

CLIENT/PHYSICIAN INFORMATION

Gray highlighted areas are required fields

A

PATIENT INFORMATION

DOB / / MRN/Patient ID #

B

Patient Name (Last, First) Address: City State ZIP Primary Phone Alternative Phone Email Ethnicity: White (non-Hispanic) White (Hispanic) Black/African Asian Unknown Other

BILLING INFORMATION

Please provide a copy of both sides of the insurance cards and/or a copy of the patient demographics sheet. Gray highlighted areas are required fields

C

Billing Type Private Insurance Medicare Patient Other Select ICD-10 Code C61 Neoplasm of the Prostate Other BILL TO INSURANCE Medical Necessity Established Date of Discharge Primary Insurance Name of Insured Relationship to Patient Subscriber ID # Group # Secondary Insurance Name of Insured Relationship to Patient Subscriber ID # Group #

PATHOLOGY/SPECIMEN INFORMATION

Please provide a copy of the Pathology Report

D

Laboratory Telephone Fax Submitting Pathologist Specimen ID # Number of Blocks Please return block(s) to: Address City State ZIP Telephone Fax

AUTHORIZATION

E

I confirm that this test is medically necessary and results will be used for treatment decisions and medical management for the patient. I hereby authorize testing and an informed consent has been obtained. I confirm that I have on file the patient's assignment of benefits authorizing benefits to be paid to ancillary service providers such as GenomeDx Biosciences. I authorize GenomeDx to release information provided by me to process the claim for this service. As part of the Decipher testing, additional genomic information will be collected and provided upon patient request as research use only (RUO) data. Please read the reverse side under Decipher GRID® for details.

For Medicare Beneficiaries: I further certify that I have completed requisite training and have enrolled in the GenomeDx CTR program for the Decipher Prostate Cancer Classifier Post-Op. The patient Medicare eligibility criteria is provided on the back side of this form.

Print Name Date SIGNATURE

Additional Physicians Requiring Results - Name Telephone Fax

DECIPHER GRID PROSTATE Check here if the patient has requested a copy of their RUO data, i.e., GRID Tumor RNA Expression Profile. This can be requested at any time.

DECIPHER TESTING

Gray highlighted areas are required fields

F

Clinical History Family History of Prostate Cancer



Date of Biopsy Most Recent PSA Gleason Score on Current Biopsy Grade Group Clinical Stage T1a T1b T1c T2a T2b T2c T3a T3b T4 Radiation and/or Hormone Therapy Prior to Biopsy: Yes No Please include any medical notes

Biopsy Pre-Decipher Treatment Recommendations - Check all that apply: Observation Active Surveillance RP PLND RT EBRT Brachytherapy Short Term ADT Long Term ADT Other



Clinical Information - Check all that apply: Bladder Neck Invasion High Gleason Score (≥7)\* Positive Surgical Margins Rising PSA/Biochemical Recurrence Tertiary Gleason 5\* Extraprostatic Extension Lymph Node Involvement\* Perineural/Lymphovascular Invasion\* Seminal Vesicle Invasion Pre-Operative PSA (≥20ng/mL)\* Other\*

Post-Op Date of Prostatectomy Pre-Operative PSA Gleason Score Grade Group Pre-Decipher Treatment Recommendations - Check all that apply: Observation with PSA Monitoring Adjuvant RT Salvage RT Adjuvant ADT Salvage ADT Other Radiation and/or Hormone Therapy Prior to Surgery: Yes No Evidence of Distant Metastasis: Yes No Please include any medical notes

Lab use only

PLEASE FAX TO: 855-324-2768 OR EMAIL TO: orders@genomedx.com

10355 Science Center Dr., Suite 240 San Diego, CA 92121 888-792-1601 customersupport@genomedx.com



## Decipher® Requisition Form Instructions

- A. Client/Physician Information** – Verify contact information. Provide correct information if missing or incorrect.
- B. Patient Information** – Enter patient name and date of birth as they are required to perform the test. Patient address information is necessary for billing purposes. If you are providing patient information with a copy of a face sheet, you must still enter patient name and date of birth.
- C. Billing Information** – Please indicate the billing type. If patient has Medicare, please enter the date of discharge. The ICD-10 diagnosis codes must be defined for the most detailed level of specificity available. Please refer to your ICD-10 manual for a complete listing.

C61	MALIG NEO PROSTATE	N40.0	BPH WO OBSTRUCT OR LOWER UT SYMPTOM	D07.5	CA IN SITU PROSTATE
D36.0	BENIGN NEO LYMPH NODES	N39.3	STRESS INCONTINENCE MALE	N13.9	URINARY OBSTRUCTION UNSPEC
N40.1	BPH W OBSTRUCT OR LOWER UT SYMPTOM	N51	PROSTATITIS IN DISEASE	N41.9	UNS PROSTATITIS
R97.20	ELEVATED PROSTATE SPECIFIC ANTIGEN (PSA)	Z85.46	PERSONAL HIST OF MALIG NEO PROSTATE	R97.21	RISING PSA FF TX FOR MALIG NEO PROSTATE

Select the party responsible for payment of the Decipher test. GenomeDx will submit claims to all private insurance, Medicare and other government plans for insured patients.

- D. Pathology/Specimen Information** – Enter pathologist name, specimen information, and pathology laboratory contact information. The requested information is required in order to run the Decipher test. Ensure a copy of the biopsy pathology report (Decipher Biopsy) or surgical pathology report (Decipher Post-Op) is provided along with the requisition form.
- E. Authorization** – Please sign, date and fax or email the test requisition form to GenomeDx Biosciences to the fax number provided.
- ATTENTION: Signing or submitting this form constitutes a certification of the following:
- With respect to tests reimbursed by Medicare, Medicaid or other third party payers, the Decipher test is medically necessary and the results will be used in addition to other clinical information in the management of the patient's condition.
  - If the ordering physician is not the treating physician, the ordering physician confirms that the treating physician has deemed the Decipher test medically necessary and the results will be used in addition to other clinical information in the management of the patient's condition.
- F. Decipher Testing** – Please provide the requested clinical history. Select Decipher Biopsy or Decipher Post-Op. If ordering Decipher Biopsy, identify the patient's date of biopsy, most recent PSA, Gleason score (and/or Gleason grade group), and clinical stage, along with the pre-Decipher test recommendations. If selecting the Decipher Post-Op, identify the patient's clinical information, date of prostatectomy, pre-operative PSA, Gleason score (and/or Gleason grade group) and pre-Decipher treatment recommendations. Known risk factors for prostate cancer metastasis include: a familial history of prostate cancer (i.e., brother, father or first degree relative), African heritage, preoperative PSA  $\geq 20$  ng/mL, Gleason score  $\geq 7$ , tertiary Gleason 5, perineural or lymphovascular invasion, positive surgical margins, extraprostatic extension, seminal vesical involvement, bladder neck invasion, lymph node involvement, rising PSA or biochemical recurrence.

## Medicare Indications for Decipher Post-Op

Medicare Beneficiaries Eligibility--LCD ID L36343

The Decipher Post-Op assay is covered by Medicare only when the following clinical conditions are met:

- Patient has no evidence of distant metastasis, **and**
- Patient has achieved initial PSA nadir (defined as undetectable PSA) within 4-6 weeks after RP, **and**
- Patient has not received any neoadjuvant treatment prior to surgery, **and**
- Pathological stage T2 disease with a positive surgical margin, **or**
- Pathological stage T3 disease (e.g., extraprostatic extension, seminal vesicle invasion, bladder neck invasion), **or**
- Rising PSA or Biochemical Recurrence

## Additional Indications for Decipher Post-Op (Not Covered by Medicare. For all other insurances, prior authorization required.)

- High Preoperative PSA (e.g., PSA  $\geq 20$  ng/mL), **or**
- High Gleason score disease (e.g., Gleason 7 to 10 or Tertiary Gleason pattern 5), **or**
- Perineural and/or lymphovascular invasion, **or**
- Lymph node involvement



## Decipher® Description

Decipher uses oligonucleotide microarrays to measure 22 RNA expression biomarkers, extracted from formalin-fixed paraffin embedded (FFPE) prostate specimens. Decipher testing on biopsy specimens derives the probability of high grade (primary Gleason 4 or 5), 5-year probability of clinical metastasis, and prostate cancer specific mortality. The Decipher score ranges from 0 to 1.0. Decipher is intended for use by the physician and patient as an adjunct to conventional clinical and pathological variables and models currently used for determining prognosis and treatment of prostate cancer patients at time of biopsy and/or after radical prostatectomy.

Decipher testing on radical prostatectomy specimens derives the 5-year probability of clinical metastasis after radical prostatectomy. Decipher is intended for use in patients with NCCN low to NCCN high-risk biopsy, and high-risk postoperative features to impact treatment decision making. For more information, visit DecipherTest.com.



## Decipher GRID® - RUO DATA

The Decipher technology platform collects up to 1.4 million data points for each patient when the Decipher test is performed. Patients can access their genomic data at any time by requesting it from their ordering physician or contacting GenomeDx directly. The genomic data will be securely stored in the Decipher GRID database, and will be de-identified prior to research use. For more information, visit DecipherGRID.com

## Contact Information

**Phone:** Customer Support Toll-Free: 1-888-792-1601 • US Toll-Free Fax: 1-855-324-2768 • **Web:** GenomeDx.com/DecipherTest.com  
**Address:** GenomeDx Biosciences Laboratory, 10355 Science Center Drive, Suite 240, San Diego, CA 92121

The GenomeDx Biosciences Laboratory is licensed for high complexity testing under the Clinical Laboratory Improvement Amendments of 1988 (CLIA).