

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 #: _____

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 Code(s) (please include primary): _____

***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): _____

CNSide Test Menu

Validated tumor types: Carcinomas (Malignancies of Epithelial Tissues)

Volume: 8mL CSF (4 mL per tube recommended) Check profile or create custom profile by selecting tests below:

CNSide Biomarker Profiles

(Includes CSF Tumor Cell Count, Cellular Biomarkers, and NGS)

- Lung: PD-L1, ALK, MET, NTRK1, NTRK3, RET, ROS1, NGS Profile 1
- Breast: ER, PR, HER2, PD-L1, NTRK1, NTRK3, FGFR1, NGS Profile 2
- Gastrointestinal & Pancreas: PD-L1, HER2, NTRK1, NTRK3, NGS Profile 2

Other Requests: _____

Please contact Customer Service for details:
CNSide@biocept.com or 888-332-7729

Cellular Biomarkers (Includes CSF Tumor Cell Count)

FISH Biomarkers (Please select a maximum of 5 and rank priority, 1 = Most important)

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

Protein Expression Biomarkers (Please rank priority, 1 = Most important)

__ PD-L1 __ ER __ PR

NGS Profiles with PD-L1

NGS Profile 1 (Recommended for Lung Cancer)

- CSF Tumor Cell Count and PD-L1
- ALK, BRAF, EGFR, ERBB2, KRAS, MAP2K1, MET, METex14, NRAS, PIK3CA, RET, ROS1, TP53

NGS Profile 2 (Recommended for Breast, Esophageal, Gastric, Pancreatic, and Biliary Cancer)

- CSF Tumor Cell Count and PD-L1
- AKT1, CCND1, EGFR, ERBB2, ERBB3, ESR1, FBXW7, FGFR1, KRAS, PIK3CA, SF3B1, TP53

Quantitative Single Gene Assays (Cannot be selected if NGS is selected)

KRAS (G12/G13) EGFR (DEL19, L858R, T790M) BRAF (V600)

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 (V600)	Sequencing	Mutation	81210
CSF Tumor Cell Count (Carcinoma/Epithelial) CK, 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
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 (G12/G13)	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	Deletion	88377
RET	FISH	Translocation	88377
ROS1	FISH	Translocation	88377
NGS Profile 1 ALK, BRAF, EGFR, ERBB2, KRAS, MAP2K1, MET, NRAS, PIK3CA, ROS1, TP53 MET ALK, RET, ROS1 METex14	NGS NGS NGS NGS	SNV CNV RNA Fusion Other	81479
NGS Profile 2 AKT1, EGFR, ERBB2, ERBB3, ESR1, FBXW7, KRAS, PIK3CA, SF3B1, TP53 CCND1, ERBB2, FGFR1	NGS NGS	SNV CNV	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.

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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