Biocept
Completing the Answer™

Target Selector™ Liquid Biopsy
Test Requisition

All highlighted areas mandatory

CLIENT INFORMATION

Account Number

P: F:

Ordering Physician

NPI #

PATIENT INFORMATION

Last Name First Name MI

Address

City State Zip

DOB (mm/dd/yyyy) ☐ M ☐ F

Medical Record #

Patient # Patient Phone #

BILLING INFORMATION

Bill to
☐ Insurance/Medicare
☐ Patient
☐ Client

Patient type
☐ Inpatient
☐ Outpatient
☐ Non-Hospital Patient

Prior Authorization #

Please Attach the Following:
☐ Insurance Card Copy (Front/Back) or ☐ Copy of Face Sheet

CLINICAL DATA

Collection Date (mm/dd/yyyy) Time of Draw ☐ am ☐ pm

Diagnosis

Clinical Status ☐ At Diagnosis ☐ Progression ☐ Monitoring

ICD-10 Code(s)

Treatment Status ☐ Pre-Treatment ☐ Post-Treatment

Disease Stage ☐ Stage I-II ☐ Stage III ☐ Stage IV

Please Attach the Following:
☐ Pathology Report ☐ Clinical History

TREATMENT PLAN

Please indicate considered Treatment for this patient. (Check all that apply)
☐ Chemotherapy ☐ Targeted Therapy ☐ Immunotherapy

TEST MENU - TARGET SELECTOR™

Cancer Profiles

☐ **Non-Small Cell Lung Cancer Profile**
- ALK • BRAF • EGFR Mutations* • KRAS • PD-L1 • ROS1

☐ **Non-Small Cell Lung Cancer Expanded Profile**
- ALK • BRAF • EGFR Mutations* • KRAS • PD-L1 • ROS1 • MET • RET

☐ **Squamous Cell Lung Cancer Profile**
- ALK • BRAF • EGFR • FGFR1 • PD-L1 • ROS1

☐ **Breast Cancer Profile**
- AR • ER • HER2 • PR

☐ **Colorectal Cancer Profile**
- BRAF • KRAS

☐ **Gastric Cancer Profile**
- HER2 • MET

☐ **Melanoma Cancer Profile**
- BRAF

☐ **Prostate Cancer Profile**
- AR

***EGFR Mutations Include: T790M, DEL19 and L858R.**

Individual markers (Please check all that apply)

CTC (Circulating Tumor Cells)**

• Expression
☐ PR
☐ AR
☐ ER
☐ PD-L1

• FISH
☐ ALK
☐ FGFR1
☐ HER2
☐ MET
☐ RET
☐ ROS1

ctDNA (circulating tumor DNA)

• Molecular
☐ EGFR (L858R, Del 19, T790M)
☐ KRAS
☐ BRAF

CTC Enumeration

☐ **CTC Count**

**Validated for the following tumor types: NSCLC, Breast, Colorectal, Prostate, Gastric, Ovarian, and Pancreatic.

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.

Physician Signature***

Date (mm/dd/yyyy)

For Biocept Use Only

# of Tubes _____ mL Rec'd. 1 _____ 2 _____ 3 _____ 4 _____

Accessioned By _____

Date Received _____ QC By _____

Comments _____

Biocept, Inc.
5810 Nancy Ridge Drive, San Diego, CA 92121
Customer Service 888-332-7729 • **FAX** 877-300-1761

www.biocept.com

LIT 1682.11

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SAMPLE REQUIREMENTS
Peripheral Blood: Use four Biocept tubes, 8 mL each, a minimum of 4 mLs is needed to perform the test.

TEST DESCRIPTION
Test/Technology: Circulating Tumor Cell (CTC) analysis to include Antibody Capture and CTC detection utilizing ICC (CK, CD45, DAPI, SA) (88399, 88346 x1, 88350x2).

TARGET SELECTOR™ ASSAYS

Test	Technology	Result Interpretation	CPT Codes	Method
ALK	FISH	Translocation	88377	CTC
AR	Expression	Expression	88346 or 88350	CTC
BRAF	Sequencing	Mutation	81210	ctDNA
CTC	Antibody Capture	Enumeration	86152/86153 88346x1, 88350x2	CTC
EGFR (T790M, DEL19, L858R)	Sequencing	Mutation	81235	ctDNA
ER	Expression	Expression	88346 or 88350	CTC
FGFR1	FISH	Amplification	88377	CTC
HER2	FISH	Amplification	88377	CTC
KRAS	Sequencing	Mutation	81275	ctDNA
MET	FISH	Amplification	88377	CTC
PD-L1	Expression	Expression	88346 or 88350	CTC
PR	Expression	Expression	88346 or 88350	CTC
RET	FISH	Translocation	88377	CTC
ROS1	FISH	Translocation	88377	CTC

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