



Knight Diagnostic Laboratories

Fax: (855) 535-1329
 Email: KDLClientServices@ohsu.edu
 Shipping: 2525 SW 3rd Ave, Ste 350, Portland, OR 97201
 Questions? (855) 535-1522

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

Ordering Healthcare Provider Information

Full Name

NPI

Office/Facility Name

Address

City, State, Zip

Phone Fax

Account #

Notes

Physician Signature _____ Date _____

Send additional copies of test results to:

Healthcare Provider Name

Healthcare Provider Name

Provider Phone Fax

Provider Phone Fax

Billing Information - Select One Billing Method

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

Primary Policy #

Primary Group #

Preauthorization #

Relation to Insured Medicaid Medicare
 Self Child Spouse Other _____

Secondary Insurance Name

Secondary Policy #

Secondary Group #

Preauthorization #

Relation to Insured Medicaid Medicare
 Self Child Spouse Other _____

Clinical Information

Specimen Type

DNA from* _____

Whole Blood

Other _____

Paraffin Block/Slide Sections (10-15)
 Paraffin Block/Slides ID _____
 Tissue Source _____
 Tissue Type _____

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 4480, 5440, 5441) 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)		SDHB Immunohistochemistry
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
5250	PDGFRA Mutation Analysis only (exons 12, 14, 18)		

Gliomas

Code	Test Name	Code	Test Name
4650	IDH1 & IDH2 Mutation Analysis	7270	Glioma FISH Panel - Deletion 1p/19q (FISH) - EGFR amplification (FISH) - Deletion 10q, monosomy 10 (FISH)
5005	MGMT Methylation		
4810	H3F3A Mutation Analysis		
6527	Genome-Wide DNA Methylation Array (Glioma classification and includes chromosomal copy)		

Melanoma

Code	Test Name	Code	Test Name
4900	Melanoma Panel (BRAF, NRAS, and cKIT Mutation Analysis)	4525	GNAQ and GNA11 Mutation Analysis
4110	BRAF Mutation Analysis (exon 15)	5100	NRAS Mutation Analysis (exons 1, 2)
4210	cKIT Mutation Analysis (exons 11, 13, 17)		

Solid Tumor FISH Tests

Code	Test Name	Code	Test Name	Code	Test Name
8018	ALK fusion	8115	CCND1 amplification	8616	CDKN2A (p16) loss
8105	CSF1R	8100	COL1A/PDGFB t(17;22)	8274	Deletion 1p/19q
8180	EGFR amplification	8200	EWSR1 fusion	8218	FGFR1 amplification
8338	FGFR3 t(4;14) fusion	8250	FUS	8300	HER2 (ERBB2) amplification
8498	MDM2 amplification	8500	MET amplification	8098	MYC amplification
8580	N-MYC amplification	8642	PTEN (Del 10q, monosomy 10)	8692	RB1
8700	RET fusion	8720	ROS1 fusion	8774	SS18 (SYT);TX:18 fusion

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: