

Test Requisition Form Pervenio™ Lung NGS Panel

Complete all fields below and attach the pathology report and front/back of insurance card(s). **PLEASE FAX TO** (855) 896-0909. See reverse for specimen requirements.

1. ORDERING PROVIDER INFORMATION			
Name:		NPI:	
Organization:			
Address:			
City:	State:	ZIP:	
Phone:	Fax:		
Email:			

2. PATIENT INFORMATION		
Name:		
Address:		
City:	State:	ZIP:
Phone:		
Date of birth:	MRN:	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female

3. ADDITIONAL RECIPIENT			
Name:			
Organization:			
Address:			
City:	State:	ZIP:	
Phone:			
Fax:			

4. PATHOLOGIST INFORMATION		
Name:		
Hospital/facility:		
Phone:	Fax:	
Block return address (if applicable):		
City:	State:	ZIP:

5. SPECIMEN INFORMATION			
Primary tumor site:	Specimen site:	Date of collection:	Specimen ID:
Specimen type: <input type="checkbox"/> Block <input type="checkbox"/> Slides		Permission to exhaust block only if necessary: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Archive retrieval date:		ICD-9/10 codes listed:	

6. BILLING INFORMATION			
Bill: <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Patient <input type="checkbox"/> Hospital/facility	Relationship to insured: <input type="checkbox"/> Self <input type="checkbox"/> Spouse* <input type="checkbox"/> Dependent* <input type="checkbox"/> Other*		
Patient status: <input type="checkbox"/> Inpatient* <input type="checkbox"/> Outpatient <input type="checkbox"/> Nonhospital patient	*Please complete the following information:		
*If inpatient, provide hospital discharge date:	Insured name:		
Primary insurance:	Insured date of birth:		
Subscriber ID:	Group #:	Insured address (if different from patient):	
Secondary insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach	City:	State:	ZIP:

7. TEST ORDERED	
<input type="checkbox"/> Pervenio™ Lung NGS*	<input type="checkbox"/> *Please perform confirmatory testing by FISH if an ALK translocation is detected. By checking this box, I understand that an additional 3-4 days and an additional three 4 µm slides will be required.
Comments/special requests:	

8. PROVIDER AUTHORIZATION	
Your signature constitutes a Certificate of Medical Necessity and confirmation that you have obtained the patient's consent for Life Technologies Clinical Services Lab, Inc. to release the test results to the patient's third-party payer to facilitate payment.	
Ordering provider's signature:	Date:

LIFE TECHNOLOGIES CLINICAL SERVICES LAB USE ONLY			
Accession No.:	Specimen ID:	Date specimen received:	Client ID:

Specimen Requirements

Pervenio™ Lung NGS Next-Generation Sequencing

TEST DESCRIPTION:

Pervenio Lung NGS is a next-generation sequencing based test that detects genomic alterations in cancer-related genes in patients with non-small cell lung cancer (NSCLC).

Mutations in the following genes are assessed by NGS: AKT1, ALK, BRAF, CTNNB1, DDR2, EGFR, ERBB2, ERBB4, FBXW7, FGFR1, FGFR2, FGFR3, KRAS, MAP2K1, MET, NOTCH1, NRAS, PIK3CA, PTEN, SMAD4, STK11, and TP53.

Translocations in the following genes are assessed by NGS: EML4/ALK, RET, ROS1, NTRK1

SAMPLE REQUIREMENT: The specimen must be non-small cell lung cancer.

BLOCK:

- Submit a single FFPE block containing the highest percentage of tumor.

SLIDES:

- Ten 7 µm unstained sections mounted on slides must be submitted for each specimen to be tested.
- Each slide must be clearly labeled with the institutional FFPE block number.

* Additional sample requirement for FISH confirmatory testing: FFPE tissue block or three positively charged slides, 4 µm thickness

Billing Information

Pervenio™ Lung NGS

CPT Code		CPT Code	
88381	Microdissection	81401	EML4/ALK translocation
81210	BRAF	81403	CTNNB1, FGFR3
81235	EGFR	81404	NRAS, FGFR2
81275	KRAS	81405	TP53, RET
81321	PTEN	81479	AKT1, ALK DNA mutation, DDR2, ERBB2, ERBB4, FBXW7, MAP2K1, MET, NOTCH1, PIK3CA, ROS1
81400	FGFR1		SMAD4, STK11

More Information

For more information or to order kits, please call **(888) 734-8588** from 9 AM to 5 PM (Pacific Time), Mon-Fri; email clientservices@lifelabdx.com; or visit our website, lifelabdx.com. The forms and specimen requirements can also be downloaded and printed from lifelabdx.com.