

POST-TEST TREATMENT - FORM 2

DECIPHER® CERTIFICATION AND TRAINING REGISTRY (DECIPHER CTR)

Date: _____

Patient's Name: _____ Date of Birth: _____

Physician's Name: _____

Physician's Address: _____ City: _____ State: _____ Zip: _____

Local Coverage Decision (LCD) L36343 requires that healthcare providers who are registered in the Decipher Prostate Cancer Classifier Certification and Training Registry (Decipher Prostate Cancer Classifier CTR) collect and report data to CMS MoIDx contractor on those Medicare patients tested under the Decipher Prostate Cancer Classifier CTR.

This Post-Test Treatment form is provided in order to capture treatment administered to the Medicare patients after Decipher test results have been provided to the physician.

GenomeDx has agreed to receive these reports for the purpose of reporting to CMS MoIDx contractor on your behalf in compliance with the LCD. To protect the confidentiality of protected health information (PHI), all data collected will be de-identified and aggregated for reporting to CMS MoIDx contractor. If you have any questions, you may contact GenomeDx Customer Service at 1.888.792.1601.

Decipher Accession #: _____

Patient's Date of Birth: _____ Date of Last Follow up: _____

1. Physician treatment recommendations physician and patient agreed upon (post-Decipher testing):

- | | |
|---------------------------------|------------------|
| Observation with PSA Monitoring | Salvage RT + ADT |
| Adjuvant RT | ADT Alone |
| Salvage RT | Adjuvant ADT |
| Adjuvant RT + ADT | Other _____ |

2. Did the patient comply with Management Plan?

Yes No Please explain:

To the best of my knowledge, the information above is accurate.

Healthcare Provider Signature: _____ Date: _____

Healthcare Provider Name (please print): _____ NPI #: _____

Healthcare Provider Phone Number: _____ Email: _____