OncoGeneDx Test Requisition Form (For Non-US Clients)

Patient Information

First name Last name
Gender ❒ Male ❒ Female Date of birth (mm/dd/yy)_____
Ancestry ❒ Caucasian ❒ Eastern European ❒ Northern European
❒ Western European ❒ Native American ❒ Middle Eastern
❒ African American ❒ Asian ❒ Pacific Islander
❒ Caribbean ❒ Central/South American
❒ Ashkenazi Jewish ❒ Hispanic ❒ Other:_____

Mailing address

City State Zip code

Billing address ❒ Check if billing address is same as mailing address

City State Zip code

Home phone Work phone

Email Patient's primary language if not English

Sample Information

Medical record # Specimen ID Date sample obtained (mm/dd/yy)

❒ Blood in EDTA (5-6 mL in lavender top tube)
❒ DNA (>20 ug): Tissue source _____ concentration ___ (ug/ml) total Volume ___(ul)
❒ Oral Rinse (At least 30 mL of Scope oral rinse in a 50 mL centrifuge tube)
❒ Buccal Swab
❒ Other _____(Call lab)

Patient has had a blood transfusion ❒ Yes ❒ No Date of last transfusion __/__/__
(2-4 weeks of wait time is required for some testing)
Fibroblasts are recommended for patients who had an allogenic bone marrow transplant. See www.genedx.com/specimen-requirements for details.
❒ Treatment-Related **RUSH**: _____ *(If known, please provide date)*

Clinical Diagnosis: _____ **ICD-10 Codes:** _____

Age at Initial Presentation: _____

Ordering Account Information

Acct # Account Name
Reporting Preference*. ❒ Care Evolve ❒ Fax ❒ Email
**If unmarked, we will use the account's default preferences or fax to new clients.*

Physician NPI #

Genetic Counselor

Street address 1

Street address 2

City Postal Code Country

Phone Fax (important)

Email Beeper

Signature Date (mm/dd/yy)

Send Additional Report Copies To:

Physician or GC/Acct # Fax#/Email/CE #

Physician or GC/Acct # Fax#/Email/CE #

Institution Billing: We are able to invoice institutions that are outside of the United States. Payment can be by check, credit card or wire transfer. $30 wire transfer fee must be added to cost of test when paying by wire transfer. Payment must be in $US Dollars.

Patient Pay: Samples from outside the United States must be accompanied by full payment at the time of sample submission when being paid by patient/family. Payment by check or credit card must be included with sample when patient is paying. If paying by wire transfer, payment must be received before sample arrives or shortly thereafter. A $30 wire transfer fee must be added to cost of test when paying by wire transfer. Payment must be in $US Dollars.

We Do Not Bill International Insurance Companies

Wire Transfer Information: GeneDx offers the convenience of payment by Automated Clearing House (ACH) Payment or Wire Transfer. If you would like to pay by ACH or Wire Transfer please add an additional handling fee of $30 in US Funds.

For more information, please call +1 301 519 2100.

Payment Options

Billing Address

GeneDx Account # Hospital/Lab Name Contact Name

Address 1

Address 2 Postal Code Country

Phone Fax Email

Payment Information

Amount _____ ❒ Check ❒ Wire Transfer

❒ Credit Card (I understand that my credit card will be charged the full amount for the testing) ❒ Visa ❒ American Express ❒ Discover ❒ Mastercard

Name as it appears on card Account Number Expiration Date (mm/yy) CVC

Billing Address Postal Code Country

Signature Date: (mm/dd/yy)

For GeneDx Use Only

OncoGeneDx Hereditary Cancer Testing

GeneDx an OPKO Health Company

Account # Account Name

First Name Last Name Date of Birth (mm/dd/yy)

Patient Clinical Information DETAILED MEDICAL RECORDS MUST BE ATTACHED

❒ **No Personal History of Cancer(s)/Tumor(s) or Pancreatitis**

Clinical Diagnosis:_____ **ICD-10 Codes:** _____ Diagnosis Age(s): _____

❒ **Breast Cancer(s)** Age(s) at Dx: _____ ER ___ PR ___ HER2 ___ ❒ triple negative
❒ Bilateral ❒ Two Primaries ❒ Invasive Ductal ❒ Invasive Lobular
❒ DCIS ❒ LCIS ❒ Other: _____

❒ **Ovarian Cancer(s)** Age(s) at Dx:_____
❒ Serous ❒ Mucinous ❒ Endometrioid ❒ Clear Cell
❒ LMP/Borderline ❒ Other: _____

❒ **Endometrial Cancer(s)** Age(s) at Dx:_____
❒ Serous ❒ Mucinous ❒ Endometrioid ❒ Clear Cell
❒ Sarcoma ❒ Other:_____

❒ **Pancreatic Cancer(s)** Age(s) at Dx:_____
❒ Adenocarcinoma ❒ IPMN ❒ Neuroendocrine ❒ Other:_____

❒ **Pancreatitis** Age(s) at Dx:_____
❒ Acute ❒ Chronic

❒ **Prostate Cancer** Age at Dx: _____ Gleason Score: _____

❒ **Melanoma(s)** Age(s) at Dx: _____ ❒ Invasive ❒ In-Situ

❒ **Hematologic Disease*** Age(s) at Dx: _____ Diagnosis: _____
Status: ❒ Active/Residual Disease ❒ Remission ❒ Allogenic bone marrow transplant

* Fibroblasts may be the preferred specimen; visit www.genedx.com/specimen-requirements

❒ **Colorectal Cancer(s)** Age(s) at Dx: _____ Pathology: _____
Location: ❒ Right ❒ Left ❒ Transverse ❒ Rectum

❒ **Polyp(s)** Age of first polyp: _____ ❒ Adenomatous - total #: _____
❒ Other - Pathology: _____ Other - total #: _____

❒ **Gastric Cancer(s)/Tumor(s)** Age(s) at Dx: _____ Pathology: _____

❒ **Endocrine Cancer(s)/Disease** Age(s) at Dx: _____
❒ Thyroid ❒ Parathyroid ❒ Pituitary
❒ Pheochromocytoma (PCC) ❒ Paraganglioma (PGL) Location: _____
❒ Pathology/Diagnosis: _____

❒ **Renal Cancer(s)/Tumor(s)** Age(s) at Dx: _____ ❒ Bilateral
❒ Clear Cell ❒ Papillary Type (I or II) : _____
❒ Transitional Cell ❒ Other: _____

❒ **Brain Cancer(s)/Tumor(s)** Age(s) at Dx: _____ Pathology: _____

❒ **Other Cancer/Tumor** _____ Age at Dx: _____

Comments: _____

Genetic Testing History

Please include copies of all previous genetic test results, tumor test results and detailed medical records.
For certain hematological conditions fibroblasts are the preferred specimen. More information can be found at www.genedx.com/specimen-requirements

Patient's Germline

❒ **No Personal History of Genetic Testing**
❒ **Prior Testing History Gene(s) Tested:** _____
Results: ❒ Negative ❒ Positive ❒ VUS
Gene(s): _____
c._____
p._____

Previous Familial Genetic Testing

❒ **No Known Family History of Genetic Testing**
❒ **Relationship to Proband:**_____
Results: ❒ Negative ❒ Positive ❒ VUS
Gene(s): _____
c._____
p. _____

Patient's Tumor Testing History

❒ **No Known Tumor Testing**
❒ **Lynch Screening:** Tumor Type: _____
MSI: ❒ Not Done ❒ High ❒ Stable ❒ Low
IHC: ❒ Not Done ❒ Present
❒ Absent IHC of: _____
MLH1 Methylation: ❒ Not Done ❒ Methylated - Tumor Only
❒ Methylated - Tumor and Normal Tissue ❒ Unmethylated
BRAF V600E: ❒ Not Done ❒ Present ❒ Absent
Other: _____

❒ **Other Tumor Testing:** Tumor Type: _____
Test Performed: _____
Results: _____

Family History of Cancer(s)/Tumor(s) or Relevant History

❒ **No Known Family History**
❒ Pedigree Attached ❒ Adopted

Please include clinical details, such as bilateral, pathology (including triple negative breast cancer), premenopausal breast cancer, and Gleason score for prostate cancer.
For pancreatitis history, please indicate acute or chronic, if available.

Relationship	Maternal	Paternal	Cancer/Tumor Site or Relevant History	Age at Dx
	❒	❒		
	❒	❒		
	❒	❒		
	❒	❒		
	❒	❒		

Additional Patient or Family Clinical History

OncoGeneDx Hereditary Cancer Testing

GeneDx an OPKO Health Company

Account # Account Name

First Name Last Name Date of Birth (mm/dd/yy)

OncoGeneDx - Test Menu

Breast/Gynecologic Cancers

- ❒ **B361 *BRCA1/BRCA2* Ashkenazi Founder Panel**[1] (Three Targeted Pathogenic Variants)
  - ❒ Reflex to test code: _____
- ❒ **B362 *BRCA1/BRCA2* Sequencing and Deletion/Duplication Analysis**
  - ❒ Reflex to test code: _____
- ❒ **J055 Breast Cancer Management Panel (9 genes)**
- ❒ **B273 __Breast/Gyn Cancer Panel (23 genes)**

Colorectal Cancer

- ❒ **B274 Colorectal Cancer Panel (20 genes)**
- ❒ **B522 Lynch/Colorectal High Risk Panel (7 genes)**

Multiple Cancers

- ❒ **B275 Comprehensive Common Cancer Panel (46 genes)**
- ❒ **B751 Common Cancer Management Panel (37 genes)**
- ❒ **B363 Rest of Comprehensive Common Cancer Panel (if first test is negative)**[1]

Specialty Panels

- ❒ **T830 Hereditary MDS/Leukemia Panel (10 genes)**[1]
- ❒ **J899 Hereditary Pancreatitis Panel (5 genes)**[1]
- ❒ **T828 Hyperparathyroidism/Endocrine Tumor Panel (11 genes)**[1]
- ❒ **J318 Pediatric Tumor Panel (27 genes)**[1]

Tumor Specific Panels

- ❒ **T831 Brain Tumor Panel (23 genes)**[1]
- ❒ **J665 Hereditary Prostate Cancer Panel (16 genes)**
- ❒ **B399 Melanoma Panel (9 genes)**
- ❒ **B343 Pancreatic Cancer Panel (15 genes)**
- ❒ **B395 PGL/PCC Panel (12 genes)**
- ❒ **B394 Renal Cancer Panel (18 genes)**

[1] *Rest of Comprehensive Common Cancer Panel is not available after test codes B361, J318, J899, T830, T828 or T831.*

B749 OncoGeneDx Custom Panel

Please select one or more genes to create a custom panel (no minimum). Up to 64 genes are available.

B749 OncoGeneDx Custom Panel - Include all genes from test code(s) _____ in addition to gene(s) selected below.

❒ *ALK*	❒ *BMPR1A*	❒ *CDK4*	❒ *FH*	❒ *MITF**	❒ *NF1*	❒ *POLD1*	❒ *RAD51C*	❒ *SDHA**	❒ *SMARCA4*	❒ *TSC1*
❒ *APC*	❒ *BRCA1*	❒ *CDKN2A*	❒ *FLCN*	❒ *MLH1*	❒ *NF2*	❒ *POLE*	❒ *RAD51D*	❒ *SDHAF2*	❒ *SMARCB1*	❒ *TSC2*
❒ *ATM*	❒ *BRCA2*	❒ *CHEK2*	❒ *HOXB13*	❒ *MSH2*	❒ *NTHL1*	❒ *POT1*	❒ *RB1*	❒ *SDHB*	❒ *STK11*	❒ *VHL*
❒ *AXIN2*	❒ *BRIP1*	❒ *DICER1*	❒ *MAX*	❒ *MSH6*	❒ *PALB2*	❒ *PRKAR1A*	❒ *RECQL*	❒ *SDHC*	❒ *SUFU*	❒ *WT1*
❒ *BAP1*	❒ *CDC73*	❒ *EPCAM**	❒ *MEN1*	❒ *MUTYH*	❒ *PHOX2B**	❒ *PTCH1*	❒ *RET**	❒ *SDHD*	❒ *TMEM127*	
❒ *BARD1*	❒ *CDH1*	❒ *FANCC*	❒ *MET*	❒ *NBN*	❒ *PMS2*	❒ *PTEN*	❒ *SCG5/GREM1**	❒ *SMAD4*	❒ *TP53*	

❒ If OncoGeneDx Custom Panel is negative, reflex to test code: _____

Other Hereditary Cancers Test Menu

- ❒ **714 Birt-Hogg-Dube syndrome** (*FLCN*) (Seq & Del/Dup)
- ❒ **372 Bloom syndrome** (*BLM*) (Seq)
- ❒ **715 Carney complex** (*PRKAR1A*) (Seq & Del/Dup)
- ❒ **205 Gorlin syndrome** (*PTCH1*) (Seq & Del/Dup)
- ❒ **713 Hereditary leiomyomatosis and renal cell cancer** (*FH*) (Seq & Del/Dup)
- ❒ **TB50 Hereditary Retinoblastoma** (*RB1*) (Seq & Del/Dup)
- ❒ **721 Hyperparathyroidism-jaw tumor syndrome** (*CDC73*) (Seq & Del/Dup)
- ❒ **717 Juvenile polyposis syndrome** (*BMPR1A, SMAD4*) (Seq & Del/Dup)
- ❒ **718 Li-Fraumeni syndrome** (*TP53*) (Seq & Del/Dup)
- ❒ **719 Multiple endocrine neoplasia, type 1** (*MEN1*) (Seq & Del/Dup)
- ❒ **1771 Multiple endocrine neoplasia, types 2A and 2B** (*RET*) (Seq)
- ❒ **195 *PTEN* hamartoma tumor syndrome** (*PTEN*) (Seq & Del/Dup)
- ❒ **2071 Peutz-Jeghers syndrome** (*STK11*) (Seq & Del/Dup)
- ❒ **332 Von Hippel-Lindau syndrome** (*VHL*) (Seq & Del/Dup)
- ❒ **Other Test** (include test code and name): _____

Targeted Variant Testing

❒ **B370 Testing for a previously identified variant**

Gene: _____ Variant: _____

Proband Name: _____ Relationship to proband: _____

Proband GeneDx Accession #: _____

❒ Positive control included/will be sent - **Positive control is recommended if previous test was performed at another lab.**

❒ Positive control not available. Please initial to acknowledge acceptance of caveat language on a negative report_____

❒ Family Member Test Report included - A clear copy of the test report on the positive family member is recommended if previous test was performed at another lab.

Variant Testing Program (requires lab approval)

❒ **B753 Previously identified variant of uncertain significance**

VTP Family ID: **F** _____

Gene(s): _____

Variant(s): _____

Proband Name: _____

Relationship to proband: _____

Proband GeneDx Accession #: _____

OncoGeneDx Hereditary Cancer Testing

GeneDx an OPKO Health Company

Account # Account Name

First Name Last Name Date of Birth (mm/dd/yy)

OncoGeneDx Panel Components

Breast/Gynecologic Cancers		
J055	**Breast Cancer Management Panel (9 genes)**	*ATM, BRCA1, BRCA2, CDH1, CHEK2, NBN, PALB2, PTEN, TP53*
B273	**Breast/Gyn Cancer Panel (23 genes)**	*ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, EPCAM*, FANCC, MLH1, MSH2, MSH6, MUTYH, NBN, NF1, PALB2, PMS2, POLD1, PTEN, RAD51C, RAD51D, RECQL, TP53*
Colorectal Cancers		
B274	**Colorectal Cancer Panel (20 genes)**	*APC, ATM, AXIN2, BMPR1A, CDH1, CHEK2, EPCAM*, MLH1, MSH2, MSH6, MUTYH, NTHL1, PMS2, POLD1, POLE, PTEN, SCG5/GREM1*, SMAD4, STK11, TP53*
B522	**Lynch/Colorectal High Risk Panel (7 genes)**	*APC, EPCAM*, MLH1, MSH2, MSH6, MUTYH, PMS2*
Multiple Cancers		
B275	**Comprehensive Common Cancer Panel (46 genes)**	*APC, ATM, AXIN2, BAP1, BARD1, BMPR1A, BRCA1, BRCA2, BRIP1, CDH1, CDK4, CDKN2A, CHEK2, EPCAM*, FANCC, FH, FLCN, HOXB13, MET, MITF*, MLH1, MSH2, MSH6, MUTYH, NBN, NF1, NTHL1, PALB2, PMS2, POLD1, POLE, POT1, PTEN, RAD51C, RAD51D, RECQL, SCG5/GREM1*, SDHB, SDHC, SDHD, SMAD4, STK11, TP53, TSC1, TSC2, VHL*
B751	**Common Cancer Management Panel (37 genes)**	*APC, ATM, AXIN2, BMPR1A, BRCA1, BRCA2, BRIP1, CDH1, CDKN2A, CHEK2, EPCAM*, FH, FLCN, MLH1, MSH2, MSH6, MUTYH, NBN, NF1, NTHL1, PALB2, PMS2, POLD1, POLE, PTEN, RAD51C, RAD51D, SCG5/GREM1*, SDHB, SDHC, SDHD, SMAD4, STK11, TP53, TSC1, TSC2, VHL*
Specialty Panels		
T830	**Hereditary MDS/Leukemia Panel (10 genes)**	*ANKRD26, CEBPA, DDX41, ETV6, GATA2, RUNX1, SRP72, TERC, TERT, TP53*
J899	**Hereditary Pancreatitis Panel (5 genes)**	*CASR, CFTR, CTRC, PRSS1*, SPINK1*
T828	**Hyperparathyroidism/Endocrine Tumor Panel (11 genes)**	*AIP, APC, CASR, CDC73, CDKN1B, CHEK2, DICER1, MEN1, PRKAR1A, PTEN, RET*
J318	**Pediatric Tumor Panel (27 genes)**	*ALK, APC, CDC73, DICER1, EPCAM*, MEN1, MLH1, MSH2, MSH6, NF1, NF2, PHOX2B*, PMS2, PRKAR1A, PTCH1, PTEN, RB1, RET*, SMARCA4, SMARCB1, STK11, SUFU, TP53, TSC1, TSC2, VHL, WT1*
Tumor Specific Panels		
T831	**Brain Tumor Panel (23 genes)**	*APC, CDKN1B, CDKN2A, DICER1, EPCAM, MEN1, MLH1, MSH2, MSH6, NF1, NF2, PMS2, POT1, PTCH1, PTEN, SMARCA4, SMARCB1, SMARCE1, SUFU, TP53, TSC1, TSC2, VHL*
J665	**Hereditary Prostate Cancer Panel (16 genes)**	*ATM, BRCA1, BRCA2, BRIP1, CHEK2, EPCAM*, HOXB13, MLH1, MSH2, MSH6, NBN, PALB2, PMS2, RAD51C, RAD51D, TP53*
B399	**Melanoma Panel (9 genes)**	*BAP1, BRCA2, CDK4, CDKN2A, MITF*, POT1, PTEN, RB1, TP53*
B343	**Pancreatic Cancer Panel (15 genes)**	*APC, ATM, BRCA1, BRCA2, CDK4, CDKN2A, EPCAM*, MLH1, MSH2, MSH6, PALB2, PMS2, STK11, TP53, VHL*
B395	**PGL/PCC Panel (12 genes)**	*FH, MAX, MEN1, NF1, RET*, SDHA*, SDHAF2, SDHB, SDHC, SDHD, TMEM127, VHL*
B394	**Renal Cancer Panel (18 genes)**	*BAP1, EPCAM*, FH, FLCN, MET, MITF*, MLH1, MSH2, MSH6, PMS2, PTEN, SDHB, SDHC, SDHD, TP53, TSC1, TSC2, VHL*

** Testing includes sequencing and deletion/duplication for all genes except EPCAM (del/dup only), MITF (evaluation of c.952G>A only), PHOX2B (seq only), PRSS1 (seq only), RET (seq only), SCG5/GREM1 (del/dup only), SDHA (seq only).*