

PATIENT INFORMATION (Tinted areas must be filled in)				CLIENT INFORMATION	
LAST NAME	FIRST NAME	MI		OFFICE/FACILITY NAME	
STREET ADDRESS		APT#		ACCOUNT #	
CITY		STATE	ZIP	ORDERING PHYSICIAN	
PATIENT PHONE NUMBER		PATIENT WORK PHONE NUMBER		NPI #	
PATIENT SOCIAL SECURITY NUMBER		PATIENT MEDICAL RECORD #		ADDRESS	
DATE OF BIRTH		AGE	SEX	PHONE	FAX
DATE OF COLLECTION: / /		TIME OF COLLECTION: _____ AM _____ PM		AUTHORIZED SIGNATURE	

CLINICAL INFORMATION	Please provide a copy of original and most recent pathology report(s) and consult note, or history of present illness. Testing may be delayed if proper information is not received.	
PATIENT PREVIOUSLY TESTED BY CARIS Dx:	<input type="radio"/> YES	<input type="radio"/> NO
DATE OF MOST RECENT BIOPSY OR SURGERY:	_____	
PRIMARY TUMOR TYPE: (If sending fresh frozen tissue indicate tumor type. Tumors of unknown primary cannot be tested):	<input type="radio"/> BREAST	<input type="radio"/> COLON/RECTUM
	<input type="radio"/> PANCREAS	<input type="radio"/> STOMACH
	<input type="radio"/> LIVER	<input type="radio"/> LUNG
	<input type="radio"/> OVARY	<input type="radio"/> PROSTATE
	<input type="radio"/> OTHER:	_____
PATIENT CLINICAL HISTORY/PHYSICAL: (Please describe or attach) _____		

ICD-9 CODE(s): _____		
PRIOR THERAPY: _____		
FROM: _____	TO: _____	DRUG/AGENT: _____
FROM: _____	TO: _____	DRUG/AGENT: _____
Additional comments on prior therapy: _____		

SPECIMEN INFORMATION		
SPECIMEN ID#(S): _____		
<input type="radio"/> FORMALIN FIXED TISSUE:	SITE: _____	# OF BLOCKS: _____
<input type="radio"/> FRESH TISSUE:	SITE: _____	<input type="radio"/> UNSTAINED SLIDES: # OF SLIDES: _____
<input type="radio"/> FORMALIN FIXED BONE MARROW CORE/CLOT	<input type="radio"/> FRESH BONE MARROW CORE/CLOT	<input type="radio"/> FORMALIN FIXED CORE NEEDLE BIOPSY
<input type="radio"/> FRESH CORE NEEDLE BIOPSY	<input type="radio"/> FINE NEEDLE ASPIRATE (FNA)	<input type="radio"/> FRESH LYMPH NODE
<input type="radio"/> MALIGNANT FLUID	SITE: _____	

TEST REQUESTED (REQUIRED)	
<input type="radio"/> TARGET NOW™ COMPLETE MOLECULAR PROFILING ANALYSIS IMMUNOHISTOCHEMISTRY (IHC) AND DNA MICROARRAY ANALYSIS (Both formalin fixed paraffin-embedded and fresh flash frozen tissue is required)	<input type="radio"/> KRAS MUTATIONAL ANALYSIS
<input type="radio"/> TARGET NOW™ IMMUNOHISTOCHEMISTRY (IHC) ANALYSIS (UP TO 25 ANTIBODIES/MARKERS)	<input type="radio"/> FLUORESCENCE IN SITU HYBRIDIZATION (FISH) <input type="radio"/> EGFR <input type="radio"/> HER2
<input type="radio"/> TARGET NOW™ IMMUNOHISTOCHEMISTRY (IHC) ANALYSIS (SPECIFY ANTIBODIES/MARKERS): _____	<input type="radio"/> H & E STAIN (CONSULT ONLY)
<input type="radio"/> TARGET NOW™ DNA MICROARRAY ANALYSIS (UP TO 81 DRUGGABLE TARGETS)	Caris Dx pathologists will select the stains, antibodies, markers, FISH/ISH probe(s) needed based on their medical judgment. A complete list of stains, antibodies, markers, and probes are available at www.carisdxc.com .
<input type="radio"/> TARGET GI™ (INCLUDING KRAS MUTATIONAL ANALYSIS, TOPO1, AND TS)	

SEE REVERSE FOR ADDITIONAL INFORMATION

In keeping with the requirements of Medicaid and Medicare, it is the policy of Caris Dx only to perform testing that is medically necessary for the diagnosis and treatment of the patient. Medicare does not cover routine screening tests.

BILLING INFORMATION – PRIMARY INSURED					
<input type="radio"/> MEDICARE <input type="radio"/> MEDICAID <input type="radio"/> INSURANCE <input type="radio"/> PATIENT <input type="radio"/> HMO <input type="radio"/> PPO <input type="radio"/> MANAGED CARE <input type="radio"/> BLUE CROSS/BLUE SHIELD <input type="radio"/> WORKMAN'S COMP	INSURANCE CARRIER		POLICY NUMBER	GROUP NUMBER	
	CLAIMS ADDRESS			POLICY HOLDER'S NAME	
	CITY		STATE	ZIP	CLAIMS PHONE NUMBER
	INSURED'S RELATIONSHIP TO PATIENT <input type="radio"/> SELF <input type="radio"/> SPOUSE <input type="radio"/> DEPENDENT		POLICY HOLDER'S NAME		POLICY HOLDER'S DOB & SEX / / <input type="radio"/> M <input type="radio"/> F
POLICY HOLDER'S ADDRESS		CITY		STATE ZIP	

BILLING INFORMATION – SECONDARY INSURED					
<input type="radio"/> MEDICARE <input type="radio"/> MEDICAID <input type="radio"/> INSURANCE <input type="radio"/> PATIENT <input type="radio"/> HMO <input type="radio"/> PPO <input type="radio"/> MANAGED CARE <input type="radio"/> BLUE CROSS/BLUE SHIELD <input type="radio"/> WORKMAN'S COMP	INSURANCE CARRIER		POLICY NUMBER	GROUP NUMBER	
	CLAIMS ADDRESS			POLICY HOLDER'S NAME	
	CITY		STATE	ZIP	CLAIMS PHONE NUMBER
	INSURED'S RELATIONSHIP TO PATIENT <input type="radio"/> SELF <input type="radio"/> SPOUSE <input type="radio"/> DEPENDENT		POLICY HOLDER'S NAME		POLICY HOLDER'S DOB & SEX / / <input type="radio"/> M <input type="radio"/> F
POLICY HOLDER'S ADDRESS		CITY		STATE ZIP	

FOR INTERNAL USE ONLY	
DATE OF INITIAL CONTACT: _____	CARIS Dx ACCESSION #: _____ # OF UNSTAINED SLIDES: _____
DATE SPECIMEN RECEIVED AT CARIS Dx: _____	OUTSIDE ACCESSION #: _____ SLIDE NUMBERS: _____
# OF PARAFFIN BLOCKS: _____	PARAFFIN BLOCK NUMBERS: _____