

Biocept, Inc.

9955 Mesa Rim Road, San Diego, CA 92121

Customer Service: 888-332-7729 | Fax: 877-300-1761

Test Requisition

*Required field

Client Information

Account Number: _____

Phone: _____ Fax: _____

*Ordering Physician: _____

NPI #: _____

Patient Information

*Last Name: _____ *First Name: _____ MI: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Date of Birth (mm/dd/yyyy): _____ ☐ M ☐ F

Medical Record #: _____

*Patient Phone #: _____

Billing Information

*Bill To:

☐ Insurance ☐ Medicare ☐ Patient ☐ Client

*Patient Type:

☐ Inpatient ☐ Outpatient ☐ Non-Hospital Patient

(Note: Inpatient orders will automatically be billed to Client)

Prior Authorization #: _____

Required Documentation

*Please attach the following documents:

☐ Insurance Card Copy (Front/Back) and/or Copy of Face Sheet

☐ Cytopathology Reports (most recent)

☐ Surgical Pathology Reports

☐ Clinical History/Progress Notes

Clinical Data

*Primary Diagnosis: _____

*ICD-10 Primary Code: _____ *ICD-10 Secondary Code (both required): _____

*Status:

☐ New Diagnosis ☐ Progression ☐ Residual or Post-Treatment Monitoring

*Indications:

☐ Diagnosis ☐ Therapy Choice ☐ Therapy Response ☐ Other (please specify): _____

*Previous Biocept CSF Testing for this patient:

☐ Yes ☐ No

Specimen Data

*Collection Procedure: ☐ Lumbar Puncture ☐ Ommaya Draw

*Collection Volume: _____ *Collection Time (00:00): _____ ☐ AM ☐ PM

*Collection Date (mm/dd/yyyy): _____

PLEASE MAKE TEST SELECTION FROM ONE OF THE FOLLOWING MENUS

****IMPORTANT**** Only patients with either carcinoma or melanoma are eligible for CNSide testing. Gliomas, sarcomas, and hematologic malignancies are not tested with CNSide.

CNSide Profile Test Menu

Volume: 6-8mL CSF required (3-4 mL per tube recommended)

SELECT ONLY 1 PROFILE (Includes CSF Tumor Cell Count, Cellular Biomarkers, and NGS)

***Suggested for Initial Diagnostic Workup**

Carcinoma Profiles

- ☐ Breast: ER, HER2, NGS Profile 2
- ☐ Breast Expanded: ER, PD-L1, FGFR1, HER2, NGS Profile 2
- ☐ Endometrial: ER, PD-L1, HER2, NGS Profile 2
- ☐ Gastrointestinal (Lower): PD-L1, HER2, NGS Profile 1
- ☐ Gastrointestinal (Upper): PD-L1, HER2, NGS Profile 2
- ☐ Hepatic: PD-L1, HER2, NGS Profile 2
- ☐ Lung, Non-Small Cell (NSCLC): PD-L1, HER2, MET, NGS Profile 1
- ☐ Lung, Small Cell (SCLC): PD-L1, FGFR1, PTEN, MYC, NGS Profile 1
- ☐ Neuroendocrine: PD-L1, FGFR1, PTEN, MYC, NGS Profile 1
- ☐ Ovarian: PD-L1, HER2, NGS Profile 2
- ☐ Pancreatobiliary: PD-L1, HER2, NGS Profile 1
- ☐ Prostate: PD-L1, MYC, NGS Profile 1
- ☐ Urothelial: PD-L1, HER2, NGS Profile 2

Melanoma Profile

- ☐ Melanoma: PD-L1, PTEN, NGS Profile 1

CNSide Individual Test Menu

Volume: Requirements vary (see below)

Cell Detection and Enumeration - 6-8 mL CSF

***Suggested for Treatment Response Assessment**

☐ CSF Tumor Cell Count

Cellular Biomarker Assays (CSF Tumor Cell Count is a prerequisite for cell-based assays)

Immunocytochemistry (ICC) - 1 ICC per 2 mL CSF

☐ PD-L1 ☐ ER ☐ PR

Fluorescence in situ Hybridization (FISH) - 2 FISH per 2 mL CSF *LIMIT 4*

☐ ALK ☐ EGFR ☐ FGFR1 ☐ HER2 ☐ MET ☐ MYC

☐ NTRK1 ☐ NTRK3 ☐ PTEN ☐ RET ☐ ROS1

Molecular Assays

Next Generation Sequencing (NGS) Profiles - 6 mL CSF *LIMIT 1*

(Fusions will not be tested; Please refer to back for mutations)

☐ **Profile 1:** ALK, BRAF, EGFR, ERBB2, KRAS, MAP2K1, MET, NRAS, PIK3CA, ROS1, TP53

☐ **Profile 2:** AKT1, CCND1, EGFR, ERBB2, ERBB3, ESR1, FBXW7, FGFR1, KRAS, PIK3CA, SF3B1, TP53

*Additional test details may be found on the reverse of this page or by contacting Customer Service at CNSide@biocept.com or 888-332-7729.

Required Signature

"By signing below, you represent on behalf of the Client that, with respect to the above-requested tests, (i) the tests are medically necessary for the care/treatment of the patient; (ii) you have obtained all necessary government, third party payor, and patient consents and approvals to request Biocept to perform the tests and to provide Biocept with all necessary information; and (iii) all information provided to Biocept in this form is accurate and correct; (iv) should the tests be denied payment by any third party payor, the Patient will be financially responsible for the costs of such tests; and (v) should this form conflict with any terms or conditions of any agreement between the parties, this form shall control. Extra patient specimen not needed for clinical testing may be used for internal testing validation in a de-identified manner.

Physician Signature: _____ Date (mm/dd/yyyy): _____

For Biocept Use Only

of Tubes: _____ Tube Type: _____

mL Received: 1 _____ 2 _____ 3 _____ 4 _____

Expiration Date: _____ Lot #: _____

Received (initials): _____ Date (mm/dd/yyyy): _____

Comments: _____

Assay and CPT Codes

Test	Technology	Result Interpretation	CPT Codes*
ALK	FISH	Translocation	88377
CSF Tumor Cell Count (Carcinoma/Epithelial) CK cocktail ¹ , CD45, DAPI, Streptavidin	Antibody Capture, Digital Fluorescence Microscopy and Image Analysis Based Cell Sorting, and Quantitative Cell Count	Cell Count	86152/86153, 88346 x1, 88350 x2
CSF Tumor Cell Count (Melanoma) PanMel cocktail ² , CD45, DAPI, Streptavidin	Antibody Capture, Digital Fluorescence Microscopy and Image Analysis Based Cell Sorting, and Quantitative Cell Count	Cell Count	86152/86153, 88346 x1, 88350 x2
EGFR	FISH	Amplification	88377
ER	Expression	Expression	88346 or 88350
FGFR1	FISH	Amplification	88377
HER2	FISH	Amplification	81479 or 88377
MET	FISH	Amplification	88377
MYC	FISH	Amplification	88377
NTRK1	FISH	Translocation	88377
NTRK3	FISH	Translocation	88377
PD-L1	Expression	Expression	88346 or 88350
PR	Expression	Expression	88346 or 88350
PTEN	FISH	Deletion	88377
RET	FISH	Translocation	88377
ROS1	FISH	Translocation	88377
NGS Profile 1 ³ ALK, BRAF, EGFR, ERBB2, KRAS, MAP2K1, MET ⁴ , NRAS, PIK3CA, ROS1, TP53	NGS	SNV/indel	81479
NGS Profile 2 AKT1, EGFR, ERBB2, ERBB3, ESR1, FBXW7, KRAS, PIK3CA, SF3B1, TP53 CCND1, ERBB2, FGFR1	NGS NGS	SNV/indel CNV	81479

¹Cytokeratin (CK) cocktail includes CK 4, CK 5, CK 6, CK 8, CK 10, CK 13, CK 18, and CK 19

²PanMel cocktail includes Tyrosinase, HMB45, and MELAN-A

³Fusions are not tested by this assay

⁴MET single nucleotide variation (SNV) only; Does not include copy number variation (CNV)

* These CPT Codes are representative of general CPT Code that may apply to the testing services requested. Selection of the appropriate CPT Code for any particular test should be performed by a qualified, certified coder based on the patient's individual medical file and treating physician's judgment.

The Biocept CSF Assay has not been cleared or approved by the U.S. Food and Drug Administration. This test is a lab developed test and its performance characteristics determined by the Biocept CLIA-certified laboratory.

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