Biocept
Completing the Answer™

Target Selector™ Liquid Biopsy
Test Requisition

All highlighted areas mandatory

CLIENT INFORMATION

Account Number

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 ☐ On Treatment ☐ Post-Treatment

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

Please Attach the Following:
☐ Pathology Report ☐ Clinical History

*Monitoring with Biocept testing is recommended for:
» Active Cancer (continuous cancer 5, 10, 15, etc. years); or,
» Cancer Free – Remission – within last 5 years of test order date.

MEDICAL NECESSITY

Testing Ordered is Medically Necessary: (Check all that apply)

☐ To guide treatment considerations
☐ Chemotherapy ☐ Targeted Therapy ☐ Immunotherapy ☐ Other_____
☐ To assess prognosis ☐ To assess treatment response
☐ Tissue biopsy was not feasible ☐ Other: _____

TEST MENU - TARGET SELECTOR™

Cancer Profiles

☐ **Breast Cancer Expanded Profile**
• AR • EGFR Amp. • ER • FGFR1 • HER2 • PD-L1 • PR • PTEN

☐ **Breast Cancer Profile**
• AR • ER • HER2 • PD-L1 • PR

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

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

☐ **Melanoma Cancer Profile**
• BRAF

☐ **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 • MET • PD-L1 • RET • ROS1

☐ **Prostate Cancer Profile**
• AR • AR-V7 • EGFR Amp. • MET • MYC • PTEN

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

CTC Enumeration

☐ **CTC Count***

Individual Markers (Please check all that apply)

CTC
(Circulating Tumor Cells)*

• Expression
☐ AR
☐ AR-V7
☐ ER
☐ PD-L1
☐ PR

• FISH
☐ ALK
☐ EGFR
☐ FGFR1
☐ HER2
☐ MET

☐ MYC
☐ PTEN
☐ RET
☐ ROS1

Validated tumor types: NSCLC, SCC, Breast, Colorectal, Prostate, Gastric, Ovarian, Pancreatic

ctDNA
(Circulating Tumor DNA)

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

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 an de-identified manner.

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 _____

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

www.biocept.com

LIT 1682.15

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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. For each tube of blood, one expression and one FISH marker can be run. If ordering more than 4 expression or FISH markers, please include an additional tube of blood.

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, 88350 x2).

TARGET SELECTOR™ ASSAYS

Test	Technology	Result Interpretation	CPT Codes*	Method
ALK	FISH	Translocation	88377	CTC
AR	Expression	Expression	88346 or 88350	CTC
AR-V7	Expression	Expression	88346 or 88350	CTC
BRAF	Sequencing	Mutation	81210	ctDNA
CTC	Antibody Capture	Enumeration	86152/86153, 88346 x1, 88350 x2	CTC
EGFR	FISH	Amplification	88377	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
MYC	FISH	Amplification	88377	CTC
PD-L1	Expression	Expression	88346 or 88350	CTC
PR	Expression	Expression	88346 or 88350	CTC
PTEN	FISH	Gene Loss	88377	CTC
RET	FISH	Translocation	88377	CTC
ROS1	FISH	Translocation	88377	CTC

*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.

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