



PARADIGM REQUISITION
 445 North 5th Street, Suite 300
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 602-850-7080

PLEASE FAX TO 877-991-9720 OR EMAIL CUSTOMERSERVICE@PARADIGMDX.ORG

Please include the following with your submission:

- Signed Requisition
- Face Sheet/Billing Info
- Pathology Report
- Initial Clinical Hx
- Most Recent Progress Note
- ABN (Medicare Only)

Bill To: Client/Referring Institution Patient/Insurance

Medicare = In Patient on DOS Out Patient on DOS Non Patient on DOS

If patient or insurance information is not included or attached to this form, your facility will be billed. For Medicare patients classified as a hospital or outpatient on the date of service, charges must be billed to the referring client.

Patient Name Last	First	MI	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Patient Registration or Medical Record #	
Patient Address	City	State	ZIP	Home Phone #	Patient DOB
Policy Holders Name	Primary Insurance (Card Name)	Primary Policy/Contract #	Primary Group #	Policy Holders DOB	
Policy Holders Name	Secondary Insurance (Card Name)	Secondary Policy/Contract #	Primary Group #	Policy Holders DOB	

If patient has Medicare as insurance, please ensure ABN is completed by the patient and submitted with requisition.

Certificate of Medical Necessity/Consent/Reimbursement

The ordering physician's request of this test constitutes a Certificate of Medical Necessity and that the patient's consent has been obtained for the test and release of the result to the third party payer when necessary as part of the reimbursement process and for the laboratory to obtain follow-up information. Should insurance not cover and the patient or client receive a bill, please contact our client services for discounts or payment plans. We may not charge for the difference for the insurance's allowed amount and the list price although depending on the health plan, there may be patient financial responsibility, including co-payments and deductibles.

ICD-10 Codes

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

Ordering Physician to be contacted with results and/or questions

(See back for additional contacts for final report distribution)

Practice/Institution Name	Ordering Physician	NPI#	Email		
Address	City	State	ZIP	Phone	Fax
Office Contact	Phone	Email	Fax		

Specimen Retrieval Option

Unless specified, we will contact the pathology department indicated below to request your patient's specimen. Please check the box if you would like for us to NOT provide this service and your institution will arrange for specimen shipping.

Pathology Information

Practice/Institution Name	Pathologist Name				
Address	City	State	ZIP	Phone	Fax

Specimen Information

Primary Tumor Type (eg: Bladder, Breast, Lung)	Pathology Dx/Histology (eg: Adenocarcinoma, Squamous)	<input type="checkbox"/> Current Pathology Report Included/Attached
Anatomic Collection Site	Collection Date	Case/Specimen ID#
FFPE Specimen Type <input type="checkbox"/> Block <input type="checkbox"/> Slides <input type="checkbox"/> Shaves/Curls # ___ thickness: ___ & H&E slide		

Please be aware that the testing components for Paradigm PCDx may change over the course of time. Although we do our best to educate our clients on any testing changes, please refer to the requisition on our website for the most current list of biomarkers analyzed by tumor type.

PARADIGM CANCER DIAGNOSTIC (PCDx™) – PLEASE CHECK TESTING & REPORTING OPTION BELOW:

Includes NGS Analysis (DNA and RNA) + Tumor Specific IHC Panel

- BREAST:** AR, CAIX, hENT1, PD-L1, PTEN, TOPO1, TP
- COLON:** HER2, MGMT, PD-L1, PTEN TOPO1, (Mismatch Repair: MLH1, MSH2, MSH6, PMS2)
- NCSLC:** ALK, hENT1, MET, PD-L1, PTEN, ROS1, TOPO1, TP, TUBB3
- OTHER SOLID TUMORS:** CAIX, hENT1, HER2, PD-L1, TLE3, TOPO1, TP

Include NGS Analysis (DNA and RNA) Only

If IHC biomarkers are being requested in addition to those listed in the left selected panel please check below:

- ALK hENT1 MGMT PTEN TP
- AR HER2/neu PD1 ROS1 TRKpan
- CAIX IDO PD-L1 TLE3 TS
- ER MET PR TOPO1 TUBB3
- Mismatch Repair (includes 4 IHCs): MLH1, MSH2, MSH6, PMS2
- Perform full panel of orderable IHC Biomarkers

Additional Information

- Priority Turn-Around Second Submission
- Associated Study: _____

Ethnicity (check as many as apply)

- American Indian Pacific Islander White Hispanic
- Alaskan Native Asian Black Other (specify) _____

Treatment Status/History

Treatment Status	<input type="checkbox"/> New Diagnosis	<input type="checkbox"/> Recurrent/Progression/Metastasis
Current Therapy	<input type="checkbox"/> Chemo <input type="checkbox"/> Radiation <input type="checkbox"/> Immuno <input type="checkbox"/> Hormonal <input type="checkbox"/> Targeted <input type="checkbox"/> Other _____	
First Line	<input type="checkbox"/> Chemo <input type="checkbox"/> Radiation <input type="checkbox"/> Immuno <input type="checkbox"/> Hormonal <input type="checkbox"/> Targeted <input type="checkbox"/> Other _____	
Second Line	<input type="checkbox"/> Chemo <input type="checkbox"/> Radiation <input type="checkbox"/> Immuno <input type="checkbox"/> Hormonal <input type="checkbox"/> Targeted <input type="checkbox"/> Other _____	
Third Line	<input type="checkbox"/> Chemo <input type="checkbox"/> Radiation <input type="checkbox"/> Immuno <input type="checkbox"/> Hormonal <input type="checkbox"/> Targeted <input type="checkbox"/> Other _____	

Physician Signature	Print Name	Date
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PARADIGM CANCER DIAGNOSTIC (PCDX™) – SPECIMEN REQUIREMENTS

Formalin Fixed Paraffin Embedded (FFPE) Samples

PCDX™ TESTING	SAMPLE TYPE	SPECIMEN REQUIREMENTS	TUMOR CONTENT		SAMPLE SIZE	
			OPTIMAL	MINIMAL	OPTIMAL	MINIMAL
NGS Analysis	Paraffin Block	(1) FFPE block from most recent surgery or biopsy, containing the most amount of tumor, excluding bone.	40%	10%*	75 mm ³ (5 mm x 5 mm x 3 mm) or 4 to 6 needle biopsies	One (1) core needle with 10% tumor (10mm x 2mm x 1mm) * RISK THAT FULL PROFILE CANNOT BE PERFORMED
	Shaves/Curls	(6-10) 10 micrometer thick freshly cut curls along with H&E stained section of same block.				
	Slides	(12-20) 4 or 5 micrometer unbaked, unstained slides, or (6-10) 10 micrometer unbaked, unstained slides.				
NGS Analysis & IHC	Paraffin Block	(1) FFPE block from most recent surgery or biopsy, containing the most amount of tumor, excluding bone.	40%	10%*	75 mm ³ (5 mm x 5 mm x 3 mm) or 4 to 6 needle biopsies	One (1) core needle with 10% tumor (10mm x 2mm x 1mm) * RISK THAT FULL PROFILE CANNOT BE PERFORMED
	Shaves/Curls & Unstained Slides	(6-10) 10 micrometer thick freshly cut curls along with H&E stained section of same block & (7-25) 4 micrometer, freshly cut, unstained, unbaked, sections on positively charged slides, or (1) Slide per IHC selected +1				

* PARADIGM CUSTOMER SERVICE WILL CONTACT THE ORDERING PHYSICIAN IF THE SPECIMEN RECEIVED FOR TESTING DOES NOT MEET OUR ESTABLISHED REQUIREMENTS.

Testing Prioritization

In the case where the sample is inadequate to run the entire analysis, the priority of testing will be:

- 1.) DNA for mutations, copy number variations and chromosomal changes,
- 2.) RNA for mRNA expression and
- 3.) Protein by IHC

Additional contacts to receive results and/or questions					
Name	Ordering Physician		NPI#	Email	
Address	City	State	ZIP	Phone	Fax
Name	Ordering Physician		NPI#	Email	
Address	City	State	ZIP	Phone	Fax

Exclusions
<input type="checkbox"/> Please do not run or report the following genes:

