

	ACCESSION NO. (LAB USE ONLY)	SPECIMEN ID	PLACE BARCODE HERE
<b>PATIENT INFORMATION</b>			
ANONYMIZED PATIENT ID (OTHER THAN PATIENT'S NAME)		DOB (MM/DD/YY)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PRIMARY ETHNICITY (CHOOSE ONE) <input type="checkbox"/> AFRICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HISPANIC	MEDICATIONS	HEIGHT (CM)	WEIGHT (KG)
<b>ORDER AUTHORIZED BY</b>		<b>SPECIMEN INFORMATION (REQUIRED)</b>	
PHYSICIAN NAME	MEDICAL CREDENTIALS	NPI #	DATE 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)
<b>GENERAL HEALTH AND WELLNESS</b>			
<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"/> SKINFIT™ (2001)	
<input type="checkbox"/> CARDIAC HEALTHY WEIGHT DNA INSIGHT® (1688)			
<b>PHARMACOGENOMICS</b>			
<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"/> MEDICATION DNA INSIGHT® (1064)	
<b>CARRIER SCREENING</b>			
<input type="checkbox"/> CARRIER STATUS DNA INSIGHT® (1682)			
<b>HEREDITARY CANCER * MUST BE AUTHORIZED TO ORDER AND MUST HAVE SUPPORTING CLINICAL HISTORY FORMS FILLED OUT TO COMPLETION</b>			
<input type="checkbox"/> BRCATRU® (1829)		<input type="checkbox"/> BREASTTRU® HIGH RISK PANEL® (1849)	
<input type="checkbox"/> BRCATRU® ASHKENAZI JEWISH (3-SITE) (1839)		<input type="checkbox"/> BRCATRU® WITH REFLEX TO BREASTTRU® HIGH RISK PANEL (1855)	
<input type="checkbox"/> BRCATRU® ASHKENAZI JEWISH WITH REFLEX TO BRCATRU® (1845)		<input type="checkbox"/> BRCATRU® HISPANIC (8-SITE) (1861)	
<input type="checkbox"/> BRCATRU® ASHKENAZI JEWISH WITH REFLEX TO BRCATRU® (1845)		<input type="checkbox"/> BRCATRU® HISPANIC (8-SITE) WITH REFLEX TO BRCATRU® (1865)	
<input type="checkbox"/> LYNCHSYNDROMETRUE® (1420)		<input type="checkbox"/> BRCATRU® HISPANIC (8-SITE) WITH REFLEX TO BREASTTRU® HIGH RISK PANEL (1863)	
<input type="checkbox"/> LYNCHSYNDROMETRUE® WITH REFLEX TO COLOTRU® (1423)		<input type="checkbox"/> COLOTRU® (1942)	
<b>SINGLE SITE (MUST ATTACH A COPY OF ORIGINAL TEST RESULT WITH VARIANT REQUESTED)</b>			
<input type="checkbox"/> SINGLE SITE ANALYSIS - SPECIFY GENE		SPECIFY VARIANT (HGVS NOMENCLATURE)	RELATIONSHIP TO PATIENT CARRYING VARIANT
<b>LIQUID BIOPSY * MUST BE AUTHORIZED TO ORDER AND MUST HAVE SUPPORTING CLINICAL HISTORY FORMS FILLED OUT TO COMPLETION</b>			
<input type="checkbox"/> CANCERINTERCEPT™ DETECT (3101)		<input type="checkbox"/> CANCERINTERCEPT™ MONITOR (3102)	ICD-10 CODE:
<b>ORDERING HEALTHCARE PROFESSIONAL (SIGNATURE REQUIRED)</b>			
<p><b>Informed Consent and Statement of Medical Necessity:</b> I affirm that I am legally authorized to order the selected genetic laboratory tests, which are medically necessary for the treatment and/or plan of care for the patient for whom the tests are requested. Test requests without a signature will not be processed. I hereby confirm that a Pathway Genomics informed consent has been signed by individual(s) legally authorized to do so and is on file.</p>			
▶ Physician Signature: _____ Date: _____			

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