



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)

ResponseDX: Lung™

ALL MARKERS - ERCC1, RRM1, KRAS Mutation, and EGFR Expression/Mutation TS, EML4-ALK

INDIVIDUAL MARKERS ERCC1 RRM1 KRAS Mutation
 EML4-ALK TS EGFR Mutation EGFR Expression

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 _____

Procedure coding information is listed on the reverse side of this form.
 ICD-9 code ranges are listed on the reverse side of this form.

PATHOLOGY DEPARTMENT INSTRUCTIONS

The ordering physician has requested an analysis of tumor tissue by Response Genetics, Inc. A copy of the Physician Requisition Form is included with this document.

Specimen Requirements:

In order to perform this analysis, we require **either** of the following:

1. A formalin-fixed, paraffin-embedded block containing the patient's tumor tissue
 - Please include address for returning the block

Or
2.
 - 11 unstained slides
 - One unbaked, unstained 5 micron cut section on a regular slide for H&E staining
 - Label slide as 5 micron
 - 10 unbaked, unstained, 10 micron cut sections on regular slides
 - For small biopsies where total **tissue** area is <5 mm x 5 mm, place two sections on each slide
 - Air dry, don't oven dry
 - Don't use coverslips

We require a total tumor cell area of 5mm² excised from tissue sections 10-microns thick for analysis of our markers. This may require combining tumor cell areas from multiple sections.

Please include a copy of the pathology report

If you have any questions concerning the processing of this request, please call Customer Support at 323.224.3900 or 888.700.7110

SHIPPING INFORMATION

Ship all specimens to:

Response Genetics, Inc.

1640 Marengo Street, Suite 410

Los Angeles, CA 90033

Tel. 323.224.3900

888.700.7110

Fax 323.224.3096

REQUISITION FORM TEST CODES

Test	CPT Codes
Response DX: Lung All markers ERCC1, RRM1, KRAS Mutation, EGFR Expression/Mutation, TS, EML4-ALK	88323, 88381, 88313, 83907, 83891, 83902, 83898, 83896, 83912, 83900, 83901

Response DX: Colon All markers ERCC1, TS, KRAS Mutation, EGFR Expression, BRAF, NRAS PI3 Kinase	88323, 88381, 88313, 83907, 83891, 83902, 83898, 83896, 83912
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Response DX: Gastric All markers ERCC1, TS, and HER2	88323, 88381, 88313, 83907, 83891, 83902, 83898, 83896, 83912
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Response DX: Melanoma All markers BRAF (V600E,K)	88323, 88381, 88313, 83907, 83891, 83898, 83896, 83912
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Individual Marker Codes

ERCC1	88323, 88381, 88313, 83907, 83891, 83902, 83898, 83896, 83912
TS	88323, 88381, 88313, 83907, 83891, 83902, 83898, 83896, 83912
RRM1	88323, 88381, 88313, 83907, 83891, 83902, 83898, 83896, 83912
HER2	88323, 88381, 88313, 83907, 83891, 83902, 83898, 83896, 83912
EGFR Expression	88323, 88381, 88313, 83907, 83891, 83902, 83898, 83896, 83912
EGFR Mutation	88323, 88381, 88313, 83907, 83891, 83898, 83896, 83912, 83900, 83901
KRAS Mutation	88323, 88381, 88313, 83907, 83891, 83898, 83896, 83912
BRAF Mutation	88323, 88381, 88313, 83907, 83891, 83898, 83896, 83912

EML4-ALK	88323, 88381, 88313, 83907, 83891, 83902, 83898, 83896, 83912, 83900
MSI	88323, 88381, 88313, 83907, 83891, 83912, 83900, 83901, 83909
NRAS	88323, 88381, 88313, 83907, 83891, 83898, 83896, 83912
PI3 Kinase	88323, 88381, 88313, 83907, 83891, 83898, 83896, 83912

ICD-9 Code Ranges:	Lung: 162.0-162.9	Colon: 153.0-153.9	Gastric: 151.0-151.9	Esophagus: 150.0-150.9	Melanoma: 172.0-172.9
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