinoma in situ of colon
D01.2	Carcinoma in situ of rectum
Z85.038	Personal history of other malignant neoplasm of large intestine

LUNG CANCER - CANCERINTERCEPT™ MONITOR TEST	
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C7A.090	Malignant carcinoid tumor of the bronchus and lung

MELANOMA - CANCERINTERCEPT™ MONITOR TEST	
D03.9	Melanoma in situ, unspecified
C4A.9	Merkel cell carcinoma, unspecified
Z85.820	Personal history of malignant melanoma of skin

OVARIAN CANCER - CANCERINTERCEPT™ MONITOR TEST	
C56.9	Malignant neoplasm of unspecified ovary
Z85.40	Personal history of malignant neoplasm of unspecified female genital organ
Z85.43	Personal history of malignant neoplasm of ovary

PANCREATIC CANCER - CANCERINTERCEPT™ MONITOR TEST	
C25.0	Malignant neoplasm of head of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.9	Malignant neoplasm of pancreas, unspecified

PROSTATE CANCER - CANCERINTERCEPT™ MONITOR TEST	
C61	Malignant neoplasm of prostate
Z85.46	Personal history of malignant neoplasm of prostate

HEAD AND NECK CANCER - CANCERINTERCEPT™ MONITOR TEST	
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C76.0	Malignant neoplasm of head, face and neck

THYROID CANCER - CANCERINTERCEPT™ MONITOR TEST	
Z85.850	Personal history of malignant neoplasm of thyroid
C73	Malignant neoplasm of thyroid gland

OTHER CANCERS AND DIAGNOSES - CANCERINTERCEPT™ MONITOR TEST	
C16.9	Malignant neoplasm of stomach, unspecified
C17.9	Malignant neoplasm of small intestine, unspecified
C54.9	Malignant neoplasm of corpus uteri, unspecified
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C79.89	Secondary malignant neoplasm of other specified sites
C80.0	Disseminated malignant neoplasm, unspecified
C80.1	Malignant (primary) neoplasm, unspecified
D48.1	Neoplasm of uncertain behavior of connective and other soft tissue
D49.5	Neoplasm of unspecified behavior of other genitourinary organs
C54.9	Malignant neoplasm of corpus uteri, unspecified
C54.9, C54.0, C54.8	Malignant neoplasm of corpus uteri, unspecified; Malignant neoplasm of isthmus uteri; Malignant neoplasm of overlapping sites of corpus uteri
Z85.00	Personal history of malignant neoplasm of unspecified digestive organ
Z85.028	Personal history of other malignant neoplasm of stomach
Z85.05	Personal history of malignant neoplasm of liver
Z85.41	Personal history of malignant neoplasm of cervix uteri
Z85.42	Personal history of malignant neoplasm of other parts of uterus
Z85.47	Personal history of malignant neoplasm of testis
Z85.51	Personal history of malignant neoplasm of bladder
Z85.528	Personal history of other malignant neoplasm of kidney
Z85.9	Personal history of malignant neoplasm, unspecified