

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

TREATMENT PLAN

Please indicate considered Treatment for this patient. (Check all that apply)

- Chemotherapy Targeted Therapy Immunotherapy

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

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 • NRAS

Gastric Cancer Profile

- HER2 • MET

Melanoma Cancer Profile

- BRAF

Prostate Cancer Profile

- AR

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
 NRAS

CTC Enumeration

CTC Count

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

*EGFR Mutations Include: T790M, DEL19 and L858R.

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 _____

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 |
| NRAS | Sequencing | Mutation | 81311 | ctDNA |
| 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 |