

Tumor Profiling Requisition



Phone: (888) 979-8669 | Fax: (866) 479-4925 | Email: CustomerSupport@CarisLS.com Please complete and return by fax or email.

Customer Support may contact your office to obtain certain medical records that may be required by patient's insurance provider.

TREATING ONCOLOGIST INFORMATION			PATIENT INFORMATION			
Name		NPI	Last Name		First Name	MI
Physician Email		Office Contact Name		In-Office Medical Record Number		DOB
Office/Hospital Name		Address		Biological Sex		Ethnicity
City		State	Zip	Address		Apt.
Phone		Fax		City		State
				Phone		Work Phone or Email

PATHOLOGY INFORMATION			SURGEON/PA/APRN or PERSON COMPLETING REQUISITION			
Pathology Services/Specimen Storage Location			Name		Facility	
Address/Suite			Address		City	State
City		State	Phone		Fax	Zip
Phone		Fax	Role		Zip	
				<input type="checkbox"/> Surgeon <input type="checkbox"/> PA <input type="checkbox"/> MA <input type="checkbox"/> APRN <input type="checkbox"/> Other: _____		

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

CLINICAL/SPECIMEN INFORMATION (Include a copy of the pathology report and medical records that support the need for testing)		
ICD-10 Code(s) (Provide as many symptomatic diagnosis codes as applicable)		Clinical Stage <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Primary Tumor Site		Specimen Site (anatomical location)
Specimen/Block ID#(s)	Collection Date & Time (Day Month Year)	Most Recent Specimen <input type="checkbox"/> Yes <input type="checkbox"/> No

CARIS MOLECULAR PROFILING	
To order, please select from the options below. The biomarkers included in the options below may change from time-to-time. Before ordering, please refer to the website, www.CarisLifeSciences.com/profiling-menu, to view the definitive list of available biomarkers and the specific biomarkers analyzed by tumor type.	
TUMOR PROFILING OPTIONS (Choice required). If the specimen is insufficient to perform the ordered tests, limited tissue testing recommendations by Caris pathologists will be performed unless otherwise indicated in the special instructions section or by providing specific instructions in advance to Caris Customer Support.	
MI Profile™ Comprehensive Testing <input type="checkbox"/> MI Tumor Seek Hybrid™ + IHCs and Other Tests by Tumor Type Tissue-based WES and WTS analysis, plus additional tumor-type relevant biomarker testing (IHC, ISH, etc. – see website for testing list). Caris FOLFIRSTai™ reported for mCRC cases. <input type="checkbox"/> Include Caris GPSai™ reporting for cancer type similarity assessment.	Next-Generation Sequencing Only <input type="checkbox"/> MI Tumor Seek Hybrid™ Tissue-based WES and WTS analysis. Caris FOLFIRSTai™ reported for mCRC cases. <input type="checkbox"/> Include Caris GPSai™ reporting for cancer type similarity assessment.
SPECIAL INSTRUCTIONS/ADDITIONAL PHYSICIAN INFO (name, email, fax): <div style="border: 1px solid black; height: 100px;"></div>	

Physician/Authorized Provider Signature	Print Name	Date	Attestation: This requisition constitutes an order for molecular testing from Caris MPI, Inc. I certify: (a) the services are medically necessary and will assist me in treating my patient, (b) the patient has sufficient performance status to receive additional treatment, (c) I maintain and will make available patient medical records documenting the foregoing, (d) I have supplied information to the patient regarding this testing, and (e) if order is placed by pathologist, I certify this order for services is supported by my institution's medical policy and/or was deemed medically necessary by the patient's treating physician.
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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

- | | |
|--|--|
| <input type="checkbox"/> Requisition (Completed, Signed and Dated) | <input type="checkbox"/> Pathology Report(s) |
| <input type="checkbox"/> Insurance Information (Insurance Card Preferred); including Referral Number for HMO Plans | <input type="checkbox"/> Patient Progress Note(s) /Medical Record(s) |
| | <input type="checkbox"/> Sufficient Tumor Specimen |

Note: Customer Support 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 ($\geq 20\%$ tumor nuclei) must be present to complete all analysis. If you have any questions, please contact Customer Support 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.
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"> • Tumor content: $\geq 20\%$ tumor nuclei • MI Tumor Seek Hybrid™: 10 slides; 25 slides if ordering additional tumor-specific testing (IHC, ISH, etc.) Note: Specimens with a smaller tumor area may require additional specimen to be submitted.
Core Needle Biopsy	Four to six (4-6) biopsies with 18 gauge needle preferred. Six to ten (6-10) biopsies with 22 gauge needle accepted. (Preparation in 10% neutral buffered formalin.)
Fine Needle Aspirate (FNA)	One (1) formalin fixed paraffin embedded block containing sufficient tumor. Please do NOT use non-formalin-based fixatives, including alcohol-based fixatives.
Malignant Fluid Cell Block	One (1) formalin fixed paraffin embedded cell block containing sufficient tumor (20% or more tumor nuclei). Please do NOT use non-formalin-based fixatives, including alcohol-based fixatives.
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

All fresh samples should be shipped overnight to be received within 48 hours. Sufficient tumor must be present to complete all analysis. If you have any questions, please contact Customer Support at (888) 979-8669.

SPECIMEN TYPE	SPECIMEN REQUIREMENTS
Fresh Tissue	Two (2) or more samples with a maximum thickness of 3-4mm (height, width, length) and submit in 10% neutral buffered formalin.
Core Needle Biopsy	Four to six (4-6) biopsies with 18 gauge needle preferred. Six to ten (6-10) biopsies with 22 gauge needle accepted. Place in 10% neutral buffered formalin.
Bone/Bone Metastasis	Two (2) or more samples with maximum thickness of 3-4mm (height, width, length) and submit in 10% neutral buffered formalin (DO NOT DECALCIFY).

Insufficient Specimen Quantity – Prioritization of Tests

In the event that a specimen is received with an insufficient quantity of tissue or insufficient percent of tumor required to perform the entire profile or individual tests indicated on the requisition, the Caris pathologist will prioritize and order the appropriate testing unless otherwise indicated by the ordering physician. If limited tissue communication is requested before moving forward with testing, Caris will fax the ordering physician the proposed list of tests. The physician may amend the suggested list to include any tests that are offered within the test menu. The ordering physician should review the proposed list of tests within 48 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 bill the hospital for the technical component and the clinical laboratory services component. For more information, please call (888) 979-8669.