



**Section II** – Laboratory developed tests that are NOT covered under the DHA Evaluation of Non-United States FDA Approved LDT Demonstration Project.

Please list the exact genetic test name, CPT® code(s), FDA approval status of the test (if known), and the name of the laboratory performing the test.

1. Genetic Test Name(s): \_\_\_\_\_ (for example, APC genetic testing)

CPT® code(s): (for example, codes 81202 and 81203)	_____ / _____ / _____ / _____ / _____
Is this is an FDA-approved test? <a href="http://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm">http://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Which laboratory is performing the genetic testing?	_____

2. Genetic Test Name(s): \_\_\_\_\_ (for example, APC genetic testing)

CPT® code(s): (for example, codes 81202 and 81203)	_____ / _____ / _____ / _____ / _____
Is this is an FDA-approved test? <a href="http://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm">http://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Which laboratory is performing the genetic testing?	_____

3. Genetic Test Name(s): \_\_\_\_\_ (for example, APC genetic testing)

CPT® code(s): (for example, codes 81202 and 81203)	_____ / _____ / _____ / _____ / _____
Is this is an FDA-approved test? <a href="http://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm">http://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Which laboratory is performing the genetic testing?	_____

I attest the information provided is true and accurate to the best of my knowledge. I understand Health Net Federal Services, LLC or designee may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

Additional information: \_\_\_\_\_

Physician's printed name and title: \_\_\_\_\_

TIN: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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