Test Requisition Form - NY Only

COMPLETE ENTIRE FORM TO AVOID DELAYS

PATHWAY GENOMICS®

	ACCESSION NO. (LAB USE ONLY)	SPECIMEN ID
		PLACE BARCODE HERE

PATIENT INFORMATION

NAME (LAST, FIRST, MI)	PRIMARY ETHNICITY (CHOOSE ONE) ☐ AFRICAN ☐ ASIAN ☐ CAUCASIAN ☐ HISPANIC	DOB (MM/DD/YY)	GENDER ☐ MALE ☐ FEMALE
ADDRESS (STREET, CITY, STATE, ZIP)		HEIGHT (IN)	WEIGHT (LB)
PHONE	EMAIL	MEDICATIONS	

ORDER AUTHORIZED BY

PHYSICIAN NAME	MEDICAL CREDENTIALS	NPI #
ADDRESS (STREET, CITY, STATE, ZIP)		
FACILITY NAME	PHONE	FAX

SPECIMEN INFORMATION (REQUIRED)

DATE OF COLLECTION	TIME OF COLLECTION
SPECIMEN TYPE ☐ SALIVA ☐ BUCCAL SWAB ☐ BLOOD (LAVENDER CAP)	
EMAIL (IF APPLICABLE)	

GENERAL HEALTH AND WELLNESS

☐ * PATHWAY FIT® (1679)

*** INCLUDES ONE DIET GUIDELINES REPORT AT NO ADDITIONAL COST:**
DIET GUIDELINES (CHOOSE ONE) ☐ STANDARD (1728) ☐ GLUTEN-FREE (1652) ☐ VEGETARIAN (1729) ☐ DAIRY-FREE (1730) ☐ PREGNANCY AND LACTATION (1363)

HEREDITARY CANCER * MUST BE AUTHORIZED TO ORDER AND MUST HAVE SUPPORTING CLINICAL HISTORY FORMS FILLED OUT TO COMPLETION

☐ BRCATRUE® (1829)	☐ BREASTTRUE® HIGH RISK PANEL® (1849)
☐ BRCATRUE® WITH REFLEX TO BREASTTRUE® HIGH RISK PANEL (1855)	☐ COLOTRUE® (1942)

SINGLE SITE (MUST ATTACH A COPY OF ORIGINAL TEST RESULT WITH VARIANT REQUESTED)

☐ SINGLE SITE ANALYSIS - SPECIFY GENE	SPECIFY VARIANT (HGVS NOMENCLATURE)	RELATIONSHIP TO PATIENT CARRYING VARIANT

PAYMENT OPTIONS (SIGNATURE REQUIRED)

☐ PATIENT PAY	☐ BILL INSURANCE (ATTACH FRONT AND BACK COPY OF INSURANCE CARD, CHART NOTES)	FIRST AND LAST NAME OF FINANCIALLY RESPONSIBLE PARTY IF NOT PATIENT (EG. PATIENT IS MINOR)	
☐ INVOICE PRACTICE	INSURANCE COMPANY NAME	POLICY NUMBER/MEMBER ID	**ICD-10 CODES FOR INSURANCE**

Patient Acknowledgment and Authorization for Insurance Billing and Report Release: If I have provided my insurance information for direct insurance/3rd party billing: **I hereby authorize my insurance benefits to be paid directly to Pathway Genomics Corporation (Pathway) and authorize Pathway to release medical information concerning my testing, including upon request my genetic testing results, to my insurer and any business associate of insurer (TPB, TPA, etc.).** I authorize Pathway to be my Designated Representative for purposes of appealing any denial of health benefits. I understand that I am responsible for any amounts Pathway bills directly to me, including amounts that my insurer determines are my responsibility after calculating deductibles, co-payments and co-insurance due under my policy. I understand that I am legally responsible for sending Pathway any money received from my health insurance company for performance of this genetic test.

▶ Patient Signature:_____ Date:_____

ORDERING HEALTHCARE PROFESSIONAL (SIGNATURE REQUIRED)

Informed Consent and Statement of Medical Necessity: I hereby confirm that the test(s) are medically necessary for the treatment and/or plan of care for the patient. I further hereby confirm that the information has been supplied about genetic testing and that an appropriate Pathway informed consent has been signed by the patient and is on file with the ordering healthcare professional.

Did patient opt-in for the use of their sample for research purposes in the consent? ☐ Yes ☐ No ▶ Physician Signature:_____ Date:_____

COMPATIBLE ICD-10 CODES

PATHWAY GENOMICS®

PATHWAYFIT®

ICD-10 Code	Description
E56.9	Vitamin deficiency, unspecified
E78.0	Pure hypercholesterolemia
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
E78.5	Hyperlipidemia, unspecified
E78.4	Other hyperlipidemia
E88.89	Other specified metabolic disorders
E78.89	Other lipoprotein metabolism disorders
E78.81	Lipoid dermatoarthritis
E88.9	Metabolic disorder, unspecified
E80.3	Defects of catalase and peroxidase
C96.6	Unifocal Langerhans-cell histiocytosis
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis

BREAST CANCER - HEREDITARY CANCER TESTS

C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
D05.90	Unspecified type of carcinoma in situ of unspecified breast
Z85.3	Personal history of malignant neoplasm of breast
Z80.3	Family history of malignant neoplasm of breast
Z80.8	Family history of malignant neoplasm of other organs or systems
Z84.81	Family history of carrier of genetic disease

OVARIAN CANCER - HEREDITARY CANCER TESTS

C56.9	Malignant neoplasm of unspecified ovary
C79.60	Secondary malignant neoplasm of unspecified ovary
D07.39	Carcinoma in situ of other female genital organs
N95.1	Menopausal and female climacteric states
Z85.43	Personal history of malignant neoplasm of ovary
Z80.41	Family history of malignant neoplasm of ovary

UTERINE CANCER - HEREDITARY CANCER TESTS

C55	Malignant neoplasm of uterus, part unspecified
C54.9	Malignant neoplasm of corpus uteri, unspecified
Z80.8	Family history of malignant neoplasm of other organs or systems

PROSTATE CANCER - HEREDITARY CANCER TESTS

C61	Malignant neoplasm of prostate
Z85.46	Personal history of malignant neoplasm of prostate
Z80.42	Family history of malignant neoplasm of prostate

SINGLE-SITE GENETIC TESTING - HEREDITARY CANCER TESTS

Z84.81	Family history of carrier of genetic disease

COLORECTAL CANCER - HEREDITARY CANCER TESTS

C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.5	Malignant neoplasm of splenic flexure
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C20	Malignant neoplasm of rectum
D12.6	Benign neoplasm of colon, unspecified
Z85.038	Personal history of other malignant neoplasm of large intestine
Z86.010	Personal history of colonic polyps
Z80.0	Family history of malignant neoplasm of digestive organs

PANCREATIC CANCER - HEREDITARY CANCER TESTS

C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
Z80.0	Family history of malignant neoplasm of digestive organs

OTHER CANCER SITES - HEREDITARY CANCER TESTS

C16.9	Malignant neoplasm of stomach, unspecified
C17.9	Malignant neoplasm of small intestine, unspecified
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C67.9	Malignant neoplasm of bladder, unspecified
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C66.9	Malignant neoplasm of unspecified ureter
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C73	Malignant neoplasm of thyroid gland
E03.9	Hypothyroidism, unspecified
Z80.0	Family history of malignant neoplasm of digestive organs
Z80.8	Family history of malignant neoplasm of other organs or systems

MELANOMA - HEREDITARY CANCER TESTS

C43.0	Malignant melanoma of lip
C43.10	Malignant melanoma of unspecified eyelid, including canthus
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.39	Malignant melanoma of other parts of face
D03.4	Melanoma in situ of scalp and neck
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified
Z80.8	Family history of malignant neoplasm of other organs or systems