HENRY FORD HEALTH®
CENTER FOR PRECISION DIAGNOSTICS

Pathology and Laboratory Medicine
Clinic Building, K6, Core Lab, E-655
2799 W. Grand Blvd.
Detroit, MI 48202
855.916.4DNA (4362)

HEREDITARY BREAST, OVARIAN AND OTHER CANCER PANELS

Required Patient Information

Name: _____ Gender: M F

MRN: _____ DOB: MM / DD / YYYY

ICD10 Code(s): _____/_____/_____

ICD-10 Codes are required for billing. When ordering tests for which reimbursement will be sought, order only those tests that are medically necessary for the diagnosis and treatment of the patient.

Ordering Physician Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

NPI: _____

Billing & Collection Information

Patient Demographic/Billing/Insurance Form is required to be submitted with this form. Most genetic testing requires insurance prior authorization.
Due to high insurance deductibles and member policy benefits, patients may elect to self-pay. Call for more information (855.916.4362)

❑ Bill Client or Institution — Client Name: _____ Client Code/Number: _____

❑ Bill Insurance — Prior authorization or reference number: _____

❑ Patient Self-Pay — Call for pricing and payment options Toll Free: 855.916.4362

Patient status at time of collection: ❑ Inpatient ❑ Outpatient Collection date: _____ Collection time: _____

Providers are responsible to obtain informed consent, as required by Michigan law, for predictive or pre-symptomatic genetic tests. Informed Consent form is attached to this requisition, please submit with sample.

Specimen/Source

❑ Peripheral blood in lavender (EDTA) top tube (minimum volume: 3 mL) | Specimen Stability: Ambient – 72 hours; Refrigerated – 1 week. **DO NOT FREEZE**

❑ Extracted DNA: ***ONLY ACCEPTED FROM CLIA CERTIFIED LABORATORIES***

Hereditary Breast and Ovarian Cancer Predisposition Panels

❑ **BRCA1/BRCA2 Full Sequencing and Full Deletions/Duplications (81162)**

❑ **Breast Cancer Risk Assessment & Management Panel - 13 genes (81162, 81307, 81321, 81323, 81404, 81405x2, 81406, 81408x2)**
ATM, BARD1, BRCA1, BRCA2, CDH1, CHEK2, PALB2, TP53, PTEN, NF1, RAD51C, RAD51D, STK11

❑ **Hereditary Breast/Ovarian Cancer Panel - 20 genes (81432, 81433)**
ATM, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, DICER, EPCAM, MLH1, MSH2, MSH6, NF1, PALB2, PMS2, PTEN, RAD51C, RAD51D, SMARCA4, STK11, TP53

❑ **Hereditary Multi-Cancer Risk Assessment Panel - 55 genes (81432, 81433, 81435, 81436, 81437, 81438)**
APC, ATM, AXIN2, BAP1, BARD1, BMPR1A, BRCA1, BRCA2, BRIP1, CDH1, CDK4, CDKN2A, CHEK2, DICER1, EPCAM, FH, FLCN, GREM1, HOXB13, KIT, MAX, MEN1, MET, MITF, MLH1, MLH3, MSH2, MSH3, MSH6, MUTYH, NF1, NTHL1, PALB2, PDGFRA, PMS2, POLD1, POT1, PTEN, RAD51C, RAD51D, RB1, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, STK11, TMEM127, TP53, TSC1, TSC2, VHL

❑ **Custom Hereditary Cancer Risk Panel (Call 313-916 -4362 for CPT codes)**
see Gene List on the reverse of this form

Other Hereditary Cancer Predisposition Panels

❑ **Hereditary Colorectal/ HNPCC Cancer Risk Panel - 21 genes (81435, 81436)** *APC, ATM, AXIN2, BMPR1A, CDH1, CHEK2, EPCAM, GREM1, MLH1, MLH2 , MLH3, MSH2, MSH3, MSH6, MUTYH, PMS2, POLD1, PTEN, SMAD4, STK11, TP53*

❑ **Hereditary Endometrial Cancer Risk Panel - 17 genes (81432, 81433)**
ATM, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, EPCAM, MLH1, MSH2, MSH6, PALB2, PMS2, PTEN, RAD51D, RAD51C , STK11, TP53

❑ **Hereditary Melanoma Panel- Expanded - 10 genes (81162, 81321, 81323, 81351, 81404)**
BAP1, BRCA1, BRCA2, CDK4, CDKN2A, MITF, POT1, PTEN, RB1, TP53

❑ **Hereditary Multi-Cancer Risk Assessment Panel - 55 genes (81432, 81433, 81435, 81436, 81437, 81438)**
APC, ATM, AXIN2, BAP1, BARD1, BMPR1A, BRCA1, BRCA2, BRIP1, CDH1, CDK4, CDKN2A, CHEK2, DICER1, EPCAM, FH, FLCN, GREM1, HOXB13, KIT, MAX, MEN1, MET, MITF, MLH1, MLH3, MSH2, MSH3, MSH6, MUTYH, NF1, NTHL1, PALB2, PDGFRA, PMS2, POLD1, POT1, PTEN, RAD51C, RAD51D, RB1, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, STK11, TMEM127, TP53, TSC1, TSC2, VHL

❑ **Hereditary Neuroendocrine Tumor Disorders Risk Panel - 15 genes (81437, 81438)**
FH, MAX, MEN1, MITF, NF1, RET, SHDA, SDHAF2, SDHB, SDHC, SDHD, TMEM127, TSC1, TSC2, VHL

❑ **Hereditary Prostate Cancer Panel - 16 genes (81408, 81662, 81403, 81292, 81294, 81295, 81297, 81298, 81300, 81307, 81317, 81319, 81351)**
ATM, BRCA1, BRCA2, BRIP1, CHEK2, EPCAM, HOXB13, MLH1, MSH2, MSH6, NBN, PALB2, PMS2, RAD51C, RAD51D, TP53

❑ **Hereditary Renal/Urinary Tract Cancer Panel - 27 genes (81292, 81295, 81298, 81307, 81317, 81321, 81404x2, 81405x4, 81406, 81407, 81438)**
BAP1, BUB1B, CDC73, CDKN1C, DICER1, DIS3L2, EPCAM, FH, FLCN, GPC3, MET, MLH1, MSH2, MSH6, PALB2, PMS2, PTEN, SDHA, SDHB, SDHC, SDHD, SMARCB1, TP53, TSC1, TSC2, VHL, WT1

❑ **Custom Hereditary Cancer Risk Panel (Call 313-916 -4362 for CPT codes)**
see Gene List on the reverse of this form

Other Test(s)

Send Additional Report To:

Name:

Phone #: Fax #:

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HEREDITARY BREAST, OVARIAN AND OTHER CANCER PANELS

Customized Hereditary Cancer Risk Panel (CPT codes vary by gene. Contact us for pricing on your custom panel)

❑ AIP	❑ BRCA2	❑ CEBPA	❑ EPCAM	❑ FANCA	❑ FANCL	❑ HRAS	❑ MUTYH	❑ PMS2	❑ RECQL4	❑ SDHD	❑ TSC1		
❑ ALK	❑ BRIP1	❑ CEP57	❑ ERCC2	❑ FANCB	❑ FANCM	❑ KIT	❑ NBN	❑ PRF1	❑ RET	❑ SLX4	❑ TSC2		
❑ APC	❑ BUB1B	❑ CHEK2	❑ ERCC3	❑ FANCC	❑ FH	❑ MAX	❑ NF1	❑ PRKAR1A	❑ RHBDF2	❑ SMAD4	❑ VHL		
❑ ATM	❑ CDC73	❑ CYLD	❑ ERCC4	❑ FANCD2	❑ FLCN	❑ MEN1	❑ NF2	❑ PTCH1	❑ RUNX1	❑ SMARCB1	❑ WRN		
❑ BAP1	❑ CDH1	❑ DDB2	❑ ERCC5	❑ FANCE	❑ GATA2	❑ MET	❑ NSD1	❑ PTEN	❑ SBDS	❑ STK11	❑ WT1		
❑ BLM	❑ CDK4	❑ DICER1	❑ EXT1	❑ FANCF	❑ GPC3	❑ MLH1	❑ PALB2	❑ RAD51C	❑ SDHAF2	❑ SUFU	❑ XPA		
❑ BMPR1A	❑ CDKN1C	❑ DIS3L2	❑ EXT2	❑ FANCG	❑ HOXB13 (G84)	❑ MSH2	❑ PHOX2B	❑ RAD51D	❑ SDHB	❑ TMEM127	❑ XPC		
❑ BRCA1	❑ CDKN2A	❑ EGFR	❑ EZH2	❑ FANCI	❑ HNF1A	❑ MSH6	❑ PMS1	❑ RB1	❑ SDHC	❑ TP53			

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The information below is required to perform Hereditary Cancer testing.

Required Patient Information

Name: _____ Gender: M F

MRN: _____ DOB: MM / DD / YYYY

Ordering Physician Information

Name: _____

Contact Phone Number : _____

Patient Ethnicity

- ❑ African American
  ex: African American, Ethiopian, Haitian, Jamaican
- ❑ Ashkenazi Jewish
- ❑ Asian
  ex: Asian Indian, Chinese, Filipino, Japanese, Korean
- ❑ Caucasian
  ex: English, French, German, Irish, Italian, Polish
- ❑ Hispanic, Latino, or Spanish origin
  ex: Colombian, Cuban, Mexican/Mexican American
- ❑ Middle Eastern or North African
  ex: Algerian, Egyptian, Iranian, Lebanese, Syrian
- ❑ Native American
  ex: Aztec, Inuit, Lakota, Navajo, Mayan, Purhepecha,
- ❑ Native Hawaiian or Other Pacific Islander
  ex: Chamorro, Fijian, Marshallese, Native Hawaiian
- ❑ Other:
  _____

Is this treatable, preventable, or neither? _____		
Will the results of the ordered test(s) affect treatment?	❑ Yes	❑ No
Has there been any genetic counseling?	❑ Yes	❑ No
Is there a known mutation in the family?	❑ Yes	❑ No

Specify family member name and relationship

Gene(s): _____ Mutation(s): _____

Include lab report and/or testing facility if possible.

Does the patient have a personal history of cancer?	❑ Yes	❑ No

Specify type(s): _____ Age at Diagnosis: _____

type(s): _____ Age at Diagnosis: _____

Is there a family history of cancer?	❑ Yes	❑ No

If checked "Yes", please describe in detail below or attach pedigree.

_____

_____

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