DECIPHER PROSTATE

Required fields highlighted in yellow

Prostate Test Requisition

CLIENT/PHYSICIAN INFORMATION

A

PATIENT INFORMATION

B

DOB ____/____/____ (Month / Day / Year) MRN/Patient ID # _____

Patient Name (Last, First) _____ Primary Phone ___-___-____ Alternative Phone ___-___-____

Address: _____ City _____ State ___ ZIP _____ Email _____

Ethnicity: ☐ White (non-Hispanic) ☐ White (Hispanic) ☐ Black/African ☐ Asian ☐ Unknown ☐ Other _____

BILLING INFORMATION

C

Please provide a copy of both sides of the insurance card(s) and/or a copy of the patient demographics sheet.

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 ____/____/____ (Month / Day / Year)

(Additional ICD-10 Codes listed on the back side of this form)

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

D

Please provide a copy of the Pathology Report

Laboratory _____

Telephone ___-___-____ Fax ___-___-____ Specimen ID # _____

DECIPHER TESTING

Required fields highlighted in yellow

E

Clinical History ☐ Family History of Prostate Cancer

DECIPHER PROSTATE BIOPSY

☐ **Biopsy**

Date of Biopsy ____/____/____ (Month / Day / Year) Most Recent PSA _____ Gleason Score on Current Biopsy ___ (___+___) or Grade Group ___

Clinical Stage *(select one)* ☐ T1a ☐ T1b ☐ T1c ☐ T2a ☐ T2b ☐ T2c ☐ T3a ☐ T3b ☐ T4

Radiation and/or Hormone Therapy Prior to Biopsy: ☐ Yes ☐ No Medical notes: _____

Decipher Prostate Biopsy is accepted for patients categorized as NCCN Very Low, Low, Favorable Intermediate or Unfavorable Intermediate.

Pre-Decipher Biopsy Treatment Recommendations - *Check all that apply:* ☐ Observation ☐ Active Surveillance ☐ RP ☐ PLND

RT (☐ EBRT ☐ Brachytherapy) ☐ Short Term ADT ☐ Long Term ADT ☐ Other _____

DECIPHER PROSTATE RP

☐ **RP**

Clinical Information – *Check all that apply:*

☐ Positive Surgical Margins ☐ Seminal Vesicle Invasion ☐ Rising PSA/Biochemical Recurrence

☐ Extraprostatic Extension ☐ Bladder Neck Invasion

Date of Prostatectomy ____/____/____ (Month / Day / Year) Pre-Operative PSA _____ Gleason Score _____ (___+___) Grade Group _____

Pre-Decipher RP Treatment Recommendations - *Check all that apply:* ☐ Adjuvant RT ☐ Salvage RT

☐ Observation with PSA Monitoring ☐ Adjuvant ADT ☐ Salvage ADT ☐ Other _____

Radiation and/or Hormone Therapy Prior to Surgery: ☐ Yes ☐ No Medical notes: _____

Evidence of Distant Metastasis: ☐ Yes ☐ No

AUTHORIZATION

F

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. I understand that, 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 being tested with Decipher Prostate RP: I further certify that I have completed requisite training and have enrolled in the GenomeDx CTR program for the Decipher Prostate RP. The patient Medicare eligibility criteria is provided on the back side of this form.

Print Name _____ Date ____/____/____ (Month / Day / Year) **SIGNATURE** _____

Additional Physician 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.

Lab use only

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

GENOMEDX
10355 Science Center Dr., Suite 240
San Diego, CA 92121
888.792.1601
customersupport@genomedx.com

© 2017 GenomeDx Biosciences Corp.

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 code(s) 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 Prostate Biopsy) or surgical pathology report (Decipher Prostate RP) is provided along with the requisition form.

E. Decipher Testing - Please provide the requested clinical history. Select Decipher Prostate Biopsy or Decipher Prostate RP . If ordering Decipher Prostate 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. Decipher Prostate Biopsy is accepted for patients categorized as NCCN Very Low, Low, Favorable Intermediate or Unfavorable Intermediate. If selecting the Decipher Prostate RP, identify the patient's clinical information, date of radical 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 ≥20 ng/mL, Gleason score ≥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.

F. Authorization – Please sign, date and fax or email the test requisition form to GenomeDx Biosciences to the fax number or email address provided.

ATTENTION: Signing or submitting this form constitutes a certification of the following:

a. 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.

b. 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.

Medicare Indications for Decipher Prostate RP

Medicare Beneficiaries Eligibility--LCD ID L36343
The Decipher Prostate RP 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 30 days 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

DECIPHER BY GENOMEDX

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 BY GENOMEDX

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).

© 2017 GenomeDx Biosciences Corp.