LabCorp

HEREDITARY CANCER

E-2480.07

To find the nearest patient service center, visit www.labcorp.com or call 888-LABCORP (888-522-2677).

Patient's Legal Name (Last, First, MI) | Sex ☐ M ☐ F | Date of Birth MO DAY YR | Collection Time : ☐AM ☐PM | Fasting ☐ Yes ☐ No | Collection Date MO DAY YR | Urine hrs/vol hrs _____ vol _____

NPI | Physician's ID # | Patient's ID # | Hospital Patient Status: ☐ In-Patient ☐ Out-Patient ☐ Non-Patient

Physician's Name (Last, First) | Physician/Authorized Signature X _____

Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service
Highest Specificity REQUIRED

PATIENT
Patient's Address | Phone
City | State | ZIP

RESP. PARTY
Name of Policy Holder (if different from patient)
Address of Policy Holder | APT #
City | State | ZIP

PRIMARY BILLING PARTY	SECONDARY BILLING PARTY
Insurance Carrier *	Insurance Carrier *
ID #	ID #
Group #	Group #
Insurance Address	Insurance Address
Name of Insured Person	Name of Insured Person
Relationship to Patient	Relationship to Patient
Employer Name	Employer Name
*If Medicaid State / Physician's Provider #	Workers Comp ☐Yes ☐No

I hereby authorize the release of medical information related to the service described herein and authorize payment directly to LabCorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

X _____ Patient's Signature | Date

MEDICARE ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

Refer to policies published by your Medicare Administrative Contractor (MAC), CMS, or www.LabCorp.com/MedicareMedicalNecessity when ordering tests that are subject to ABN guidelines.

OTHER TESTS / INDIVIDUAL PROFILE COMPONENTS
TEST # | TEST NAMES

Date drawn: / / **Specimen Type:** ☐ Peripheral Blood ☐ Saliva

Ethnicities (Check all that apply):
☐ Caucasian ☐ Ashkenazi Jewish ☐ Sephardic Jewish ☐ Asian
☐ African American ☐ Native American ☐ Hispanic
☐ Other: _____

Hereditary Cancer BRAC1/2 (test components on back)

☐ **485030 BRCA***ssure*®: Comprehensive Analysis
☐ **485066 BRCA***ssure*®: *BRCA1* Targeted Analysis*
☐ **485081 BRCA***ssure*®: *BRCA2* Targeted Analysis*
☐ **485097 BRCA***ssure*®: Ashkenazi Jewish Panel
☐ **485050 BRCA***ssure*®: *BRCA1/2* Deletion/Duplication Analysis
* Known familial variant - family member's results required

Hereditary Cancer Panel (genes included listed on back)

■ **481220** VistaSeq® Hereditary Cancer Panel (27 Gene Assay)
☐ **481240** VistaSeq® Hereditary Cancer Panel without *BRCA1/2* genes (25 Gene Assay)
☐ **481319** VistaSeq® Breast Cancer Panel (19 Gene Assay)
☐ **481452** VistaSeq® High/Moderate Risk Breast Cancer Panel (9 Gene Assay)
☐ **481330** VistaSeq® GYN Cancer Panel (11 Gene Assay)
☐ **481341** VistaSeq® Breast and GYN Cancer Panel (25 Gene Assay)
☐ **451382** Mutation-specific Sequencing Gene(s): _____ Mutation(s): _____
☐ OTHER: _____

Patient Clinical Cancer History

☐ No personal history of cancer
☐ Breast, Invasive or DCIS, age at Dx_____ (Check all that apply)
☐ Bilateral ☐ Premenopausal ☐ Triple Negative (ER-, PR-, HER-)
☐ Ovarian, Age at Dx_____ ☐ Endometrial, Age at Dx _____
☐ Pancreatic, Age at Dx_____ ☐ Renal, Age at Dx_____
☐ Prostate, Age at Dx_____ If Prostate Gleason Score_____
☐ Colorectal, Age at Dx_____
MSI Result: ☐ High ☐ Stable ☐ Low
IHC Result: ☐ Present ☐ Absent IHC of _____
☐ Other Cancers, please list _____ Age(s) of Dx: _____
☐ History of Bone Marrow / Stem Cell Transplant
☐ History of blood transfusion, date of last transfusion _____
Has the patient had genetic testing for cancer? If yes, please attach report:
_____

CLINICAL INDICATION FOR TEST

_____
_____
_____

All diagnoses should be provided by the ordering physician or an authorized designee.
Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required)

ICD-CM		ICD-CM		ICD-CM	

Family History

Is there a family history of cancer? ☐ Yes ☐ No ☐ Unknown
Have any family members tested positive for a hereditary cancer syndrome? ☐ Yes ☐ No
If Yes, Type_____
Please attach a copy of the results
Is the patient adopted? ☐ Yes ☐ No
Please attach pedigree or complete table below. Is a pedigree attached? ☐ Yes ☐ No

Relationship (Father, Sister, Aunt, etc.)	Maternal or Paternal	Relative Available for Testing? If no, please state reason	Cancer Type	Age at Diagnosis

Genetic counseling provided: ☐ Yes ☐ No
If yes, provide counselor name: _____
Phone Number: _____

Patient understands by signing below:

LabCorp may use information obtained on this form and other information provided by me and/or my ordering provider or his/her designee to initiate preauthorization with my health plan as required. I understand a preauthorization approval from my health plan does not guarantee full payment.

LabCorp will attempt to contact me if my estimated out-of-pocket cost is more than $300. Testing may be canceled if LabCorp is unable to reach me. No matter my estimated cost, my actual out-of-pocket cost may be higher or lower than the estimate provided. It is my responsibility to contact my health plan regarding concerns over my coverage and benefits.

☐ If marked, in the event I cannot be reached, LabCorp may leave a confidential voicemail message at the telephone number provided below.

Patient's Signature (required) _____ **Telephone** _____

INFORMED CONSENT

I have obtained informed consent for the above ordered genetic test(s). (Required)

_____
Physician's Signature

Please indicate the diagnostic center to which you want screen positive results reported (NY State only)

When ordering tests for which Medicare or Medicaid reimbursements will be sought, physicians should order only those test that are medically necessary for the diagnosis or treatment of the patient.

(REV 12/19/2019)

TEST COMBINATION / PANEL POLICY

LabCorp's policy is to provide physicians, in each instance, with the flexibility to choose appropriate tests to assure that the convenience of ordering test combinations/panels does not distance physicians who wish to order a test combination/profile from making deliberate decisions regarding which tests are truly medically necessary. All the tests offered in test combinations/panels may be ordered individually using the LabCorp® request form. LabCorp encourages clients to contact their local LabCorp representative or LabCorp location if the testing configurations shown here do not meet individual needs for any reason, or if some other combination of procedures is desired.

In an effort to keep our clients fully informed of the content, charges and coding of its test combinations/panels when billed to Medicare, we periodically send notices concerning customized test combinations/panels, as well as information regarding patient fees for all LabCorp services. We also welcome the opportunity to provide, on request, additional information in connection with our testing services and the manner in which they are billed to physicians, health care plans, and patients.

The CPT code(s) listed are in accordance with the current edition of Current Procedural Terminology, a publication of the American Medical Association. CPT codes are provided here for the convenience of our clients; however, correct coding often varies from one carrier to another. Consequently, the codes presented here are intended as general guidelines and should not be used without confirming with the appropriate payor that their use is appropriate in each case. All laboratory procedures will be billed to third-party carriers (including Medicare and Medicaid) at fees billed to patients and in accordance with the specific CPT coding required by the carrier. Microbiology CPT code(s) for additional procedures such as susceptibility testing, identification, serotyping, etc. will be billed in addition to the primary codes when appropriate. LabCorp will process the specimen for a microbiology test based on source.

For assistance with Hereditary Cancer testing and Client Services please call 1-800-345-4363.

Test No.	Description	Specimen	CPTs	Components
Hereditary Cancer				
485030	**BRCA*ssure*®: Comprehensive *BRCA1/2* Analysis**	one 4 mL LAV	81162	Includes full gene sequencing and duplication/ deletion analysis of BRCA1/2 genes
485097	**BRCA*ssure*®: Ashkenazi Jewish Panel**	one 4 mL LAV	81212	Includes screening for three known pathogenic variants; two in BRCA1 gene, one in BRCA2 gene
485066	**BRCA*ssure*®: BRCA1 Targeted Analysis**	one 4 mL LAV	81215	Includes sequencing of known familial mutation(s) on BRCA 1 gene
485081	**BRCA*ssure*®: BRCA2 Targeted Analysis**	one 4 mL LAV	81217	Includes sequencing of known familial mutation(s) on BRCA 2 gene
485050	**BRCA*ssure*®: BRCA1/2 Deletion/duplication analysis**	one 4 mL LAV	81164	Deletion/duplication analysis of BRCA1/2 genes
Hereditary Cancer Panels				
481220	**VistaSeq® Hereditary Cancer Panel (27 Gene Assay)**	two 4 mL LAV	Please go to WWW.LabCorp.com for CPT description	Components listed below
481240	**VistaSeq® Hereditary Cancer Panel without *BRCA1/2* genes (25 Gene Assay)**	two 4 mL LAV	Please go to WWW.LabCorp.com for CPT description	Components listed below
481319	**VistaSeq® Breast Cancer Panel (19 Gene Assay)**	two 4 mL LAV	Please go to WWW.LabCorp.com for CPT description	Components listed below
481452	**VistaSeq® High/Moderate Risk Breast Cancer Panel (9 Gene Assay)**	two 4 mL LAV	Please go to WWW.LabCorp.com for CPT description	Components listed below
481330	**VistaSeq® GYN Cancer Panel (11 Gene Assay)**	two 4 mL LAV	Please go to WWW.LabCorp.com for CPT description	Components listed below
481341	**VistaSeq® Breast and GYN Cancer Panel (25 Gene Assay)**	two 4 mL LAV	Please go to WWW.LabCorp.com for CPT description	Components listed below

VistaSeq® Hereditary Cancer Panel Gene List

APC	BRCA1*	CDK4	FAM175	MUTYH	PRKAR1A	SMAD4
ATM	BRCA2*	CDKN2A	MLH1	NBN	PTEN	STK11
BARD1	BRIP1	CHEK2	MSH2	PALB2	RAD51C	TP53
BMPR1A	CDH1	EPCAM	MSH6	PMS2	RAD51D	

* Not included in VistaSeq Hereditary Cancer Panel without BRCA1/2 genes

VistaSeq® Breast Panel

ATM	BRCA2	CHEK2	MUTYH	PALB2	RAD51C	TP53
BARD1	BRIP1	FAM175A	NBN	PTEN	RAD51D	
BRCA1	CDH1	MRE11A	NF1	RAD50	STK11	

VistaSeq® High/Moderate Risk Breast Panel

ATM	BRCA2	CHEK2	PTEN	TP53		
BRCA1	CDH1	PALB2	STK11			

VistaSeq® GYN Panel

BRCA1	CHEK2	MLH1	MSH6	PMS2	TP53	
BRCA2	EPCAM	MSH2	MUTYH	PTEN		

VistaSeq® Breast and GYN Panel

ATM	BRIP1	FAM175A	MSH2	NF1	RAD50	TP53
BARD1	CDH1	FANCC	MSH6	PALB2	RAD51C	
BRCA1	CHEK2	MLH1	MUTYH	PMS2	RAD51D	
BRCA2	EPCAM	MRE11A	NBN	PTEN	STK11	

(REV 12/19/2019)