Knight Diagnostic Laboratories
OHSU

Molecular Oncology - Solid Tumor Test Requisition

Patient Information

Patient Last Name	
Patient First Name	
Street Address	
City, State, Zip	
Phone	DOB / /
Fax	Male Female
ID/MRN #	

Hospital In-Patient   Yes   No

_____
Physician Signature   Date

Ordering Healthcare Provider Information

Full Name	
NPI	
Office/Facility Name	
Address	
City, State, Zip	
Phone	Fax
Account #	

Notes

Send additional copies of test results to:

Healthcare Provider Name	Provider Phone	Fax
Healthcare Provider	Provider Phone	Fax

Billing Information - Select One Billing Method

Billing is done in accordance with the information provided below and OHSU policy. Appropriate areas must be completed or referring laboratory/physician will be billed

Self Pay   Bill Insurance
Attach Copy of Insurance Card or Billing Face Sheet

Bill Referring Provider or Institution
Invoice will be sent to Client Account and Address Listed Above

Primary Insurance Name		Secondary Insurance Name
Primary Policy #		Secondary Policy #
Primary Group #		Secondary Group #
Preauthorization #		Preauthorization #

Relation to Insured   Medicaid   Medicare
Self   Child   Spouse   Other_____

Relation to Insured   Medicaid   Medicare
Self   Child   Spouse   Other_____

Clinical Information

Specimen Type

- [ ] DNA from*_____
- [ ] RNA from*_____
- [ ] Whole Blood
- [ ] Other_____
- [ ] Paraffin Block/Slide Sections (10-15)

Paraffin Block/Slides ID_____
Tissue Source_____
Contact Phone_____
Contact Fax_____

ICD-10 (required)

Diagnosis Description

Current Medications

Date of Specimen Collection   /   /

Time of Specimen Collection   :   :

Molecular Consultation

Assays selected by an expert molecular pathologist based on tumor type, using a tiered, cost-effective approach.
When this option is selected for panels, KDL Pathologists will prioritize testing. Only the tests performed will be billed. *No extra charges applied.*

*****GeneTrails Testing (codes 5541, 5440, 4480) Require Insurance Pre-authorization*****
Pre-authorization ID

Solid Tumors

Code	Test Name	Code	Test Name
5441	GeneTrails® Comprehensive Solid Tumor Panel. This test includes and runs concurrently with the Fusion Gene Panel. This Comprehensive panel is covered by Medicare and Medicare Advantage. Add PD-L1 immunohistochemistry stain? Yes No	4820	RNA Transcriptome
5440	GeneTrails®Solid Tumor Panel W/ Reflex to Fusion. Negative results for the GeneTrails Solid Tumor Panel will reflex to GeneTrails Solid Tumor Fusion Gene Panel. This GeneTrails Solid Tumor Panel is not covered by Medicare or Medicare Advantage. Add PD-L1 immunohistochemistry stain? Yes No	4023	ALK Mutation Analysis (Exons 22-25 only) (For crizotinib resistance)
4480	GeneTrails®Solid Tumor Fusion Gene Panel. This test is covered by Medicare and Medicare Advantage.	6515	Oncology Microarray - Targeted Gene and Region Panel

GIST

Code	Test Name	Code	Test Name
4110	BRAF Mutation Analysis (exon 15)	5250	PDGFRA Mutation Analysis only (exons 12, 14, 18)
4199	cKIT (exons 9, 11, 13, 17) with reflex to PDGFRA	5441	GeneTrails® Comprehensive Solid Tumor Panel (SDH genes, RAS genes, NF1) with reflex to GeneTrails® Solid Tumor Fusion Gene panel for NTRK fusions

Gliomas

Code	Test Name	Code	Test Name
4650	IDH1 & IDH2 Mutation Analysis	5005	MGMT Methylation

Melanoma

Code	Test Name	Code	Test Name
4900	Melanoma Panel (BRAF, NRAS, and cKIT Mutation Analysis)	4210	cKIT Mutation Analysis (exons 11, 13, 17)
4110	BRAF Mutation Analysis (exon 15)	4525	GNAQ and GNA11 Mutation Analysis

Custom Sequencing Tests

Code	Test Name
Contact Client Services **(855) 535-1522**	

Result Release

Results will be immediately available to the patient unless you mark the box below

☐ Do not release (I reasonably believe that an Information Blocking exception applies)

Comments / Requests: