

PATIENT INFORMATION SAME AS BILLING CONTACT INFORMATION

LAST NAME	FIRST NAME	MI
PATIENT MEDICAL RECORD #	PATIENT DOB	PATIENT GENDER
STREET ADDRESS		APT #
CITY		
STATE	POSTAL CODE	COUNTRY
PATIENT PHONE # (PRIMARY)		
EMAIL ADDRESS		

ORDERING PHYSICIAN INFORMATION

OFFICE / PRACTICE / INSTITUTION NAME		
ORDERING PHYSICIAN	NPI #	
STREET ADDRESS		
CITY		
STATE	POSTAL CODE	COUNTRY
PHONE	FAX	
EMAIL ADDRESS (IF NO EMAIL IS PROVIDED, REPORT WILL BE FAXED)		

PATHOLOGY INFORMATION REQUIRED

HOSPITAL / INSTITUTION NAME	
SUBMITTING PATHOLOGIST NAME	ACCOUNT #
PHONE	FAX

ADDITIONAL PHYSICIAN TO BE COPIED

NAME	EMAIL ADDRESS
OFFICE / PRACTICE / FACILITY NAME	
PHONE	FAX

TISSUE TEST:

- CancerSELECT™ 125
- Tumor Only
- Tumor/ Normal Analysis

SPECIMEN INFORMATION

PRIMARY DIAGNOSIS (E.G. COLON)	STAGE	SPECIFY PATIENT'S PRIMARY TUMOR SITE (E.G. LUNG, COLON, UNKNOWN)	DATE OF COLLECTION	ICD CODE(S) LISTED
SPECIMEN SITE (BIOPSIED OR REMOVED)		ACCESSION NUMBER PER PATHOLOGY REPORT	HISTOLOGY (E.G. ADENOCARCINOMA, NSCLC)	

PLASMA TEST:

- PlasmaSELECT™ 64

SPECIMEN INFORMATION

SAMPLE TYPE <input type="radio"/> WHOLE BLOOD <input type="radio"/> PLASMA	HISTOLOGY (E.G. ADENOCARCINOMA)	DIAGNOSIS (E.G. LUNG CANCER)	DATE OF COLLECTION	ICD CODE(S) LISTED
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PLEASE ATTACH THE FOLLOWING:

- COPY OF RECENT PATHOLOGY OR CYTOLOGY REPORTS
- TEST RESULTS FROM ALL OTHER MOLECULAR DIAGNOSTIC ASSAYS BY FISH, IHC OR OTHER GENETIC ASSAYS, E.G. ER, PR, HER2, EGFR, KRAS, ETC.

PHYSICIAN SIGNATURE

YOUR SIGNATURE CONSTITUTES A CERTIFICATE OF MEDICAL NECESSITY.

ORDERING PHYSICIAN SIGNATURE	DATE (MM/DD/YYYY)
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PGDX (FOR INTERNAL USE ONLY)

TUMOR
NORMAL

PGDX ID NUMBER	INITIALS	DATE OF RECEIPT
COUNT	SAMPLE TYPE	TEMPERATURE
PGDX ID NUMBER	INITIALS	DATE OF RECEIPT
COUNT	SAMPLE TYPE	TEMPERATURE