



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

Facility Name: _____ Address: _____ Phone: _____ Provider Name: _____ -AND- Allina Health ID Number: _____ -OR- NPI #: _____ <input checked="" type="checkbox"/> Fax report to (_____) _____ - _____	DATE & TIME COLLECTED <hr/> PATIENT NAME: Last, First MI CHART # <hr/> GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female BIRTH DATE (mm-dd-yyyy) - - - <hr/> PATIENT ADDRESS: Street and city <hr/> STATE ZIP PATIENT PHONE () <hr/> <input type="checkbox"/> Attachments included for insurance information <i>*Note, all MVA and WC related labs will be billed to client regardless of insurance MEDICARE SECONDARY PAYER (MSP) INFORMATION REQUIRED</i> For Medicare patients with open WC or MVA claims, is this testing related to claims? <input type="checkbox"/> YES <input type="checkbox"/> NO <hr/> MEDICARE <hr/> MEDICAL ASSISTANCE NUMBER <hr/> INSURANCE CO. NAME or INDICATE SELF-PAY
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Provider:	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
Today's date:	Collection date:	SUBSCRIBER ID # GROUP #

Diagnosis:	Original case #:	Provider signature:
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Medical Necessity Statement: 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.

* Indicates coverage sensitive tests - ABN or waiver may be needed.
 ABN/Waiver NOT INDICATED ABN/Waiver INCLUDED

- Breast cancer testing**
- Androgen receptor IHC by image analysis
 - ER/PR IHC by image analysis
 - HER2 IHC (may reflex to FISH)
 - HER2 FISH (may reflex to IHC)
 - Ki-67 IHC by image analysis
 - PD-L1 (combined positive score/CPS) - AHL
 - PIK3CA NGS assay (PIK3CA only)

- Gastrointestinal cancer testing**
- Extended RAS/RAF and ERBB2 (HER2) NGS panel (BRAF/KRAS/NRAS/ERBB2)
 - GIST targeted NGS panel (KIT, PDGFRA, BRAF)
 - BRAF V600 by PCR
 - HER2 IHC (may reflex to FISH)
 - Ki-67 IHC by image analysis (neuroendocrine)
 - Mismatch repair IHC immunotherapy
 - Mismatch repair IHC Lynch screening (Reflex BRAF and/or MLH1 promoter methylation)
 - MLH1 promoter methylation by PCR*
 - Microsatellite Instability by PCR (use only if MMR IHC normal)
 - PD-L1 (combined positive score/CPS) - AHL

- Gynecologic cancer testing**
- ER/PR IHC by image analysis
 - HER2 IHC (may reflex to FISH)
 - Mismatch repair IHC immunotherapy
 - Mismatch repair IHC Lynch screening (Reflex MLH1 promoter methylation)
 - MLH1 promoter methylation by PCR
 - Microsatellite instability by PCR (use only if MMR IHC normal)
 - PD-L1 (combined positive score/CPS) - AHL

- Lung cancer testing**
- Lung Non-small cell carcinoma targeted NGS panel (ALK/BRAF/EGFR/ERBB2(HER2)/KRAS/HRAS/MET/NRAS/NTRK1/2/3/RET/ROS1)
 - EGFR Mutation analysis by PCR
 - PD-L1 (tumor proportion score/TPS/TC) - AHL

- Melanoma testing**
- Melanoma BRAF NGS assay (BRAF only)
 - Melanoma targeted NGS panel (BRAF/KIT/NRAS/GNA11/GNAQ)

- Urothelial carcinoma testing**
- Solid tumor targeted NGS panel (52 genes)
 - PD-L1 (combined positive score/CPS)

- Additional testing options**
- Solid Tumor Targeted NGS panel (52 genes)
 - FGFR 1/2/3/4 NGS panel (FGFR1/FGFR2/FGFR3/FGFR4)
 - NTRK1/2/3 NGS panel (NTRK1/ NTRK2/ NTRK3)
 - Amyloid subtyping - MCL (AMPIP)
 - MGMT by PCR - MCL (MGMT)
 - Mismatch repair IHC immunotherapy
 - PD-L1 Keytruda/pembrolizumab (22C3) - NeoGenomics
 - PD-L1 Opdivo/nivolumab (28-8) - NeoGenomics
 - PD-L1 Tecentriq/atezolizumab (SP142) - NeoGenomics
 - PD-L1 (SP263, reports CPS or TPS/TC as appropriate) - AHL
 - PD-L1 LDT - NeoGenomics

Other testing (specify below)

Affix
 RQ label
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