



1. ORDERING PHYSICIAN INFORMATION

Name _____ Practice Name _____

Address _____ NPI # _____

City _____ State/Province _____ Zip Code _____ Country _____

Phone _____ Fax _____

E-Mail _____

2. PATIENT INFORMATION

Last Name _____ First Name _____ MI _____ SSN # _____

Address _____

City _____ State/Province _____ Zip Code _____ Country _____

Phone _____ Fax _____

Male Female Birth Date ____ / ____ / ____

3. TREATING PHYSICIAN INFORMATION

Name _____

Phone _____ Fax _____

NPI # _____

E-Mail _____

4. PATHOLOGY SPECIMEN REQUEST Attach a Copy of the Pathology Report

Pathology Dept. _____ Phone _____ Fax _____

Specimen Block ID/Patient Pathology # _____

Patient's Medical Record # _____ Collection Date ____ / ____ / ____

Diagnosis(es) ICD9: _____ Staging/Grade: _____

Colon Lung Gastric GE Junction Melanoma

CHECK HERE - If specimen has been sent to Response Genetics.

IF SPECIMEN HAS NOT BEEN SENT - Response Genetics will request it.

5. BILLING INFORMATION Attach Copies of Insurance Cards (Front and Back)

Bill Medicare Medicare Number _____

Medicare only - Hospital status when sample collected.

Hospital Inpatient Hospital Outpatient Non-Hospital Patient

Bill Medicaid Medicaid Number _____

Bill Client Specify Group to be Billed _____

Bill Insurance Primary Insurance Company Name _____ PPO HMO POS

Insurance Phone Number: _____ Referral/Pre-Authorization # _____

Address: _____

Member ID # _____ Group # _____

Bill Insurance Secondary Insurance Attach Secondary Insurance Form

6. TESTS ORDERED (PCR/RT-PCR) - Unless otherwise indicated

ResponseDX: Lung®

ALL MARKERS - ERCC1, RRM1, KRAS Mutation, and EGFR Expression/Mutation TS, ALK break apart FISH (FDA Approved)

INDIVIDUAL MARKERS ERCC1 RRM1 KRAS Mutation
 TS EGFR Mutation EGFR Expression
 ALK break apart FISH (FDA Approved) EML4-ALK (RT-PCR)* *Must be ordered separately - not part of the lung panel.

ResponseDX: Melanoma™

ALL MARKERS - BRAF (V600E,V600K)

ResponseDX™: Other Tumor Types _____

KRAS Mutation BRAF Mutation EGFR Mutation

ResponseDX: Colon®

ALL MARKERS - ERCC1, TS, and KRAS Mutation, EGFR Expression, BRAF (Except MSI) PI3 Kinase, NRAS

INDIVIDUAL MARKERS ERCC1 TS KRAS Mutation
 BRAF Mutation EGFR Expression MSI* *Must be ordered separately - not part of the colon panel.
 NRAS PI3 Kinase

ResponseDX: Gastric™ (Includes GE Junction)

ALL MARKERS - ERCC1, TS, and HER2

INDIVIDUAL MARKERS ERCC1 TS HER2

7. PHYSICIAN CERTIFICATION

I hereby request and authorize Response Genetics to utilize the above information to process the tumor specimen for the indicated patient. I certify that I have obtained informed consent from the patient or his/her legally authorized representative in accordance with applicable laws including applicable genetic testing laws. I further certify that I will use and disclose the test results only as permitted by law.

SIGNATURE OF ORDERING PHYSICIAN _____

X _____

DATE _____ PRINT NAME _____

Does this patient give consent to the use of their sample for research? Yes No

Consent is implied if a box is not marked.