

MOLECULAR ONCOLOGY REQUISITION

FOR UIDL USE ONLY: MRN# _____		Completed by: _____		PATH# _____	
FOR CLIENT USE ONLY: Requisition Date _____					
PART A – PATIENT INFORMATION – <i>Required</i>			PART B – PROVIDER INFORMATION – <i>Required</i>		
Patient Last Name: _____			Referring Institution: _____		
Patient First Name: _____			Street: _____		
Street: _____			City: _____		St: _____ Zip: _____
City: _____ St: _____ Zip: _____		Phone: _____		Fax: _____	
Phone: _____ Fax: _____			Referring Physician: _____		
Date of Birth: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F			Referring Physician Phone: _____		
PART C - SPECIMEN INFORMATION - <i>REQUIRED</i>					
Required ICD-10 codes: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____					
TISSUE SOURCE/SITE: _____			DATE OF COLLECTION: _____		
CONSULTATION REQUESTED: <i>(All consultations include interpretation) Please include a copy of your report</i>					
<input type="checkbox"/> WHOLE BLOOD (EDTA) <input type="checkbox"/> PLASMA <input type="checkbox"/> BONE MARROW <input type="checkbox"/> LYMPH NODE ASPIRATE <input type="checkbox"/> TISSUE BLOCKS # of blocks: _____ # of slides: _____ NOTE: Include 1 H & E stained slide and 10 with each paraffin block. <input type="checkbox"/> SLIDES <input type="checkbox"/> TISSUE SOURCE: _____ <input type="checkbox"/> OTHER (specify): _____					
<input type="checkbox"/> Acute Myelogenous Leukemia Profile [LAB9075] <input type="checkbox"/> BRAF/RAS Panel (BRAF, NRAS, KRAS, HRAS) [LAB8062] <input type="checkbox"/> IGH Gene Clonality by PCR [LAB2471 - Tissue], [LAB8283 - Blood] <input type="checkbox"/> Iowa Cancer Mutation and RNA Fusion* [LAB8955] <input type="checkbox"/> Iowa Cancer Mutation Profiling* [LAB8948] (214 genes including BRAF, KRAS, HRAS, NRAS, EGFR, KIT, PDGFRA etc.) <input type="checkbox"/> Lung Panel* [LAB8580] (includes Iowa Cancer Mutation Profiling, Lung RNA Panel and IHC for anti-PDL1) <input type="checkbox"/> Lung RNA Fusions, 19 Gene Panel* [LAB8567] <input type="checkbox"/> MSI Status Testing: MMR (IHC) with reflex to MSI (DNA) when clinically indicated [LAB8232] <input type="checkbox"/> DNA testing for MSI: select only if DNA testing is specifically desired; not required for typical MSI status testing [LAB1980]			<input type="checkbox"/> NPM1 Mutation Quantitation [LAB8828 - Blood], [LAB8829 – Bone Marrow] <input type="checkbox"/> Salivary Gland Tumor Fusion Panel [LAB8690] <input type="checkbox"/> Sarcoma Fusion, 26 Gene Panel* [LAB8427] <input type="checkbox"/> TP53 Gene Analysis [LAB8967] <input type="checkbox"/> TRG Gene Clonality by PCR [LAB2487 - Tissue], [LAB7360 - Blood] <input type="checkbox"/> Tumor Gene RNA Fusion [LAB8956] <input type="checkbox"/> _____		
Note: All molecular tests are provided with interpretation *See website for a comprehensive list of genes in panels - https://medicine.uiowa.edu/uidl/faculty-services/molecular-pathology/test-menu					
PART D – BILLING – <i>REQUIRED</i>					
NOTE: Claims can't be submitted to a Medicaid Program Outside of Iowa					
On date of collection, was patient:		Admission Date: _____		Discharge Date: _____	
<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-Hospital Patient - Facility name where specimen collected: _____					
<input type="checkbox"/> Bill Client Email Recipient for Invoicing _____ Name: _____ Phone: _____					
<input type="checkbox"/> Bill Insurance PRE-AUTHORIZATION #: _____ Required for all out of state cases. See website for a comprehensive guide to UIDL Billing - https://medicine.uiowa.edu/uidl/sending-case/billing-options					
<input type="checkbox"/> No Valid Insurance, Self Pay Iowa Resident <input type="checkbox"/> No Valid Insurance, Self Pay NON Iowa Resident- Prepayment required before test order can be accepted. Call 866-844-2522 to arrange payment.					
Primary Insurance Coverage Information			Secondary Insurance Coverage Information		
Insured by: _____			Insured by: _____		
Claims Address: _____			Claims Address: _____		
City: _____		St: _____	City: _____		St: _____ Zip: _____
Policy/ID #: _____		Group #: _____	Policy/ID #: _____		Group #: _____
Name of Subscriber: _____			Name of Subscriber: _____		
Relationship to Patient: _____			Relationship to Patient: _____		
<small>Medicare will only pay for the services that it determines to be "reasonable and necessary" under section 1862(a)(1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not "reasonable and necessary" under the Medicare standards, Medicare will deny payment for that service or test. MSO 9 22</small>					