NxGen MDx | 801 Broadway Ave NW Suite 203, Grand Rapids, MI 49504
Ph: 855-776-9436 • Fax: 616-710-4667 • www.nxgenmdx.com

HEREDITARY CANCER TEST REQUISITION

Revised 3/28/23

Lab Barcode:
Lab Use Only

Patient Information

Name (First) (Last) DOB

Biological Sex ☐ M ☐ F Tel # ☐ Opt in for Text/Email

Email

Address

City State Zip

☐ Bone Marrow Transplant Recipient Type: ☐ Autologous ☐ Allogeneic

☐ Blood Transfusion Recipient Type: ☐ Whole Blood ☐ Packed red blood cells

Date MM / DD / YYYY

Specimen Collection
Date MM / DD / YYYY
Time Collected By:

Specimen Received
Date MM / DD / YYYY

Ordering Clinician Information

Billing Information

☐ **Option 1. Patient Insurance** *Please attach copy of insurance card to this form.*

Name of Insured Date of Birth MM / DD / YYYY

Member ID# Group#

Insurance Company

Patient Relationship to Insured: ☐ Self ☐ Spouse ☐ Child ☐ Other

☐ **Option 2. Self-Pay/Pre-Pay** *Fill out the credit card authorization form below.*

Name on Card CC#

Expiration Date Security Code ZIP/Postal Code

CC Signature

☐ **Option 3. Client Bill**

☐ **Option 4. Contact Patient with Estimated Cost of Test**
We will email and/or text the patient, asking them to call us so we can review their estimated cost of testing. If the patient does not respond within 24 hours NxGen MDx will run the test as ordered.

PATIENT ACKNOWLEDGEMENT

I acknowledge that the information provided by me is true and accurate. For direct insurance billing, I authorize my insurance benefits to be paid directly to NxGen MDx, LLC. I authorize NxGen MDx, LLC to release medical information concerning my testing to my insurance, to be a designated representative for appealing any denials and requesting additional records on my behalf. I understand that I am financially responsible for any amounts identified as deductible, copay, coinsurance, any amounts not covered and responsible for sending NxGen MDx LLC any monies received by my insurance.

Signature: **Date** MM / DD / YYYY

ACKNOWLEDGEMENT: REQUIRED BY PROVIDER

By signing this form, the medical professional (hereafter, the "Provider") acknowledges that the individual/family member authorized to make decisions for the individual (collectively, the "Patient") has been supplied information regarding and consented to undergo genetic testing, substantially as set forth in NxGen MDx's Informed Consent for Genetic Testing. If insurance billing was selected, the Patient has been further informed and authorizes NxGen MDx (hereafter, the "Laboratory") and its designees to release information concerning testing to their insurer in order to process and/or appeal claims. The Provider agrees to allow the Laboratory to transfer the information from this requisition to a letter of medical necessity and/or other documentation using the Provider's name as the signature. For amounts received directly, the Patient has agreed to remit payment to the Laboratory for testing services rendered. The Provider acknowledges that the Patient has agreed and that if the Patient's insurer does not reimburse the Laboratory in full for any reason, then the Laboratory may bill the Patient directly for the services, and the Patient will remit payment directly to the Laboratory. The Provider acknowledges that they offered pre-test genetic counseling to the Patient if required by their insurer. The Provider attests that they are authorized under applicable law to order this test.

Signature: **Date** MM / DD / YYYY

Hereditary Cancer Test

L = Lavender-top EDTA tube

L ☐ NxGen Hereditary Cancer Panel
L ☐ *BRCA1/BRCA2* Test
L ☐ Known Family Variant
L ☐ Other

Required: Include a copy of the family's known variant report

Patient Personal History of Cancer

☐ **NO PERSONAL HISTORY OF CANCER**
☐ **BREAST CANCER** ☐ Left ☐ Right Age of dx:
☐ **ENDOMETRIAL/UTERINE CANCER** Age of dx:
☐ **OVARIAN CANCER** Age of dx:
☐ **PROSTATE CANCER** Age of dx:
☐ **COLON/RECTAL CANCER** Age of dx:
☐ **COLON/RECTAL ADENOMAS (POLYS)** Age of dx:
☐ **HEMATOLOGIC CANCER** Age of dx:
☐ **OTHER CANCER** Type: Age of dx:
☐ **OTHER CANCER** Type: Age of dx:

Breast Cancer Risk Model Info

Patient Information ***Only complete for female patients NEVER diagnosed with breast cancer**

Height - ft: in: **Weight** - (lbs):

Age at time of first menstrual period:

Is patient: ☐ Pre-menopausal ☐ Peri-menopausal ☐ Post-menopausal **Age of onset:**

Has this patient had a live birth? ☐ No ☐ Yes **Patient's age at first child's birth:**

Has patient ever used Hormone Replacement Therapy? ☐ No ☐ Yes

If Yes, Treatment Type: ☐ Combined ☐ Estrogen only ☐ Progesterone only

If Yes, is patient a: ☐ **Current User:** Started years ago ☐ **Past User:** Stopped years ago
Intended use for more years

# of daughters: **# of sisters:** **# of maternal aunts (mother's sisters):**

# of paternal aunts (father's sisters):

Please indicate if the patient has had a breast biopsy showing one or more of the following results:

☐ N/A (No biopsy or none of the listed results) ☐ Hyperplasia ☐ Atypical Hyperplasia ☐ LCIS
☐ Biopsy with unknown or pending results

Family History of Cancer

☐ **None (maternal)** ☐ **None (paternal)** ☐ **Maternal history unknown** ☐ **Paternal history unknown**

ICD-10 CODES

		Maternal	Paternal
Mother	**Cancer site or polyp type** (Add # for colon/rectal adenomas) / Age of dx:		
Father	**Cancer site or polyp type** (Add # for colon/rectal adenomas) / Age of dx:		
Grandmother	**Cancer site or polyp type** (Add # for colon/rectal adenomas) / Age of dx:		
Grandfather	**Cancer site or polyp type** (Add # for colon/rectal adenomas) / Age of dx:		
Aunt	**Cancer site or polyp type** (Add # for colon/rectal adenomas) / Age of dx:		
Uncle	**Cancer site or polyp type** (Add # for colon/rectal adenomas) / Age of dx:		
Other			
	Cancer site or polyp type (Add # for colon/rectal adenomas) / Age of dx:		
	Cancer site or polyp type (Add # for colon/rectal adenomas) / Age of dx:		

Ethnicity

☐ Caucasian/White ☐ Asian
☐ Ashkenazi Jewish ☐ Hispanic
☐ African-American
☐ Other/Mixed

Insurance Ordering Checklist

☐ Clinic notes (with pedigree if available)
☐ ICD-10 code(s)
☐ Clinician & patient signatures
☐ Insurer-specific forms (i.e. ABN), if applicable
☐ Front/back copy of insurance card(s)

Patient Name: Patient DOB: Q351836

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NxGen MDx

HEREDITARY CANCER PANEL - GENES ANALYZED

Genes	Breast	Ovarian	Uterine	Colorectal	Gastric	Pancreatic	Prostate	Melanoma
APC				●	●	●		
ATM	●					●	●	
BARD1	●							
BMPR1A				●	●	●		
BRCA1	●	●				●	●	
BRCA2	●	●				●	●	●
BRIP1	●	●						
CDH1	●			●	●			
CDK4						●		●
CDKN2A (p14ARF) (p16INK4A)						●		●
CHEK2	●			●			●	
DICER1		●						
EPCAM		●	●	●	●	●	●	
FANCC	●					●		
GREM1				●				
MLH1		●	●	●	●	●	●	
MSH2		●	●	●	●	●	●	
MSH6		●	●	●	●	●	●	
MRE11A	●	●						
MUTYH				●				
NBN	●						●	
PALB2	●					●	●	
PMS2		●	●	●	●	●		
POLD1				●				
POLE				●				
PTEN	●		●	●				●
RAD51C		●						
RAD51D		●						
SMAD4				●	●	●		
SMARCA4		●						
STK11	●	●	●	●	●	●		
TP53	●	●	●	●	●	●	●	●

*Individual screening for each of these genes can be ordered.

ICD-10 Codes

PERSONAL HISTORY OF CANCER

C18.9	Malignant neoplasm of colon, unspecified
C43.9	Malignant melanoma of skin, unspecified
Z85.028	Personal history of malignant neoplasm of stomach
Z85.030	Personal history of malignant carcinoid tumor of large intestine
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.040	Personal history of malignant carcinoid tumor of rectum
Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus
Z85.07	Personal history of malignant neoplasm of pancreas
Z85.3	Personal history of malignant neoplasm of breast
Z85.42	Personal history of malignant neoplasm of other parts of uterus
Z85.43	Personal history of malignant neoplasm of ovary
Z85.46	Personal history of malignant neoplasm of prostate
Z86.000	Personal history of in-situ neoplasm of breast
Z86.010	Personal history of colonic polyps

FAMILY HISTORY OF CANCER

Z80.3	Family history of malignant neoplasm of breast
Z80.41	Family history of malignant neoplasm of ovary
Z80.42	Family history of malignant neoplasm of prostate
Z80.8	Family history of malignant neoplasm of other organs or systems
Z80.9	Family history of malignant neoplasm, unspecified
Z83.71	Family history of colonic polyps
Z84.81	Family history of carrier of genetic disease

LIMITED OR NO FAMILY HISTORY

Z15.01	Genetic susceptibility to malignant neoplasm of breast
Z15.04	Genetic susceptibility to malignant neoplasm of endometrium
Z15.02	Genetic susceptibility to malignant neoplasm of ovary
Z15.03	Genetic susceptibility to malignant neoplasm of prostate
Z15.09	Genetic susceptibility to other malignant neoplasm

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DEAR PATIENT,

Your doctor suggests genetic testing as an important tool in your personalized cancer surveillance and prevention plan. The NxGen MDx Hereditary Cancer test will help determine if a person has a significantly increased risk of developing certain cancers due to a pathogenic variant in a cancer-predisposing gene(s). Genetic testing allows for a more precise estimate of an individual's risk for hereditary cancer than personal and family history alone. In some cases, the results of this testing may also provide information about risks for non-cancer related medical conditions.

What is genetic testing?

The NxGen MDx Hereditary Cancer test is a laboratory test, performed on blood or other sample from an individual. This test will analyze a set of genes for genetic changes called variants. The genes included on this test are associated with several different types of cancer and are also associated with varying levels of cancer risks. Your health care provider's recommendations for your medical management could differ depending upon the test findings. Identification of a pathogenic variant in any gene does not imply that your medical management options will be covered by health insurance.

What will the test tell me?

There are several types of genetic test results, including:

Positive - A variant was identified in a gene(s) associated with increased cancer susceptibility. This may be indicative that you are at increased risk of developing cancer. The specific type(s) of cancer depend on the particular gene(s). Your health care provider will make cancer screening and medical management recommendations based on what is known about the gene(s) in which a variant was found.

Negative - No variants were identified in any of the genes tested. This may be indicative of a reduced likelihood that you have a variant in the genes tested. Your health care provider will make cancer screening and medical management recommendations based on your personal and/or family history.

Variant of Unknown Significance - An alteration was identified in one or more genes; however, there is not enough information to determine whether this change is associated with an increased risk for cancer. A thorough review of the variant and the associated literature may suggest that a variant is more likely to be disease-causing or benign. However, in some cases the significance remains unclear. Your health care provider will make cancer screening and medical management recommendations based on your personal and/or family history.

Non-discrimination for genetic testing:

Federal law (GINA) and laws in most states prohibit discrimination regarding employment eligibility, health benefits, or health insurance premiums based solely on genetic information. NxGen MDx complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Turnaround time:

The majority of NxGen MDx Hereditary Cancer tests are completed in 14 days. We will notify you in the unusual event results take longer than 21 days.

The NxGen MDx Hereditary Cancer test includes:

- Genetic result
- Personalized breast cancer risk assessment based on patient clinical and family history data
- Guideline-based (NCCN, CAPS, Amsterdam, and others) cancer management for both positive and negative results

If you have any questions regarding

- Your bill from NxGen MDx LLC
- The Explanation of Benefits (EOB) from your health insurance company
- If NxGen MDx is a participating provider of your health plan
- Setting up a payment plan for your deductible or co-pay
- Applying for our Patient Hardship Program

If you opt in for text messaging or email correspondence, please note that text messages and emails are not considered secure forms of communication. There is some risk that information in the text or email message could be read by others.

Please call NxGen MDx Billing Services at 855-776-9436. Please do not call your physician's office as they will not have information regarding these topics.

Need additional answers?

Our customer service department can be reached at 855-776-9436 between 8:30am and 7pm EST to address any of your concerns.
If you are positive for any of the conditions we screen for, our board-certified genetic counselors are available at your convenience during days, evenings, and weekends to help you understand your results and what they may mean for the future of your family.

Hereditary Cancer Test

L Lavender-top EDTA tube

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- L ☐ *BRCA1/BRCA2* Test
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