



How to Order Caris Molecular Intelligence Tumor Profiling

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/order.

Note: The requisition can also be submitted through MI Portal, contact Customer Support 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, pathologist or authorized practitioner signature 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 Customer Support (866) 479-4925 or upload the items into MI Portal.

Note: If provided documentation is incomplete, Customer Support 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 Customer Support (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 8-14 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 | CustomerSupport@CarisLS.com

Intl: 00 41 21 533 53 00 | InternationalSupport@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 Customer Support (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 Customer Support to learn more.

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 OR MI Tumor Seek to be performed. A selection **MUST** be made.

Insufficient Specimen Testing
Select the limited testing recommendation for each tumor type to proceed with testing.

Tumor Profiling Requisition



Phone: (888) 979-8669 | Fax: (866) 479-4925 | Email: CustomerSupport@CarisLS.com Please complete and return by fax or email. Customer Support 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 | | In-Office Medical Record Number | | DOB Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Office/Hospital Name | | Address | | Address | | Apt. | |
| City | | State Zip | | City | | State Zip | |
| Phone | | Fax | | Phone | | Work Phone or Email | |
| 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 | | Insurance Provider | | Policy # | | Group # | |
| <input type="checkbox"/> Medicare <input type="checkbox"/> Client Bill (contracted) | | Primary | | Insured Name | | Insured DOB | |
| <input type="checkbox"/> HMO, Referral # | | Secondary | | Relationship to Patient | | Prior Authorization # | |
| <input type="checkbox"/> Other | | | | | | | |
| 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) | | | | Clinical Stage | | Current Line of Therapy | |
| Specimen Collection Location (Place of Service Code): <input type="checkbox"/> Office/Clinic (11) <input type="checkbox"/> Hospital Inpatient (21) - Date of Discharge: <input type="checkbox"/> Hospital Outpatient/ASC (22) <input type="checkbox"/> Non-Hospital ASC (24) <input type="checkbox"/> Skilled Nursing Facility (32) <input type="checkbox"/> Hospice (34) | | | | | | | |
| Specimen Collection Facility (Place of Service) | | Primary Tumor Site | | Specimen Site | | Specimen/Block ID#(s) | |
| Specimen Type(s): <input type="checkbox"/> FFPE Block <input type="checkbox"/> Unstained Slides <input type="checkbox"/> Formalin Fixative | | Date & Time of Collection <input type="checkbox"/> AM <input type="checkbox"/> PM | | Date Removed From Storage (Medicare Only) | | Duration of Fixation (FFPE Blocks) | |
| 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 definitive list of available biomarkers and the specific biomarkers analyzed by tumor type. | | | | | | | |
| TUMOR PROFILING OPTIONS (Choice required) | | | | | | | |
| <input type="checkbox"/> MI Profile™ Multi-platform, solid tumor biomarker analysis. The technology platforms used and biomarkers tested may vary based on the tumor type submitted. Technologies include: NGS (DNA mutations, copy number alterations*, insertions/deletions, genomic signatures: MSI, TMB*), whole transcriptome sequencing* (RNA fusions and variant transcripts), pyro sequencing, IHC, <i>in situ</i> hybridization. <small>* Not available in New York State.</small> | | | | <input type="checkbox"/> MI Tumor Seek™ NGS analysis of DNA for mutations, copy number alterations*, insertions/deletions, genomic signatures (MSI, TMB*), and whole transcriptome sequencing* for RNA fusions and variant transcripts. Add Immuno-Oncology IHC biomarkers: <input type="checkbox"/> PD-L1 <input type="checkbox"/> MMR (MLH1, MSH2, MSH6, PMS2) | | | |
| <input type="checkbox"/> If the specimen is insufficient to perform the ordered tests, please proceed with limited testing recommended for this tumor type (available online at www.CarisMolecularIntelligence.com/profiling-menu). | | | | | | | |
| SPECIAL INSTRUCTIONS | | | | | | | |
| <small>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.</small> | | | | 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 1795577 / ISO 15189:2012
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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.

Special Instructions
Select additional testing options, add other physician(s) to be copied on the final report, or enter notes for the order.

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

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 | CustomerSupport@CarisLS.com
Intl: 00 41 21 533 53 00 | InternationalSupport@CarisLS.com



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