

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

Prior Authorization #:

*Please Attach one of the Following:

Insurance Card Copy (Front/Back)
 Copy of Face Sheet

Clinical Data

*Attach the following: **Cytopathology Reports (most recent), Surgical Pathology Reports, Clinical History**

*History:

Breast Cancer Lung Cancer Other: _____

*ICD-10 Code: _____

*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): _____

Tests Ordered

Breast Panels (6mL CSF required) Check One

CNSide Breast
 • CSF Tumor Cell Count
 • CSF Tumor Cell Biomarkers: ER, PR, HER2, PD-L1, NTRK1, NTRK3, FGFR1

CNSide Breast with NGS
 • CSF Tumor Cell Count
 • CSF Tumor Cell Biomarkers: ER, PR, HER2, PD-L1, NTRK1, NTRK3
 • CSF ctDNA Biomarkers: AKT1, CCND1, EGFR, ERBB2, ERBB3, ESR1, FBXW7, FGFR1, KRAS, PIK3CA, SFB1, TP53

Lung Panels (6mL CSF required) Check One

CNSide Lung
 • CSF Tumor Cell Count
 • CSF Tumor Cell Biomarkers: PD-L1, ALK, MET, NTRK1, NTRK3, RET, ROS1
 • CSF ctDNA Biomarkers: KRAS (G12C), EGFR (DEL19, L858R, T790M), BRAF (V600)

CNSide Lung with NGS
 • CSF Tumor Cell Count
 • CSF Tumor Cell Biomarkers: PD-L1, ALK, MET, NTRK1, NTRK3, RET, ROS1
 • CSF ctDNA Biomarkers: ALK, BRAF, EGFR, ERBB2, KRAS, MAP2K1, MET, METex14, NRAS, PIK3CA, RET, ROS1, TP53

Add-on additional testing or create your own custom panel (if selecting custom panel, do not select from the red band section above).
 Select up to 1 protein expression marker and 2 FISH biomarkers per 2mL of CSF.

CSF Tumor Cell Protein Expression Biomarkers

(Includes CSF tumor cell count; Please rank importance, 1 = Most important)

___ ER ___ PR ___ AR ___ PD-L1

CSF ctDNA Biomarkers (Quantification by single gene assays)

(Does not include CSF tumor cell count; cannot be selected if NGS is selected)

KRAS (G12C) EGFR (DEL19, L858R, T790M) BRAF (V600)

CSF Tumor Cell FISH Biomarkers

(Includes CSF tumor cell count; Please rank importance, 1 = Most important)

___ ALK ___ EGFR ___ FGFR1 ___ HER2 ___ MET ___ MYC
 ___ RET ___ NTRK1 ___ NTRK3 ___ PTEN ___ ROS1

Other Biocept Test(s): _____

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
BRAF	Sequencing	Mutation	81210
CSF Tumor Cell	Antibody Capture	Cell Count	86152/86153, 88346 x1, 88350 x2
EGFR	FISH	Amplification	88377
EGFR (Mutations: DEL19, L858R, T790M)	Sequencing	Mutation	81235
ER	Expression	Expression	88346 or 88350
FGFR1	FISH	Amplification	88377
HER2	FISH	Amplification	81479 or 88377
KRAS	Sequencing	Mutation	81275
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	Gene Loss	88377
RET	FISH	Translocation	88377
ROS1	FISH	Translocation	88377
Breast Panel with NGS	NGS	SNV/CNV	81479
Lung Panel with NGS	NGS	SNV/CNV/Fusions	81479

* 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.