

CLIENT/PHYSICIAN INFORMATION

A

PATIENT INFORMATION

B

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

DOB MRN/Patient ID # Primary Phone Alternative Phone Email

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 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

E

Required fields highlighted in yellow

Clinical History Family History of Prostate Cancer Date of Biopsy Most Recent PSA Gleason Score on Current Biopsy Clinical Stage Radiation and/or Hormone Therapy Prior to Biopsy Decipher Prostate Biopsy is accepted for patients categorized as NCCN Very Low, Low, or Favorable 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 Clinical Information - Check all that apply: Positive Surgical Margins Seminal Vesicle Invasion Rising PSA/Biochemical Recurrence Extraprostatic Extension Bladder Neck Invasion Date of Prostatectomy 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 # Lymph Nodes Removed # Lymph Nodes Positive

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 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 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 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 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, or Favorable Intermediate. If selecting the Decipher Prostate RP, identify the patient's clinical information, date of radical prostatectomy, pre-operative PSA, Gleason score (and/or 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, pre-operative 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.
- 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:

- 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.

## Medicare Indications for Decipher Prostate RP

Medicare Beneficiaries Eligibility--LCD ID L35868

The Decipher Prostate RP assay is covered by Medicare only when the following clinical conditions are met:

- Patient with prostate cancer who has undergone a RP within the previous 60 months and is being considered for postoperative secondary therapy due to one or more cancer recurrence risk factors, **and**
  - Patient must have achieved initial PSA nadir (defined as PSA at or below 0.2 ng/ml) within 120 days of RP surgery, **and**
  - Patient must not have any evidence of distant metastasis, **and**
  - Patient must not have received any neoadjuvant treatment prior to surgery, **and**
  - Decipher GC is performed on a patient's RP specimen, **and**
- Patient's surgical pathology report or medical records must have documented presence of adverse pathology:
- o Pathological stage T2 disease with a positive surgical margin, or
  - o Pathological stage T3 disease (e.g., extraprostatic extension, seminal vesicle invasion, bladder neck invasion), or
  - o Rising PSA after initial PSA nadir, **and**
- Testing has been ordered by a physician who is certified in the GenomeDX Decipher Certification and Training Registry (CTR)



## 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 disease (primary Gleason 4 or 5), 5-year probability of clinical metastasis, and 10-year 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 and 10-year prostate cancer specific mortality after radical prostatectomy. Decipher Prostate Biopsy is accepted for patients categorized as NCCN Very Low, Low, and Favorable Intermediate. Decipher Prostate RP is intended for high-risk post-operative 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).