

Fax completed requisition to: 888-674-6894

Client Services: 800-495-9885 | labsupport@interpacediagnostics.com

For additional information, please contact Client Services

SECOND-LINE MOLECULAR TESTING

Interpace Molecular Testing - Powered by PathFinderTG

PathFinderTG is a second-line, multivariate assay that combines molecular analysis with first-line test results (cytology, imaging) to assess the malignant potential of pancreatic solid masses and pancreatic/biliary duct strictures. PathFinderTG is not indicated for cases where cytology is positive for malignancy.

CLINICAL REPORTS

- EUS CYTOLOGY CEA
 AMYLASE MRI/CT

CLINICAL FINDING (CYTOLOGY, CEA, EUS FEATURES, ETC) ARE OPTIMAL FOR THE HIGHEST ACCURACY OF AN INTEGRATED DIAGNOSTIC CATEGORY.

SUBMITTING DIAGNOSIS

ICD CODES (REQUIRED):

Please indicate ALL applicable diagnosis codes above.

THE DIAGNOSIS CODE(S) PROVIDED SHOULD ALWAYS BE BASED UPON WHAT CAN BE SUPPORTED WITHIN THE PATIENT'S MEDICAL RECORD. TESTING CANNOT BE DONE UNLESS ICD CODE(S) ARE INCLUDED.

REQUIRED FOR MEDICARE PATIENTS

If this test is ordered more than 14 days after discharge, you must identify factors that affected the time of ordering the test.

REASON CODES

1. COMPLEX CASE required extensive review and deliberation
 2. INCONCLUSIVE DIAGNOSIS after initial workup; molecular studies ordered for additional data
 3. REVIEW OF INITIAL TEST RESULTS WITH PATIENT required prior to ordering additional studies
 4. CONSULTATION WITH OTHER PHYSICIAN(S) required time to schedule and obtain their input
 5. OTHER _____

SIGNATURE

I hereby certify that the request for the above test for which reimbursement from Medicare, or third-party payors, will be sought is reasonable and medically necessary for the diagnosis, care, and treatment of this patient's condition. I also authorize providing this patient's test results to the patient's third-party payor. I certify that the patient or referring physician has given consent to the test I have ordered.

PHYSICIAN SIGNATURE _____

PRINT NAME _____ DATE SIGNED _____
(MM/DD/YYYY)

STAFF CONTACT _____

PHONE _____ FAX _____

PATIENT INFORMATION (may adhere patient label)

PATIENT NAME _____
(Last Name, First, MI)

DATE OF BIRTH _____ SEX: FEMALE MALE
(MM/DD/YYYY)

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ SSN or MRN _____

PATIENT'S DEMOGRAPHIC INFORMATION ATTACHED (FACE SHEET)

BILLING INFORMATION

PATIENT BILLING INFORMATION ATTACHED (Face Sheet, Photocopies of Cards, etc)

BILL TO:

- MEDICARE PRIVATE INSURANCE ORDERING INSTITUTION
 MEDICAID PATIENT PRE-PAY (US check, cert. funds, etc.)

INTERPACE DIAGNOSTICS WILL BILL DIRECTLY FOR COVERED PATIENTS, WHEREVER PERMITTED BY GOVERNMENT REGULATIONS, PAYER BILLING POLICIES, OR CONTRACTUAL ARRANGEMENTS. IF PATIENT OR INSURANCE INFORMATION IS NOT COMPLETED OR ATTACHED, YOUR FACILITY WILL BE BILLED.

PROCEDURE DETAILS

COLLECTION DATE _____ TIME _____ AM PM
(MM/DD/YYYY) (HH:MM)

SPECIMEN COLLECTION SETTING

- HOSPITAL (INPATIENT): Date of Discharge _____
(MM/DD/YYYY)
 HOSPITAL (OUTPATIENT) NON-HOSPITAL AFFILIATED SETTING

SPECIMEN DETAILS

EACH VIAL MUST BE LABELED WITH SPECIMEN ID & TWO PATIENT IDENTIFIERS

- PANCREATIC MASS SUPERNATANT PANCREAS
 SUPERNATANT BILIARY ERCP BILIARY
 ERCP PANCREAS OTHER _____

1. SPECIMEN ID _____

Number of tubes submitted: 1 2 3 _____

2. SPECIMEN ID _____

Number of tubes submitted: 1 2 3 _____

SUBMITTED CONTROL REQUIRED:

- BUCCAL BRUSH or BLOOD (EDTA, ACD-A, or ACD-B tube)

PROVIDER INFORMATION

ORDERING INSTITUTION: _____

COLLECTING INSTITUTION: _____

ORDERING PHYSICIAN(S): NPI TEL FAX

FAX ADD'L REPORTS TO: _____