

Tumor Profiling Requisition for New York State

Fax: (866) 479-4925 | Email: MiClientServices@carisls.com



TREATING PHYSICIAN INFORMATION			PATIENT INFORMATION		
Name	NPI		Last Name	First Name	MI
Physician Email	Office Contact Name		Patient MR	DOB	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Office/Hospital Name	Address		Address		Apt.
City	State	Zip	City	State	Zip
Phone	Fax		Patient Phone	Patient Work Phone	

ADDITIONAL PHYSICIAN (If different than above)			PATHOLOGY INFORMATION		
Name	Facility		Pathologist/Pathology Services		
Address	City	State	Hospital	City	State
Phone	Fax	Zip	Phone	Fax	Zip

BILLING INFORMATION (Attach the front and back of PRIMARY and SECONDARY insurance cards. Patient insurance/payment is REQUIRED to begin testing.)						
Bill: <input type="checkbox"/> Insurance <input type="checkbox"/> Self Pay <input type="checkbox"/> Medicare <input type="checkbox"/> Indigent Care <input type="checkbox"/> Client Bill (contracted) <input type="checkbox"/> Other: _____	Insurance Provider	Policy #	Group #	Insured Name	Insured DOB	Relationship to Patient
	Primary					<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other: _____
	Secondary					<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other: _____

CLINICAL/SPECIMEN INFORMATION (Include a copy of the pathology report)			
ICD-10 Code(s) (Provide as many "symptomatic diagnosis" codes as applicable)	Current Clinical Stage	Smoking History*: <input type="checkbox"/> Never Smoker <input type="checkbox"/> Current Smoker <input type="checkbox"/> Former/Light Smoker (<15 pack-year)	
Specimen Collection Location (Place of Service Code): <input type="checkbox"/> Office/Clinic (11) <input type="checkbox"/> Non-Hospital ASC (24) <input type="checkbox"/> Hospital Outpatient/ASC (21) <input type="checkbox"/> Hospital Inpatient (22) – Date of Discharge: _____			Specimen Collection Facility Name
Primary Tumor Site	Specimen Site	Specimen/Block ID#(s)	
Date & Time of Collection	Date Removed From Storage (Medicare Only)	Duration of Fixation (FFPE Blocks)	Tissue Type(s): <input type="checkbox"/> FFPE Block <input type="checkbox"/> Formalin Fixative <input type="checkbox"/> Unstained Slides

* Requested for patients with metastatic NSCLC with prior negative results for EGFR, ALK, and ROS1.

CARIS MOLECULAR INTELLIGENCE® TUMOR PROFILING OPTIONS (Choice Required)

Select MI Profile™ or individual assay(s) to be performed from the list below. **The biomarkers included in the profiles may change from time-to-time. Before ordering, please refer to the Website, www.CarisMolecularIntelligence.com/profilemenu, to view the most up-to-date listing of biomarkers that will be performed by tumor type.**

PROFILES (for details, visit www.CarisMolecularIntelligence.com/profilemenu)
<input type="checkbox"/> MI Profile™ Multi-platform, solid tumor biomarker analysis for therapeutic decision support and clinical trials matching (46-Gene Next- Generation Sequencing; Pyro Sequencing; IHC; CISH) _____ OR _____
<input type="checkbox"/> Next-Generation Sequencing Cancer Service (NGS Only) Next-Generation Sequencing only platform for therapeutic decision support and clinical trials matching for solid tumors _____
<small>The definitive list of biomarkers analyzed by tumor type and list of available biomarkers are available online at www.CarisMolecularIntelligence.com/profilemenu.</small>

INDIVIDUAL BIOMARKER ASSAY(S)			
Molecular Analysis <input type="checkbox"/> MGMT Methylation Analysis (Pyro Sequencing) <input type="checkbox"/> Individual Sequencing Genes (performed on a NGS platform; list genes below):	IHC <input type="checkbox"/> ALK <input type="checkbox"/> AR <input type="checkbox"/> ER <input type="checkbox"/> ERCC1 <input type="checkbox"/> HER2 <input type="checkbox"/> MGMT <input type="checkbox"/> PD-L1 <input type="checkbox"/> PD-1 <input type="checkbox"/> PR <input type="checkbox"/> PTEN	<input type="checkbox"/> RRM1 <input type="checkbox"/> TLE3 <input type="checkbox"/> TOPO1 <input type="checkbox"/> TOP2A <input type="checkbox"/> TRKA/B/C <input type="checkbox"/> TS <input type="checkbox"/> TUBB3	<input type="checkbox"/> Mismatch Repair ¹ : (includes 4 IHCs below) <input type="checkbox"/> MLH1 <input type="checkbox"/> MSH2 <input type="checkbox"/> MSH6 <input type="checkbox"/> PMS2 CISH <input type="checkbox"/> cMET <input type="checkbox"/> EGFR <input type="checkbox"/> TOP2A FISH <input type="checkbox"/> ROS1
<small>¹ Available for select tumor types, visit Website for details.</small>			

SPECIAL INSTRUCTIONS	
Physician Initials	

Notice: This requisition constitutes an order for services. I certify (a) that the services are medically indicated and necessary and will assist me in treating my patient, (b) that I maintain and will make available patient medical records documenting the foregoing, and (c) I have supplied information to the patient regarding this testing and if required by law, the patient has provided consent for this testing to be performed.	Physician or Practitioner Signature	Print Name	Date
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PLEASE SEE THE REVERSE FOR CMS BILLING, PATIENT CONSENT REQUIREMENTS AND OPTIMAL SPECIMEN REQUIREMENTS.



Patient Consent

Physician will be solely responsible for confirming that legally effective informed consent has been obtained from the patient or his/her authorized representative as required by applicable state law. By ordering a test from Caris Life Sciences®, physician certifies that this consent is in place and that test results will be used and disclosed only in accordance with applicable law.

Checklist for Ordering Caris Molecular Intelligence

- Requisition (Complete, Signed and Dated)
- Patient Insurance Information
- Pathology Report(s)
- Sufficient Tumor Specimen (Detailed Below)

Note: Client Services may contact your office to obtain certain medical records that may be required by patient's insurance company (e.g. 90-day clinical history, physical exam, and additional notes, including: daily progress, treatment, doctors and office).

Formalin Fixed Paraffin Embedded (FFPE) Samples

Sufficient tumor must be present to complete all analysis. If you have any questions, please contact Client Services at (888) 979-8669.

SPECIMEN TYPE	SPECIMEN REQUIREMENTS
Fixed Tissue	One (1) tumor-containing formalin fixed paraffin embedded block (FFPE) from most recent surgery or biopsy. Successive four (4) micron sections will be created from the block until sufficient material for the testing orders is obtained. For the molecular analysis, tumor cells will be excised by microdissection until a total area of at least 50mm ² is obtained.
Unstained Slides	Unstained, positively charged, unbaked slides from one single, tumor-containing formalin fixed paraffin embedded block; 4 micron sections <ul style="list-style-type: none"> • MI Profile™ - 40 slides • Next-Generation Sequencing only - 15 slides Note: At least a 5mm x 5mm section of tissue per slide is required. For small biopsies (tissue area < 5 mm x 5 mm) please cut two sections per slide for at least one half of the slides to ensure sufficient material for molecular assays.
Core Needle Biopsy	Four to six (4-6) biopsies formalin fixed paraffin embedded <ul style="list-style-type: none"> • 18 gauge needle preferred
Fine Needle Aspirate (FNA)	One (1) formalin fixed paraffin embedded block containing sufficient tumor
Bone/Bone Metastasis	One (1) formalin fixed paraffin embedded block of tumor (primary bone malignancy or metastasis to the bone) decalcified using EDTA based method(s) or non-decalcified specimen.

Fresh Samples

Sufficient tumor must be present to complete all analysis. If you have any questions, please contact Client Services at (888) 979-8669.

SPECIMEN TYPE	SPECIMEN REQUIREMENTS
Fresh Tissue	Two (2) or more samples with a maximum thickness of ~3mm (height, width, length) and submit in 10% neutral buffered formalin. Please do NOT send specimen larger than the recommended size.
Core Needle Biopsy	Four to six (4-6) biopsies <ul style="list-style-type: none"> • 18 gauge needle preferred
Bone/Bone Metastasis	Two (2) or more samples with minimum thickness of 3mm (height, width, length) and submit in 10% neutral buffered formalin (DO NOT DECALCIFY)
Malignant Fluid	Maximum of 120ml malignant fluid, mix and submit in 10% neutral buffered formalin.

Insufficient Specimen Quantity – Prioritization of Tests

In the event that a specimen is received with an insufficient quantity of tissue or insufficient percent tumor required to perform the entire profile or individual tests indicated on the requisition, Caris Life Sciences will fax the ordering physician the proposed list of tests. The physician may amend this list to include any tests that are offered within the test menu. The ordering physician should review the proposed list of tests within 72 hours in order to provide timely results. Please note: *turnaround time may be longer for specimens with limited tissue.*

In certain circumstances, CMS requires that Caris Life Sciences bill the hospital for the technical component and the clinical laboratory services component. For more information, please call (888) 979-8669.