

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 <i>(If different than above)</i>			PATHOLOGY INFORMATION		
Name	Facility		Pathologist/Pathology Services		
Address	City	State	Hospital	City	State
Phone	Fax	Zip	Phone	Fax	Zip

BILLING INFORMATION <i>(Attach the front and back of PRIMARY and SECONDARY insurance cards. Patient insurance/payment is REQUIRED to begin testing.)</i>							
<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 <i>(Include a copy of the pathology report and medical records that support the need for testing)</i>			
ICD-10 Code(s) <i>(Provide as many "symptomatic diagnosis" codes as applicable)</i>		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): <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 <i>(Choice required)</i>	
<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 <i>in situ</i> 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
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PLEASE SEE THE REVERSE FOR CMS BILLING, PATIENT CONSENT REQUIREMENTS AND OPTIMAL SPECIMEN REQUIREMENTS.



Patient Consent

Physician will be solely responsible for confirming that legally effective informed consent has been obtained from the patient or his/her authorized representative as required by applicable state law. By ordering a test from Caris Life Sciences®, physician certifies that this consent is in place and that test results will be used and disclosed only in accordance with applicable law.

Checklist for Ordering Caris Molecular Intelligence

- Requisition (Completed, Signed and Dated)
- Patient Insurance Information (Insurance Card Preferred); including Referral Number for HMO Plans
- Pathology Report(s)
- Patient Progress Note(s) /Medical Record(s)
- Sufficient Tumor Specimen

Note: Client Services may contact your office to obtain certain medical records that may be required by patient's insurance company (e.g. 90-day clinical history, physical exam, and additional notes, including: daily progress, treatment, doctors and office).

Formalin Fixed Paraffin Embedded (FFPE) Samples

Sufficient tumor must be present to complete all analysis. If you have any questions, please contact Client Services at (888) 979-8669.

SPECIMEN TYPE	SPECIMEN REQUIREMENTS
Fixed Tissue	One (1) tumor-containing formalin fixed paraffin embedded block (FFPE) from most recent surgery or biopsy. Successive four (4) micron sections will be created from the block until sufficient material for the testing orders is obtained. For the molecular analysis, tumor cells will be excised by microdissection until a total area of at least 50mm ² is obtained.
Unstained Slides	Unstained, positively charged, unbaked slides from one single, tumor-containing formalin fixed paraffin embedded block; 4 micron sections <ul style="list-style-type: none"> • MI Profile™ - 40 slides • Next-Generation Sequencing only - 15 slides Note: At least a 5mm x 5mm section of tissue per slide is required. For small biopsies (tissue area < 5 mm x 5 mm) please cut two sections per slide for at least one half of the slides to ensure sufficient material for molecular assays.
Core Needle Biopsy	Four to six (4-6) biopsies formalin fixed paraffin embedded <ul style="list-style-type: none"> • 18 gauge needle preferred, in 10% neutral buffered formalin.
Fine Needle Aspirate (FNA)	One (1) formalin fixed paraffin embedded block containing sufficient tumor
Malignant Fluid Cell Block	One (1) formalin fixed paraffin embedded cell block containing sufficient tumor (20% or more tumor nuclei).
Bone/Bone Metastasis	One (1) formalin fixed paraffin embedded block of tumor (primary bone malignancy or metastasis to the bone) decalcified using EDTA based method(s) or non-decalcified specimen.

Fresh Samples

Sufficient tumor must be present to complete all analysis. If you have any questions, please contact Client Services at (888) 979-8669.

SPECIMEN TYPE	SPECIMEN REQUIREMENTS
Fresh Tissue	Two (2) or more samples with a maximum thickness of ~3mm (height, width, length) and submit in 10% neutral buffered formalin. Please do NOT send specimen larger than the recommended size.
Core Needle Biopsy	Four to six (4-6) biopsies <ul style="list-style-type: none"> • 18 gauge needle preferred, in 10% neutral buffered formalin.
Bone/Bone Metastasis	Two (2) or more samples with minimum thickness of 3mm (height, width, length) and submit in 10% neutral buffered formalin (DO NOT DECALCIFY)
Malignant Fluid	Maximum of 120ml malignant fluid, and submit mixed with a minimum of 120ml 10% neutral buffered formalin.

Insufficient Specimen Quantity – Prioritization of Tests

In the event that a specimen is received with an insufficient quantity of tissue or insufficient percent tumor required to perform the entire profile or individual tests indicated on the requisition, Caris Life Sciences will fax the ordering physician the proposed list of tests. The physician may amend this list to include any tests that are offered within the test menu. The ordering physician should review the proposed list of tests within 72 hours in order to provide timely results. Please note: *turnaround time may be longer for specimens with limited tissue.*

In certain circumstances, CMS requires that Caris Life Sciences bill the hospital for the technical component and the clinical laboratory services component. For more information, please call (888) 979-8669.