

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

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: _____

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.

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
- Breast Cancer Profile with pan-TRK**
 • ER • HER2 • pan-TRK* • PD-L1 • PR
- Colorectal Cancer Profile**
 • BRAF • KRAS • pan-TRK*
- Gastric Cancer Profile**
 • HER2 • MET • pan-TRK*
- Melanoma Cancer Profile**
 • BRAF
- Non-Small Cell Lung Cancer Profile**
 • ALK • BRAF • EGFR Mutations • KRAS • pan-TRK* • PD-L1 • ROS1
- Non-Small Cell Lung Cancer Expanded Profile**
 • ALK • BRAF • EGFR Mutations • KRAS • MET • pan-TRK* • PD-L1 • RET • ROS1
- Prostate Cancer Profile**
 • AR • AR-V7 • EGFR Amp. • MET • MYC • pan-TRK* • PTEN
- Squamous Cell Lung Cancer Profile**
 • ALK • BRAF • EGFR • FGFR1 • pan-TRK* • PD-L1 • ROS1

*Reflex to NTRK1 by FISH if pan-TRK expression is positive.

CTC Enumeration

CTC Count**

Individual Markers (Please check all that apply)

CTC

(Circulating Tumor Cells)**

- **Expression** AR AR-V7 ER pan-TRK* PD-L1 PR
- **FISH** ALK EGFR FGFR1 HER2 MET MYC

ctDNA

(Circulating Tumor DNA)

- **Molecular** EGFR (Mutations: L858R, Del 19, T790M) KRAS BRAF

**Validated tumor types: NSCLC, SCC, Breast, Colorectal, Prostate, Gastric, Ovarian, 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. 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 _____ mL Rec'd. 1 _____ 2 _____ 3 _____ 4 _____

Accessioned By _____

Date Received _____ QC By _____

Comments _____

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 two FISH markers can be run. If ordering more than 4 expression or FISH markers or 8 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
NTRK1	FISH	Fusion	88377	CTC
pan-TRK	Expression	Expression	88346 or 88350	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.