

CustomNext-Cancer (9510) or Reaccessioning (9510-A) SUPPLEMENTAL ORDERING FORM

PATIENT INFORMATION			
Last Name	First Name	Middle Initial	DOB (MM/DD/YY)

CUSTOMIZE YOUR PANEL
To create your own panel, add all desired genes below OR select a multi-gene test and add or remove all desired genes below:
<input type="checkbox"/> BrainTumorNext®: 29 gene brain tumor test <input type="checkbox"/> ColoNext®: 20 gene colorectal cancer test* <input type="checkbox"/> ProstateNext®: 14 gene prostate cancer test <input type="checkbox"/> BRCAplus®: 13 gene breast cancer test* <input type="checkbox"/> CancerNext-Expanded®: 71 gene cancer test <input type="checkbox"/> RenalNext®: 20 gene renal cancer test <input type="checkbox"/> BRCANext™: 19 gene breast and gynecological cancer test* <input type="checkbox"/> MelanomaNext®: 9 gene melanoma test <input type="checkbox"/> CustomNext-Cancer®: Add all 91 genes listed below (including pancreatitis and limited evidence genes)** <input type="checkbox"/> BRCANext-Expanded™: 21 gene breast and gynecological cancer test <input type="checkbox"/> PancNext®: 13 gene pancreatic cancer test* <input type="checkbox"/> PGLNext®: 14 gene PGL/PCC test <input type="checkbox"/> CancerNext®: 34 gene cancer test
<small>*Management guidelines-based panel **For Medicare patients ordering CustomNext-Cancer: To ensure Medicare coverage, the following core genes must be included: APC, BRCA1, BRCA2, PALB2, TP53, ATM, CHEK2, PTEN, MLH1, MSH2, MSH6, PMS2, EPCAM. <input type="checkbox"/> Add Medicare core gene content</small>

CUSTOM GENE SELECTION (CHECK "+" TO ADD AND "-" TO REMOVE)															
+	GENE	-	+	GENE	-	+	GENE	-	+	GENE	-	PANCREATITIS GENES			
<input type="checkbox"/>	AIP	<input type="checkbox"/>	<input type="checkbox"/>	EPCAM	<input type="checkbox"/>	<input type="checkbox"/>	PALB2	<input type="checkbox"/>	<input type="checkbox"/>	SMARCA4	<input type="checkbox"/>	+	GENE	-	
<input type="checkbox"/>	ALK	<input type="checkbox"/>	<input type="checkbox"/>	FH	<input type="checkbox"/>	<input type="checkbox"/>	PDGFRA	<input type="checkbox"/>	<input type="checkbox"/>	SMARCB1	<input type="checkbox"/>	<input type="checkbox"/>	CASR	<input type="checkbox"/>	
<input type="checkbox"/>	APC	<input type="checkbox"/>	<input type="checkbox"/>	FLCN	<input type="checkbox"/>	<input type="checkbox"/>	PHOX2B	<input type="checkbox"/>	<input type="checkbox"/>	SMARCE1	<input type="checkbox"/>	<input type="checkbox"/>	CFTR	<input type="checkbox"/>	
<input type="checkbox"/>	ATM	<input type="checkbox"/>	<input type="checkbox"/>	GREM1	<input type="checkbox"/>	<input type="checkbox"/>	PMS2	<input type="checkbox"/>	<input type="checkbox"/>	STK11	<input type="checkbox"/>	<input type="checkbox"/>	CPA1	<input type="checkbox"/>	
<input type="checkbox"/>	AXIN2	<input type="checkbox"/>	<input type="checkbox"/>	HOXB13	<input type="checkbox"/>	<input type="checkbox"/>	POT1	<input type="checkbox"/>	<input type="checkbox"/>	SUFU	<input type="checkbox"/>	<input type="checkbox"/>	CTRC	<input type="checkbox"/>	
<input type="checkbox"/>	BAP1	<input type="checkbox"/>	<input type="checkbox"/>	KIF1B	<input type="checkbox"/>	<input type="checkbox"/>	POLD1	<input type="checkbox"/>	<input type="checkbox"/>	TMEM127	<input type="checkbox"/>	<input type="checkbox"/>	PRSS1	<input type="checkbox"/>	
<input type="checkbox"/>	BARD1	<input type="checkbox"/>	<input type="checkbox"/>	KIT	<input type="checkbox"/>	<input type="checkbox"/>	POLE	<input type="checkbox"/>	<input type="checkbox"/>	TP53	<input type="checkbox"/>	<input type="checkbox"/>	SPINK1	<input type="checkbox"/>	
<input type="checkbox"/>	BRCA1	<input type="checkbox"/>	<input type="checkbox"/>	LZTR1	<input type="checkbox"/>	<input type="checkbox"/>	PRKARIA	<input type="checkbox"/>	<input type="checkbox"/>	TSC1	<input type="checkbox"/>	DISPUTED EVIDENCE GENES ^			
<input type="checkbox"/>	BRCA2	<input type="checkbox"/>	<input type="checkbox"/>	MAX	<input type="checkbox"/>	<input type="checkbox"/>	PTCH1	<input type="checkbox"/>	<input type="checkbox"/>	TSC2	<input type="checkbox"/>	+	GENE	-	
<input type="checkbox"/>	BRIP1	<input type="checkbox"/>	<input type="checkbox"/>	MEN1	<input type="checkbox"/>	<input type="checkbox"/>	PTEN	<input type="checkbox"/>	<input type="checkbox"/>	VHL	<input type="checkbox"/>	<input type="checkbox"/>	BLM	<input type="checkbox"/>	
<input type="checkbox"/>	BMPR1A	<input type="checkbox"/>	<input type="checkbox"/>	MET	<input type="checkbox"/>	<input type="checkbox"/>	RAD51C	<input type="checkbox"/>	LIMITED EVIDENCE GENES ^				<input type="checkbox"/>	FAM175A (ABRAXAST)	<input type="checkbox"/>
<input type="checkbox"/>	CDC73	<input type="checkbox"/>	<input type="checkbox"/>	MITF	<input type="checkbox"/>	<input type="checkbox"/>	RAD51D	<input type="checkbox"/>	+	GENE	-	<input type="checkbox"/>	FANCC	<input type="checkbox"/>	
<input type="checkbox"/>	CDH1	<input type="checkbox"/>	<input type="checkbox"/>	MLH1	<input type="checkbox"/>	<input type="checkbox"/>	RET	<input type="checkbox"/>	<input type="checkbox"/>	EGLN1	<input type="checkbox"/>	<input type="checkbox"/>	GALNT12	<input type="checkbox"/>	
<input type="checkbox"/>	CDK4	<input type="checkbox"/>	<input type="checkbox"/>	MSH2	<input type="checkbox"/>	<input type="checkbox"/>	RB1	<input type="checkbox"/>	<input type="checkbox"/>	KIF1B	<input type="checkbox"/>	<input type="checkbox"/>	MRE11A	<input type="checkbox"/>	
<input type="checkbox"/>	CDKN1B	<input type="checkbox"/>	<input type="checkbox"/>	MSH3	<input type="checkbox"/>	<input type="checkbox"/>	SDHA	<input type="checkbox"/>	<input type="checkbox"/>	MLH3	<input type="checkbox"/>	<input type="checkbox"/>	NBN	<input type="checkbox"/>	
<input type="checkbox"/>	CDKN2A	<input type="checkbox"/>	<input type="checkbox"/>	MSH6	<input type="checkbox"/>	<input type="checkbox"/>	SDHAF2	<input type="checkbox"/>	<input type="checkbox"/>	PALLD	<input type="checkbox"/>	<input type="checkbox"/>	RAD50	<input type="checkbox"/>	
<input type="checkbox"/>	CHEK2	<input type="checkbox"/>	<input type="checkbox"/>	MUTYH	<input type="checkbox"/>	<input type="checkbox"/>	SDHB	<input type="checkbox"/>	<input type="checkbox"/>	RPS20	<input type="checkbox"/>	<input type="checkbox"/>	RECQL	<input type="checkbox"/>	
<input type="checkbox"/>	CTNNA1	<input type="checkbox"/>	<input type="checkbox"/>	NF1	<input type="checkbox"/>	<input type="checkbox"/>	SDHC	<input type="checkbox"/>	<input type="checkbox"/>	TERT	<input type="checkbox"/>	<input type="checkbox"/>	RINT1	<input type="checkbox"/>	
<input type="checkbox"/>	DICER1	<input type="checkbox"/>	<input type="checkbox"/>	NF2	<input type="checkbox"/>	<input type="checkbox"/>	SDHD	<input type="checkbox"/>				<input type="checkbox"/>	XRCC2	<input type="checkbox"/>	
<input type="checkbox"/>	EGFR	<input type="checkbox"/>	<input type="checkbox"/>	NTHL1	<input type="checkbox"/>	<input type="checkbox"/>	SMAD4	<input type="checkbox"/>							

^Refers to evidence for autosomal dominant hereditary cancer predisposition.

Total Gene Count (REQUIRED include total number of genes on your CustomNext-Cancer panel): _____
REFLEX OPTIONS
<input type="checkbox"/> CustomNext-Cancer (9510) reflex to Test Code: _____ Test Name: _____
OR
<input type="checkbox"/> Gene Panel Test Code: _____ Test Name: _____ reflex to CustomNext-Cancer (9510)
RE-REQUISITIONING ORDERS (Available within 60 days of original report date for any of the multi-gene panels listed above)
Accession #: _____ Previously reported hereditary cancer panel: _____
<input type="checkbox"/> (9510-A) Add the gene(s) selected above to the previously-reported panel for this patient
Medical Professional Signature: _____ Date: _____
Medical Professional Name (Print): _____