



**BILL TO (MUST CHECK ONE):** ☐ CLIENT ☐ PATIENT/INSURANCE

<div>Facility Name: _____</div> <div>Address: _____</div> <div>Phone: _____</div> <div>Provider Name: _____</div> <div>-AND-</div> <div>Allina Health ID Number: _____</div> <div>-OR-</div> <div>NPI #: _____</div> <div><input checked="" type="checkbox"/> Fax report to ( _____ ) _____ - _____</div>		DATE & TIME COLLECTED	
		PATIENT NAME: Last, First MI	
		CHART #	
		GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	
		BIRTH DATE (mm-dd-yyyy) - -	
		PATIENT ADDRESS: Street and city	
		STATE ZIP	
		PATIENT PHONE ( )	
		<input type="checkbox"/> Attachments included for insurance information	
		<b>*Note, all MVA and WC related labs will be billed to client regardless of insurance MEDICARE SECONDARY PAYER (MSP) INFORMATION REQUIRED</b> For Medicare patients with open WC or MVA claims, is this testing related to claims? <input type="checkbox"/> YES <input type="checkbox"/> NO	
MEDICARE			
MEDICAL ASSISTANCE NUMBER			
INSURANCE CO. NAME or INDICATE SELF-PAY			
POLICY HOLDER'S NAME			
RELATIONSHIP OF PATIENT TO INSURED: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other			
SUBSCRIBER ID #			
GROUP #			
Today's date:	Collection date:	SUBSCRIBER ID #	
Diagnosis:	Original case #:	Provider signature:	
<b>Medical Necessity Statement:</b> Tests ordered on Medicare patients must follow CMS rules regarding medical necessity and FDA approval guidelines, and must include diagnosis, symptom, or reason for testing as indicated in the medical record. If testing does not come under Medicare guidelines for payment, a "signed" Advanced Beneficiary Notice must be included. Clinical consultation regarding test ordering is provided at 612-863-4670.		<b>* Indicates coverage sensitive tests - ABN or waiver may be needed.</b> <input type="checkbox"/> ABN/Waiver NOT INDICATED <input type="checkbox"/> ABN/Waiver INCLUDED	
<b>Breast cancer testing</b> <input type="checkbox"/> Androgen receptor IHC by image analysis <input type="checkbox"/> ER/PR IHC by image analysis <input type="checkbox"/> HER2 IHC (may reflex to FISH) <input type="checkbox"/> HER2 FISH (may reflex to IHC) <input type="checkbox"/> Ki-67 IHC by image analysis <input type="checkbox"/> PD-L1 (combined positive score/CPS) - AHL <input type="checkbox"/> PIK3CA NGS assay (PIK3CA only)		<b>Lung cancer testing</b> <input type="checkbox"/> Lung Non-small cell carcinoma targeted NGS panel (ALK/BRAF/EGFR/ERBB2(HER2)/KRAS/HRAS/MET/NRAS/NTRK1/2/3/RET/ROS1) <input type="checkbox"/> EGFR Mutation analysis by PCR <input type="checkbox"/> PD-L1 (tumor proportion score/TPS/TC) - AHL	
<b>Gastrointestinal cancer testing</b> <input type="checkbox"/> Extended RAS/RAF and ERBB2 (HER2) NGS panel (BRAF/KRAS/NRAS/ERBB2) <input type="checkbox"/> GIST targeted NGS panel (KIT, PDGFRA, BRAF) <input type="checkbox"/> BRAF V600 by PCR <input type="checkbox"/> HER2 IHC (may reflex to FISH) <input type="checkbox"/> Ki-67 IHC by image analysis (neuroendocrine) <input type="checkbox"/> Mismatch repair IHC immunotherapy <input type="checkbox"/> Mismatch repair IHC Lynch screening (Reflex BRAF and/or MLH1 promoter methylation) <input type="checkbox"/> MLH1 promoter methylation by PCR* <input type="checkbox"/> Microsatellite Instability by PCR (use only if MMR IHC normal) <input type="checkbox"/> PD-L1 (combined positive score/CPS) - AHL		<b>Melanoma testing</b> <input type="checkbox"/> Melanoma BRAF NGS assay (BRAF only) <input type="checkbox"/> Melanoma targeted NGS panel (BRAF/KIT/NRAS/GNA11/GNAQ)	
<b>Gynecologic cancer testing</b> <input type="checkbox"/> ER/PR IHC by image analysis <input type="checkbox"/> HER2 IHC (may reflex to FISH) <input type="checkbox"/> Mismatch repair IHC immunotherapy <input type="checkbox"/> Mismatch repair IHC Lynch screening (Reflex MLH1 promoter methylation) <input type="checkbox"/> MLH1 promoter methylation by PCR <input type="checkbox"/> Microsatellite instability by PCR (use only if MMR IHC normal) <input type="checkbox"/> PD-L1 (combined positive score/CPS) - AHL		<b>Urothelial carcinoma testing</b> <input type="checkbox"/> Solid tumor targeted NGS panel (52 genes) <input type="checkbox"/> PD-L1 (combined positive score/CPS)	
		<b>Additional testing options</b> <input type="checkbox"/> Solid Tumor Targeted NGS panel (52 genes) <input type="checkbox"/> FGFR 1/2/3/4 NGS panel (FGFR1/FGFR2/FGFR3/FGFR4) <input type="checkbox"/> NTRK1/2/3 NGS panel (NTRK1/ NTRK2/ NTRK3) <input type="checkbox"/> Amyloid subtyping - MCL (AMPIP) <input type="checkbox"/> MGMT by PCR - MCL (MGMT) <input type="checkbox"/> Mismatch repair IHC immunotherapy <input type="checkbox"/> PD-L1 Keytruda/pembrolizumab (22C3) - NeoGenomics <input type="checkbox"/> PD-L1 Opdivo/nivolumab (28-8) - NeoGenomics <input type="checkbox"/> PD-L1 Tecentriq/atezolizumab (SP142) - NeoGenomics <input type="checkbox"/> PD-L1 (SP263, reports CPS or TPS/TC as appropriate) - AHL <input type="checkbox"/> PD-L1 LDT – NeoGenomics <div>Other testing (specify below) <input type="checkbox"/> _____</div>	
		<div>Affix RQ label here</div>	