

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 ONCOLOGIST 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"/> M <input type="checkbox"/> F	Ethnicity
Office/Hospital Name	Address		Address			Apt.
City	State	Zip	City	State	Zip	
Phone	Fax		Phone	Work Phone or Email		

PATHOLOGY INFORMATION			SURGEON/PA/APRN or PERSON COMPLETING REQUISITION			
Pathologist/Pathology Services			Name	Facility		
Hospital			Address		City	State
City	State		Phone	Fax	Zip	
Phone	Fax	Zip	Role <input type="checkbox"/> Surgeon <input type="checkbox"/> PA <input type="checkbox"/> MA <input type="checkbox"/> APRN <input type="checkbox"/> Other: _____			

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 #	Insured Name	Insured DOB	Relationship to Patient	Prior Authorization #
<input type="checkbox"/> Medicare <input type="checkbox"/> Direct Bill (contracted)	Primary						
<input type="checkbox"/> HMO, Referral #: _____	Secondary						
<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	Collection Date & Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Most Recent Specimen <input type="checkbox"/> Yes <input type="checkbox"/> No	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.CarisLifeSciences.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 (included in MI Profile): <input type="checkbox"/> PD-L1 <input type="checkbox"/> MMR (MLH1, MSH2, MSH6, PMS2) <small>* Not available in New York State.</small>
<input type="checkbox"/> MI AI™ GPS: Cancer type similarity assessment consisting of algorithmic analyses of the genomic (DNA) and transcriptomic (RNA) characteristics of the tumor as compared to tumor types in the Caris database. <i>Only available for MI Profile or MI Tumor Seek. Not available in New York State.</i>	
<input type="checkbox"/> If the specimen is insufficient to perform the ordered tests, please proceed with limited tissue testing recommendations by Caris pathologists.	

ADDITIONAL TESTING
<input type="checkbox"/> Ambry Genetics® Germline Genetic Testing: CancerNext-Expanded® DNA-based NGS analysis of 67 genes from whole blood for hereditary cancer detection. Please complete the Ambry Genetics-Caris Life Sciences Germline Genetic Testing Requisition Form to submit an order.

SPECIAL INSTRUCTIONS/ADDITIONAL PHYSICIAN INFO (name, email, fax):

Attestation: This requisition constitutes an order for molecular testing from Caris MPL, 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/Authorized Provider 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)
- 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: Customer Support 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 Customer Support 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 25 mm ² (5mm x 5mm) 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"> • 5mm x 5mm x 4µm tissue/slide • MI Profile™: 25 slides • MI Tumor Seek™: 10 slides Note: Specimens with a smaller tumor area may require additional specimen to be submitted. If the tumor area per slide exceeds 25mm ² , fewer slides are needed for testing.
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

All fresh samples should be shipped overnight to be received within 48 hours. Sufficient tumor must be present to complete all analysis. If you have any questions, please contact Customer Support 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 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).
Whole Blood (Ambray Genetics Germline Genetic Testing Only)	Two (2) 10 mL PAXgene® Blood ccfDNA tubes of whole blood. Use the Caris Blood Shipper Kit only. Invert 10x. Do not shake. Do not freeze. Ship room temperature.

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 48 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.