Ayass bioscience LLC™
Bridging Science and Precision Patient Care

SOLID TUMOR Next Generation Sequencing Requisition

1. PATIENT INFORMATION

Last Name | First Name | MI

Address

City | State | Zip

Phone | Date of Birth (mm/dd/yyyy) | Gender ☐ Male ☐ Female

Ancestry ☐ Caucasian ☐ Western European ☐ African American ☐ Caribbean ☐ Ashkenazi Jewish ☐ Eastern European ☐ Native American ☐ Asian ☐ Central/South American ☐ Hispanic ☐ Northern European ☐ Middle Eastern ☐ Pacific Islander ☐ Other: ______

Email

IS A **QR CODE** REQUIRED ON THE TEST REPORT? (E.G. for travel) ☐ YES ☐ NO

2. PROVIDER INFORMATION

Clinic Name

Physician Name | NPI#

Address

City | State | Zip | Phone

Fax | Email

3. SPECIMEN INFORMATION

Specimen Type ☐ FFPE | Date of Collection (mm/dd/yyyy) | Time of Collection (HH:MM) ☐ AM ☐ PM | Date of Hospital Discharge (mm/dd/yyyy)

Body Site

☐ Primary ☐ Metastasis If Metastasis, list Primary: ______

4. BILLING INFORMATION

BILL: ☐ Insurance ☐ Medicaid ☐ Medicare ☐ Bill charges to other facility ☐ Uninsured ☐ Self Pay

Name of Policyholder

DOB (mm/dd/yyyy) | Relationship to Policyholder ☐ Self ☐ Spouse ☐ Dependant ☐ Other______

Insurance | Prior Authorization ______

Member ID# | Group#

REQUIRED FOR MEDICARE: Check box for patient's hospital status when sample was obtained:
☐ Hospital Inpatient: Date of Discharge ______ ☐ Hospital Outpatien

5. SOLID TUMOR

ICD-10 DIAGNOSIS CODES: ______

☐ Next Generation Sequencing. **SOLID TUMOR**

Bladder cancer, Breast cancer, Colorectal cancer, Endometrial cancer, Esophageal cancer, Gastric cancer, GIST, Glioblastoma, Head and neck cancer kidney cancer, Liver cancer, Lung cancer, Melanoma, Mesotelioma, NSCLC, Osteosarcoma, Ovarian cancer, Pancreatic cancer, Prostate cancer, Skin basal cell carcinoma, SLCLC, Soft tissue sarcome, Testicular cancer, Thyroid cancer, Unspecified cancer, Unspecified solid tumor

6. GENES

☐ Genes Ordered:

(CPT-81455)

AKT1, AKT2, AKT3, ALK, AR, ARAF, ARID1A, ATR, ATRX, AXL, BAP1, BRAF, CBL, CCND1, CCND2, CCND3, CCNE1, CDK12, CDK2, CDK4, CDK6, CDKN1B, CDKN2A, CDKN2B, CHEK1, CHEK2, CREBBP, CSF1R, DDR2, EGFR, ERBB2, ERBB3, ERBB4, ERCC2, ERG, ETV1, ETV4, ETV5, EZH2, FANCA, FANCD2, FANCI, FBXW7, FGF19, FGF3, FGFR1, FGFR2, FGFR4, FGR, FLT3, FOXL2, GATA2, GNA11, GNAQ, GNAS, H3F3A, HIST1H3B, HNF1A, IDH1, IDH2, IGF1R, JAK1, JAK2, JAK3, KDR, KIT, KNSTRN, KRAS, MAGOH, MAP2K1, MAP2K2, MAP2K4, MAPK1, MAX, MDM2, MDM4, MED12, MET, MRE11, MTOR, MYB, MYBL1, MYC, MYCL, MYCN, NBN, NFE2L2, NOTCH1, NOTCH2, NOTCH3, NOTCH4, NRAS, NRG1, NUTM1, PDGFRA, PDGFRB, PIK3CA, PIK3CB, PIK3R1, POLE, PPP2R1A, PRKACA, PRKACB, PTCH1, PTEN, PTPN11, RAC1, RAD50, RAD51, RAD51B, RAD51C, RAD51D, RAF1, RB1, RELA, RET, RHEB, RHOA, RICTOR, RNF43, ROS1, RSP02, RSP03, SETD2, SLX4, SMAD4, SMARCA4, SMARCB1, SMO, SPOP, SRC, STAT3, STK11, TOP1, TSC1, TSC2, XPO1

ATM *(CPT-81408)*	BRCA1 *(CPT-81162)*	BRCA2 *(CPT-81162)*
BTK *(CPT-81233)*	CTNNB1 *(CPT-81403)*	ESR1 *(CPT-81402)*
FGFR3 *(CPT-81401)*	HRAS *(CPT-81403)*	MLH1 *(CPT-81288)*
MSH2 *(CPT-81295)*	MSH6 *(CPT-81298)*	MYD88 *(CPT-81305)*
NF1 *(CPT-81408)*	NF2 *(CPT-81405)*	NTRK1 *(CPT-81191)*
NTRK2 *(CPT-81192)*	NTRK3 *(CPT-81193)*	PALB2 *(CPT-81307)*
PMS2 *(CPT-81317)*	PPARG *(CPT-81401)*	SF3B1 *(CPT-81347)*
TERT *(CPT-81345)*	TP53*(CPT-81352)*	U2AF1 *(CPT-81357)*

7. CLINICAL INFORMATION

Reason for Testing/Referral

☐ New Diagnosis ☐ Relapse ☐ In Remission ☐ Monitoring

Staging ☐ 0 ☐ I ☐ II ☐ III ☐ IIIA ☐ IIIB ☐ IV

Note:

8. PATIENT CONSENT

Billing ABN and Patient Plan Information: A completed Advance Beneficiary Notice (ABN) of coverage is required for Medicare patients who do not meet medical criteria for testing. This does not apply to specific site analyses. Insurance pre-qualification will not be performed for these tests, unless specifically requested. All tests ordered shall be processed and billed based on payor.

Patient Acknowledgment: I am covered by insurance and authorize Ayass BioScience, LLC to give my designated insurance carrier(s) plan on this form and other information provided by my health care provider necessary for reimbursement. I authorize Ayass BioScience, LLC to inform my Plan of my test results only if test results are required for preauthorization of or payment for reflex/additional testing. I authorize Plan benefits to be payable to Ayass BioScience, LLC. I further authorize payment of benefits directly to the laboratory. I understand acceptance of insurance does not relieve me from any responsibility concerning payment for laboratory services and that I am financially responsible for all charges whether or not they are covered by my insurance. I understand that any payment I receive for services rendered by the laboratory from my insurance provider should be forwarded immediately to the laboratory.

Patient Consent: My signature below constitutes my acknowledgment that the benefits, risks, and limitations of this testing have been explained to my satisfaction by a qualified health professional. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask questions at any other time.

Patient Consent for Research: ☐ By checking this box I DO NOT consent for the remaining part of my sample to be used for research purposes by Ayass BioScience, LLC. Personal information will not be shared and will be kept confidential by Ayass BioScience, LLC. If Signature is other than patient's.

Printed Name______

(mm/dd/yyyy)

PATIENT'S OR RESPONSIBLE PARTY'S SIGNATURE | DATE

9. MEDICAL NECESSITY FOR TESTING

This test is medically necessary for the diagnosis or detection of a disease, illness, impairment, syndrome, or disorder, and these results will be used in the medical management and treatment for this patient. Furthermore, recipients' information is true and correct to the best of my knowledge.

Please send report to: ______

HEALTH CARE PROVIDER'S SIGNATURE | DATE

10. TEST SUBMISSION CHECKLIST

☐ Copy of Patient Demographics
☐ Current Meds List
☐ ICD-10 Diagnosis Codes
☐ Patient's/Provider's Signatures
☐ Copy of Insurance Card (Front/Back)
☐ Attach Patient's Insurance Pre-Authorization Form

Collected by: ______

______
Signature

Solid-Tumor-Sequencing-RF-V3

Ayass BioScinece,LLC makes every effort to preserve and not exhaust tissue, but in small and thin specimens, there is a possibility of exhausting the specimen in order to ensureadequate material and reliable results.