

DECIPHER PROSTATE

DECIPHER PROSTATE REQUISITION FORM
 Fax: 1.855.324.2768 (Toll-Free) or 1.858.408.7420 (Direct)
 Email: orders@deciphergene.com

BLUE HIGHLIGHTED AREAS ARE REQUIRED FIELDS

PATIENT INFORMATION

| | | |
|------------------|--------------------------|------------------|
| Patient Name | | |
| DOB (MM/DD/YYYY) | Patient Medical Record # | Race / Ethnicity |

ORDERING PHYSICIAN INFORMATION

| | |
|--------------------------------------|-----|
| Office / Practice / Institution Name | |
| Street Address / City / State / ZIP | |
| Telephone | Fax |
| Ordering Physician | NPI |

DECIPHER TESTING. Select Decipher Prostate Biopsy OR Decipher Prostate RP.

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|--|---|
| <input type="checkbox"/> Decipher Prostate Biopsy See reverse side for test description. | |
| Most Recent PSA (ng/mL) | Date of Biopsy (MM/DD/YYYY) |
| Clinical Stage (Select one) <input type="checkbox"/> T1c <input type="checkbox"/> T2a <input type="checkbox"/> T2b <input type="checkbox"/> T2c <input type="checkbox"/> Other _____ | Image-Guided Fusion Biopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Evidence of Distant Metastasis or Lymph Node Involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No | Radiation and/or Hormone Therapy Prior to Biopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No |

OR

| | | |
|--|--|---|
| <input type="checkbox"/> Decipher Prostate RP See reverse side for test description. | | |
| Date of RP Surgery (MM/DD/YYYY) | Radiation and/or Hormone Therapy Prior to Surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | Evidence of Distant Metastasis? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Clinical Information (select all that apply) <input type="checkbox"/> Positive Surgical Margins <input type="checkbox"/> Extraprostatic Extension <input type="checkbox"/> Seminal Vesicle Invasion <input type="checkbox"/> Bladder Neck Invasion <input type="checkbox"/> Rising PSA / Biochemical Recurrence | | |
| Pre-Decipher RP Treatment Recommendations (select all that apply) <input type="checkbox"/> Observation with PSA Monitoring <input type="checkbox"/> Adjuvant RT <input type="checkbox"/> Adjuvant ADT <input type="checkbox"/> Salvage RT <input type="checkbox"/> Salvage ADT <input type="checkbox"/> Other _____ | | |

PATHOLOGY / SPECIMEN INFORMATION. Complete only if pathology report is not attached.

| | | | |
|------------|-------------|-----------|-----|
| Laboratory | Specimen ID | Telephone | Fax |
|------------|-------------|-----------|-----|

BILLING INFORMATION

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| ICD-10 Primary Diagnosis Code(s) <input type="checkbox"/> C61 MALIGN NEO PROSTATE <input type="checkbox"/> R97.20 ELEVATED PSA <input type="checkbox"/> D07.5 CA IN SITU PROSTATE <input type="checkbox"/> Other _____ | Bill Type <input type="checkbox"/> Insurance <input type="checkbox"/> Self-Pay <input type="checkbox"/> Medicare - Part B <input type="checkbox"/> Client Bill | Secondary Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | Patient Status (for Medicare patients) <input type="checkbox"/> Outpatient <input type="checkbox"/> Hospital Inpatient - Date of Discharge _____ |
|--|--|--|--|

PHYSICIAN SIGNATURE AND LETTER OF MEDICAL NECESSITY

| | |
|---|-------------------|
| Medical Justification <input type="checkbox"/> Patient is a potential candidate for Active Surveillance, genomic testing is indicated <input type="checkbox"/> Patient presents with adverse pathological finding(s) after surgery, genomic testing is indicated <input type="checkbox"/> Patient has persistent/recurrent PSA after surgery, genomic testing is indicated | |
| I confirm that this test is medically necessary and results will be used for treatment decisions and medical management for the patient. Decipher enables me to determine which patients may be safely surveilled or observed and which patients should be considered for aggressive management such as radiation therapy and/or hormone therapy. Decipher helps me and my patient determine the best clinical course for management of his prostate cancer. 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. 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 as part of Decipher GRID and provided upon patient request as research use only (RUO) data. 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.) | |
| Ordering Physician Signature | Date (MM/DD/YYYY) |

DECIPHER GRID

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| <input type="checkbox"/> 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. |
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THE FOLLOWING MUST BE ATTACHED

- Demographic / face sheet
- Most recent office note
- Pathology report
- Copy of insurance card(s), if applicable
- The last three PSA results if Decipher is being ordered for Rising PSA / Biochemical recurrence

DECIPHER PROSTATE BIOPSY AND DECIPHER PROSTATE RP DESCRIPTIONS

Decipher® uses an oligonucleotide microarray to measure the expression of up to 1.4 million RNAs (e.g., mRNA, lncRNA) extracted from formalin fixed paraffin embedded (FFPE) prostate specimens. Decipher testing on tumor specimens provides the probability of high grade disease (primary Gleason 4 or 5, biopsy specimens only), 5-year probability of clinical metastasis, and 10-year prostate cancer specific mortality. A gene expression signature is used to generate the Decipher score, which 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 currently used for determining prognosis and treatment of prostate cancer patients at time of biopsy or after radical prostatectomy (RP).

- Decipher Prostate Biopsy predicts a patient's risk for metastasis or prostate cancer mortality, as well as adverse pathology at RP, using the gene expression profile of FFPE prostate cancer tissue samples collected at biopsy. Decipher Prostate Biopsy classifies as low risk those who may be safely followed with active surveillance, or as high risk those who would potentially benefit from immediate treatment.
- Decipher Prostate RP predicts a patient's risk for metastasis or prostate cancer mortality for men with adverse pathology or PSA persistence / recurrence following RP using the gene expression profile of FFPE prostate cancer tissue samples collected at RP. Decipher Prostate RP classifies as low risk those who may be safely observed, or as high risk those who would potentially benefit from treatment or treatment intensification.

DECIPHER GRID DESCRIPTION

The Decipher assay 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 for any research use. For more information, please visit: www.genomedx.com

ORDER ACCEPTANCE CRITERIA

Orders submitted to GenomeDx for Decipher testing must meet the criteria below.

- Decipher Prostate Biopsy. FFPE blocks, punch cores or unstained slides are accepted from biopsy specimens where the patient has been diagnosed with prostate cancer with a) Gleason score of less than or equal to 6 (grade group 1) or b) Gleason score of 3+4 = 7 (grade group 2) where the most recent serum PSA level is no greater than 20 ng/mL.
- Decipher Prostate RP. FFPE blocks, punch cores, whole mounts or unstained slides are accepted from RP specimens where the patient meets the Medicare indications below.

MEDICARE INDICATIONS FOR DECIPHER PROSTATE RP

Medicare Beneficiaries Eligibility--LCD 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 [Genomic Classifier] is performed on a patient's RP specimen, **and**
- Patient's surgical pathology report or medical records must have documented presence of adverse pathology:
 - 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 after initial PSA nadir, **and**
- Testing has been ordered by a physician who is certified in the GenomeDx Decipher Certification and Training Registry (CTR)