



How to Order Caris Molecular Intelligence Services

1

Contact Caris



Contact Caris Life Sciences® to obtain the requisition form and tumor specimen shipper kit. The latest requisition can be downloaded from the website www.CarisMolecularIntelligence.com/ordering_information.

Note: The requisition can also be submitted through MI Portal, contact Client Services to set up an account.

2

Complete Requisition



Complete ALL fields on the requisition form, following the instructions on the reverse of this document.

The requisition must have the signature of either the treating physician or pathologist requesting Caris Molecular Intelligence®

Note: If a surgical procedure is planned to collect specimen, provide the anticipated specimen information, date and time of procedure and the location/facility information.

3

Send Documentation



Gather additional documentation needed for the completion of testing

- Patient Insurance Information
- Pathology Report
- Clinical History (e.g. 90-Day Clinical History, Physical Exams, and Other Notes: Daily Progress, Treatment, Doctors and Office)

Send the completed Tumor Profiling Requisition, patient insurance information, pathology report and clinical history to Caris Life Sciences. Fax the documents to Client Services (866) 479-4925 or upload the items into MI Portal.

Note: If provided documentation is incomplete, Client Services may contact your office to obtain missing information.

4

Ship Specimen



Prepare the specimen as outlined on the back of the *Tumor Profiling Requisition*. Place both the specimen and the completed requisition in the shipper kit provided. Contact Client Services (888) 979-8669 to arrange pick-up, or ship out with daily FedEx or UPS shipment.

5

Review Report



Receive the final report via MI Portal, email or fax within 10-14 days of case activation. **The case will be activated once all documents and specimen have been received by Caris.**

To order or learn more, visit www.CarisMolecularIntelligence.com.

US: 888.979.8669 | MIClientServices@carisls.com

Intl: 00 41 21 533 53 00 | EUCustomerServices@carisls.com



Tumor Profiling Requisition

Instructions for completing the Tumor Profiling Requisition are outlined below. These instructions are provided as a general overview, please contact Client Services (888) 979-8669 for additional details.

Client Information
Enter the ordering physician's contact information. This section can be pre-populated with your practice information. Call Client Services to learn more.

Additional Physician To Be Copied
List any additional physicians that should receive a copy of the final report.

Billing Information
Billing information is required to initiate testing. Include a copy of the face sheet and front and back of the insurance card.

Tumor Profiling Services (CHOICE REQUIRED)
Clearly indicate MI Profile and/or individual assay to be performed. A selection **MUST** be made.

Profile Menu
To view the definitive list of biomarkers analyzed by tumor type for MI Profile and the list of Next-Generation Sequencing genes, please visit CarisMolecularIntelligence.com/profilemenu.

Patient Information
Enter patient demographic information here. This information is mandatory per CLIA / CAP requirements.


Pathology Information
Typically, specimens are submitted through pathology. This information is critical to ensure the timely delivery of specimen.

Clinical/Specimen Information
Provide detailed information about the patients diagnosis, clinical standing and the specimen being sent for testing.

Physician or Practitioner Signature (SIGNATURE REQUIRED)
Signing the req authorizes Caris to perform tumor profiling services.

Tumor Profiling Requisition

Fax: (866) 479-4925 | Email: MIClientServices@carisls.com
Client Services may contact your office to obtain certain medical records that may be required by patient's insurance provider.



TREATING PHYSICIAN INFORMATION				PATIENT INFORMATION				
Name		NPI		Last Name		First Name	MI	
Physician Email		Office Contact Name		Patient MR		DOB	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Office/Hospital Name		Address		Address		Apt.		
City		State	Zip	City		State	Zip	
Phone		Fax		Patient Phone		Patient Work Phone		
ADDITIONAL PHYSICIAN (If different than above)				PATHOLOGY INFORMATION				
Name		Facility		Pathologist/Pathology Services				
Address		City	State	Hospital		City	State	
Phone		Fax	Zip	Phone		Fax	Zip	
BILLING INFORMATION (Attach the front and back of PRIMARY and SECONDARY insurance cards. Patient insurance/payment is REQUIRED to begin testing.)								
<input type="checkbox"/> Insurance <input type="checkbox"/> Self Pay <input type="checkbox"/> Medicare <input type="checkbox"/> Client Bill (contracted) <input type="checkbox"/> HMO, Referral # _____ <input type="checkbox"/> Other _____		Insurance Provider	Policy #	Group #	Insured Name	Insured DOB	Relationship to Patient	Prior Authorization #
		Primary						
		Secondary						
CLINICAL/SPECIMEN INFORMATION (Include a copy of the pathology report and medical records that support the need for testing)								
ICD-10 Code(s) (Provide as many "symptomatic diagnosis" codes as applicable)				Current Clinical Stage		Current Line of Therapy		
Specimen Collection Location (Place of Service Code): <input type="checkbox"/> Office/Clinic (11) <input type="checkbox"/> Non-Hospital ASC (24) <input type="checkbox"/> Hospital Outpatient/ASC (22) <input type="checkbox"/> Hospital Inpatient (21) – Date of Discharge: _____ <input type="checkbox"/> Skilled Nursing Facility (32) <input type="checkbox"/> Hospice (34)								
Primary Tumor Site		Specimen Site		Specimen/Block ID#(s)		Specimen Collection Facility (Place of Service)		
Date & Time of Collection		Date Removed From Storage (Medicare Only)		Duration of Fixation (FFPE Blocks)		Tissue Type(s):		
/ / AM PM		/ /				<input type="checkbox"/> FFPE Block <input type="checkbox"/> Formalin Fixative <input type="checkbox"/> Unstained Slides		
CARIS MOLECULAR INTELLIGENCE [®]								
To order, please select from the options below. The biomarkers included in the options below may change from time-to-time. Before ordering, please refer to the Website, www.CarisMolecularIntelligence.com/profiling-menu, to view the most up-to-date listing of biomarkers that will be performed by tumor type.								
TUMOR PROFILING OPTIONS (Choice required)								
<input type="checkbox"/> MI Profile™ Multi-platform, solid tumor biomarker analysis for therapeutic decision support and clinical trials matching (Next-Generation Sequencing DNA/RNA, Pyro Sequencing, Immunohistochemistry, Chromogenic in situ Hybridization; technologies used may vary based on the tumor type submitted)				<input type="checkbox"/> MI Tumor Seek™ Next-Generation Sequencing analysis for DNA mutations, copy number variations, insertions/deletions, and RNA fusion analysis for select lineages				
SPECIAL INSTRUCTIONS								
						Physician Initials		
The definitive list of biomarkers analyzed by tumor type and list of available biomarkers are available online at www.CarisMolecularIntelligence.com/profiling-menu .								
Attestation: This requisition constitutes an order for molecular testing from Caris MPI, Inc. I certify (a) the services are medically necessary and will assist me in treating my patient, (b) the patient has sufficient performance status to receive additional treatment, (c) I maintain and will make available patient medical records documenting the foregoing, (d) I have supplied information to the patient regarding this testing, and (e) if order is placed by pathologist, I certify this order for services is supported by my institution's medical policy and/or was deemed medically necessary by the patient's treating physician.				Physician or Practitioner Signature		Print Name	Date	
PLEASE SEE THE REVERSE FOR CMS BILLING, PATIENT CONSENT REQUIREMENTS AND OPTIMAL SPECIMEN REQUIREMENTS.								
4610 South 44th Place, Suite 100 / Phoenix, Arizona 85040 / (888) 979-8669 / Fax: (866) 479-4925 / CLIA 03D1019490 / CAP 7195577 / ISO 15189:2012 – 3531.01 Caris MPI, Inc. d/b/a Caris Life Sciences ©2017 Caris MPI, Inc. All rights reserved. TN034 12 / Revision October 30, 2017								

Fax completed requisition with copy of the pathology report, clinical history and insurance information to (866) 479-4925.

To order or learn more, visit www.CarisMolecularIntelligence.com.
 US: 888.979.8669 | MIClientServices@carisls.com
 Intl: 00 41 21 533 53 00 | EUCustomerServices@carisls.com

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