Test Requisition Form – Oncology

Hereditary Cancer

Highlighted fields are required information

fulgent Oncology
4207 E. Cotton Center Blvd, Phoenix, AZ 85040
P +1 888.354.8168 | F +1 855.856.0655 | info@fulgentoncology.com

PATIENT INFORMATION

Last Name	First Name	MI

Address

City	State	Zip

Phone	Date of Birth (MM/DD/YYYY)	Sex Assigned at Birth
		◯ Male ◯ Female ◯ Unknown

Patient MR#

CLIENT INFORMATION

Client Name

Client ID

SAMPLE INFORMATION

SAMPLE DRAW DATE(MM/DD/YYYY)

SAMPLE TYPE

◯ Blood ◯ Saliva swab ◯ Extracted DNA & DNA Source (Blood, Buccal, Tissue, Fibroblast): ◯ Other:

I have read the informed consent document and I give permission to Fulgent Genetics and its affiliates to perform genetic testing as described. I also give permission for my specimen and clinical information to be used in de-identified studies and for publication, if appropriate at Fulgent Genetics and its affiliates. My name or other personal identifying information will not be used in or linked to the results of any studies and publications. More information is available at www.fulgentgenetics.com/policies/privacy-policy.

☐ Opt out of research

☐ Check this box if you are a New York state resident and give permission for Fulgent to retain any remaining sample longer than 60 days after the completion of testing.

X

Patient/Guardian Signature (Required for billing purposes)

Date (MM/DD/YYYY)

PROVIDER INFORMATION

INSTITUTIONAL PRACTICE NAME	PROVIDER LAST NAME	PROVIDER FIRST NAME

PROVIDER NPI #	PROVIDER TITLE (MD, DO, GC)	PROVIDER PHONE	FAX REPORT TO

PRIMARY CONTACT/GENETIC COUNSELOR	PRIMARY CONTACT PHONE/FAX	PRIMARY CONTACT EMAIL

I attest that the patient has received and read the Fulgent informed consent document, or has had it read to him or her, and that I have fully informed the patient about the purpose, capabilities, and limitations of the ordered test. The patient has voluntarily given his or her full consent for the ordered test and a signed copy of this consent is available on file. Any Fulgent informed consent that the patient agrees to at a later date will supersede and replace this informed consent.

STATEMENT OF MEDICAL NECESSITY

By signing below, I, the ordering Medical Provider, confirm that testing is medically necessary and that test results may impact medical management for the patient.

X

Ordering Provider Signature (Required for billing purposes)

Date (MM/DD/YYYY)

INSURANCE/BILLING INFORMATION

Please attach insurance cards for billing • Attach front and back of all insurance cards, ABN, medical criteria form

By signing above, the patient or payor authorizes Fulgent Genetics and its affiliates to contact them directly, and use the provided billing instructions to bill the indicated method.

ICD-10 CODE	REFERRAL/PRIOR AUTH	FULGENT BENEFITS ID#

PRIMARY INSURANCE ID	INSURANCE NAME	STATE	GROUP	INSURANCE PHONE #

INSURANCE PLAN	NAME OF INSURED	RELATION TO PATIENT	DATE OF BIRTH (MM/DD/YYYY)

SECONDARY INSURANCE ID	INSURANCE NAME	STATE	GROUP	INSURANCE PHONE #

INSURANCE ID	NAME OF INSURED	RELATION TO PATIENT	DATE OF BIRTH (MM/DD/YYYY)

SELF-PAY

By signing above, the patient or payor authorizes Fulgent Genetics and its affiliates to contact them directly, and use the provided billing instructions to bill the indicated method.

◯ Use patient information above for billing ◯ Use information below for billing

PAYOR LAST NAME	PAYOR FIRST NAME	PHONE	EMAIL

ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

INSTITUTION BILLING

INSTITUTIONAL PRACTICE NAME	ATTENTION TO	PHONE	EMAIL

ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

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SELECT TEST PANEL Please select only one test panel

COMPREHENSIVE

- ◯ **Full Comprehensive Panel** (FT-TP00048) *Includes subpanels listed below.*

BREAST & OVARIAN CANCERS

- ◯ **BRCA1 & BRCA2 Focus Panel** (FT-TP01125)
- ◯ **Breast Cancer Comprehensive Panel** (FT-TP00043)
- ◯ **Ovarian Cancer Comprehensive Panel** (FT-TP00053)
- ◯ **Breast & Ovarian Comprehensive Panel** (FT-TP00461)

COLORECTAL CANCERS

- ◯ **Colorectal Comprehensive Panel** (FT-TP00044)
- ◯ **Lynch Syndrome Focus Panel** (FT-TP01543)

OTHERS

- ◯ **Endometrial Cancer Comprehensive Panel** (FT-TP00046)
- ◯ **Gastric Cancer Comprehensive Panel** (FT-TP00049)
- ◯ **Hematologic Malignancy Comprehensive Panel** (FT-TP00050)
- ◯ **Multiple Endocrine Neoplasia Comprehensive Panel** (FT-TP00182)
- ◯ **Nervous System/Brain Comprehensive Panel** (FT-TP00052)
- ◯ **Prostate Cancer Comprehensive Panel** (FT-TP00056)

All genes included on the cancer-specific panels are included on the full comprehensive panel.

SINGLE GENE OR KNOWN MUTATION & ADDITIONAL REQUESTS

- ◯ **Single Gene or Known Mutation Test Panel (FT-TP00045)** Indicate below, single gene from the Comprehensive Panel **OR** gene and variant. Standard HGVS variant nomenclature is required for known mutation testing (e.g. c.nomen, transcript number)

_____

- ◯ **Other Test Panels**

_____

TEST OPTION

◯ Exclude VUS

PATIENT CLINICAL HISTORY Check all that apply

☐ No personal history of cancer

INDICATIONS FOR TESTING Check all that apply

☐ Diagnostic ☐ Family History ☐ Family Variant ☐ Presymptomatic ☐ Other: _____

CANCER/TUMOR TYPE	AGE OF ONSET	PATHOLOGY AND OTHER INFO
☐ Brain		
☐ Breast		**ER:** ◯ POS(+) ◯ NEG(-) ◯ UNK(?) **PR:** ◯ POS(+) ◯ NEG(-) ◯ UNK(?) **HER2/neu:** ◯ POS(+) ◯ NEG(-) ◯ UNK(?)
☐ 2nd Primary Breast		**ER:** ◯ POS(+) ◯ NEG(-) ◯ UNK(?) **PR:** ◯ POS(+) ◯ NEG(-) ◯ UNK(?) **HER2/neu:** ◯ POS(+) ◯ NEG(-) ◯ UNK(?)
☐ Colorectal		Location: _____
☐ Hematologic		
☐ GI polyps		☐ Adenomatous ☐ Other: Number of polyp(s)#: _____

CANCER/TUMOR TYPE	AGE OF ONSET	PATHOLOGY AND OTHER INFO
☐ Melanoma		
☐ Ovarian ☐ Fallopian Tube ☐ Primary Peritoneal		☐ Serous ☐ Clear Cell ☐ Mucinous ☐ Borderline/LMP ☐ Endometroid ☐ Other: _____
☐ Pancreatic		
☐ Prostate		Gleason Score: _____ **Metastatic** ◯ Yes ◯ No
☐ Uterine		
☐ Other Cancer		

CLINICAL HISTORY/SUSPECTED DIAGNOSIS

Please attach copy of recent CBC, copy of doctor's notes/clinical history, pathology reports, and any relevant test results

PATIENT TESTING HISTORY Please attach relevant reports

Germline testing results: _____

Somatic testing/Tumor profile results: _____

Microsatellite Instability (MSI) results: _____

Immunohistochemistry (IHC) results: _____

Other, specify: _____

FAMILY HISTORY Attach pedigree and additional pages as needed

FAMILY MEMBER NAME (1) | RELATION TO PATIENT | SEX ASSIGNED AT BIRTH ◯ Male ◯ Female ◯ Unknown

DIAGNOSIS AND/OR SYMPTOMS | AGE OF ONSET | DATE OF BIRTH (MM/DD/YYYY)

FAMILY MEMBER NAME (2) | RELATION TO PATIENT | SEX ASSIGNED AT BIRTH ◯ Male ◯ Female ◯ Unknown

DIAGNOSIS AND/OR SYMPTOMS | AGE OF ONSET | DATE OF BIRTH (MM/DD/YYYY)

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Panels & Gene List

Visit www.FulgentOncology.com for the most up-to-date panel and gene list information.

PANEL	GENES TESTED
Full Comprehensive Panel (FT-TP00048)	*ABRAXAS1, AIP, AKT1, ALK, ANKRD26, APC, ATM, ATR, AXIN2, BAP1, BARD1, BLM, BMPR1A, BRCA1, BRCA2, BRIP1, BUB1B, CASR, CDC73, CDH1, CDK4, CDKN1B, CDKN1C, CDKN2A, CEBPA, CEP57, CHEK2, CTC1, CTNNA1, CTRC, CYLD, DDB2, DDX41, DICER1, DIS3L2, DKC1, EGFR, EGLN1, ELANE, ENG, EPCAM, ERCC1, ERCC2, ERCC3, ERCC4, ERCC5, EXO1, EXT1, EXT2, EZH2, FAN1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, FANCM, FH, FLCN, GALNT12, GATA2, GEN1, GPC3, GREM1, HOXB13, HRAS, IKZF1, KIF1B, KIT, LZTR1, MAX, MBD4, MEN1, MET, MITF, MLH1, MLH3, MRE11, MSH2, MSH3, MSH6, MUTYH, NBN, NF1, NF2, NHP2, NOP10, NTHL1, PALB2, PALLD, PAX5, PDGFRA, PHOX2B, PIK3CA, PMS2, POLD1, POLE, POLH, POT1, PRKAR1A, PRSS1, PTCH1, PTCH2, PTEN, RAD50, RAD51C, RAD51D, RB1, RECQL, RECQL4, REST, RET, RHBDF2, RNF43, RPS20, RUNX1, SAMD9L, SBDS, SDHA, SDHAF2, SDHB, SDHC, SDHD, SLC45A2, SLX4, SMAD4, SMARCA4, SMARCB1, SMARCE1, SPINK1, SRP72, STK11, SUFU, TERC, TERT, TGFBR1, TINF2, TMEM127, TP53, TRIP13, TSC1, TSC2, TYR, VHL, WRAP53, WRN, WT1, XPA, XPC, XRCC2* (154 genes)
BRCA1 & BRCA2 Focus Panel (FT-TP01125)	*BRCA1, BRCA2* (2 genes)
Breast Cancer Comprehensive Panel (FT-TP00043)	*ABRAXAS1, AKT1, ATM, BARD1, BLM, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, CTNNA1, DICER1, EPCAM, FANCC, FANCM, MLH1, MRE11, MSH2, MSH6, MUTYH, NBN, NF1, NTHL1, PALB2, PIK3CA, PMS2, PTEN, RAD50, RAD51C, RAD51D, RECQL, SDHB, SDHD, SMARCA4, STK11, TP53, XRCC2* (37 genes)
Breast & Ovarian Comprehensive Panel (FT-TP00461)	*ABRAXAS1, AKT1, ATM, BARD1, BLM, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, CTNNA1, DICER1, EPCAM, FANCC, FANCM, MLH1, MRE11, MSH2, MSH6, MUTYH, NBN, NF1, NTHL1, PALB2, PIK3CA, PMS2, PTEN, RAD50, RAD51C, RAD51D, RECQL, SDHB, SDHD, SMARCA4, STK11, TP53, XRCC2* (37 genes)
Ovarian Cancer Comprehensive Panel (FT-TP00053)	*ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, EPCAM, MLH1, MRE11, MSH2, MSH6, MUTYH, NBN, PALB2, PMS2, RAD51C, RAD51D, SMARCA4, STK11, TP53* (20 genes)
Colorectal Comprehensive Panel (FT-TP00044)	*APC, ATM, AXIN2, BLM, BMPR1A, CDH1, CHEK2, CTNNA1, EPCAM, FAN1, GALNT12, GREM1, MBD4, MLH1, MLH3, MSH2, MSH3, MSH6, MUTYH, NTHL1, PMS2, POLD1, POLE, PTEN, RNF43, RPS20, SMAD4, STK11, TP53* (29 genes)
Lynch Syndrome Focus Panel (FT-TP01543)	*EPCAM, MLH1, MSH2, MSH6, PMS2* (5 genes)
Gastric Cancer Comprehensive Panel (FT-TP00049)	*APC, BMPR1A, BRCA1, BRCA2, CDH1, CTNNA1, EPCAM, KIT, MLH1, MSH2, MSH6, NF1, PDGFRA, PMS2, PTEN, SDHA, SDHB, SDHC, SDHD, SMAD4, STK11, TP53* (22 genes)
Endometrial Cancer Comprehensive Panel (FT-TP00046)	*BRCA1, BRCA2, CHEK2, EPCAM, MLH1, MSH2, MSH6, MUTYH, PMS2, POLD1, POLE, PTEN, SMARCA4, STK11, TP53* (15 genes)
Multiple Endocrine Neoplasia Comprehensive Panel (FT-TP00182)	*AIP, CASR, CDC73, CDKN1B, MEN1, RET* (6 genes)
Hematologic Malignancy Comprehensive Panel (FT-TP00050)	*ANKRD26, ATM, BLM, CEBPA, DDX41, EPCAM, GATA2, HRAS, IKZF1, MLH1, MSH2, MSH6, NBN, NF1, PAX5, PMS2, RUNX1, SAMD9L, SRP72, TERC, TERT, TP53* (22 genes)
Nervous System/Brain Comprehensive Panel (FT-TP00052)	*AIP, ALK, APC, ATM, CDKN1B, CDKN2A, DICER1, EPCAM, HRAS, KIF1B, LZTR1, MEN1, MLH1, MSH2, MSH6, NBN, NF1, NF2, PHOX2B, PMS2, POT1, PRKAR1A, PTCH1, PTEN, SMARCA4, SMARCB1, SMARCE1, SUFU, TP53, TSC1, TSC2, VHL (32 genes)*
Prostate Cancer Comprehensive Panel (FT-TP00056)	*ABRAXAS1, ATM, ATR, BRCA1, BRCA2, BRIP1, CHEK2, EPCAM, GEN1, HOXB13, MLH1, MRE11, MSH2, MSH6, NBN, PALB2, PMS2, RAD51C, RAD51D, TP53* (20 genes)
Single Gene or Known Mutation Test (FT-TP00045)	Indicate single gene from the Comprehensive Panel OR gene and variant in the "Test Specifics" section of the test requisition form.

