

CustomNext-Cancer (9511) or Reaccessioning (9511-A) SUPPLEMENTAL ORDERING FORM

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

CUSTOMIZE YOUR PANEL
<p>To create your own panel, add all desired genes below OR select a multi-gene test and add or remove all desired genes below. To order all genes on our oncology menu, please order <i>CancerNext-Expanded</i> with both available add-ons.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> BRCAPlus[®]: 13 gene breast cancer test* <input type="checkbox"/> BRCANext[™]: 19 gene breast and gynecological cancer test* Add on: <input type="checkbox"/> Limited Evidence[^] <input type="checkbox"/> CancerNext[®]: 41 gene cancer test </div> <div style="width: 48%;"> <input type="checkbox"/> ColoNext[®]: 22 gene colorectal cancer test* Add on: <input type="checkbox"/> Limited Evidence[^] <input type="checkbox"/> CancerNext-Expanded[®]: 78 gene cancer test Add ons: <input type="checkbox"/> Limited Evidence[^] <input type="checkbox"/> Pancreatitis </div> </div> <p><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></p>

CUSTOM GENE SELECTION (CHECK "+" TO ADD AND "-" TO REMOVE)														
												PANCREATITIS GENES		
+	GENE	-	+	GENE	-	+	GENE	-	+	GENE	-	+	GENE	-
<input type="checkbox"/>	AIP	<input type="checkbox"/>	<input type="checkbox"/>	DICER1	<input type="checkbox"/>	<input type="checkbox"/>	MSH6	<input type="checkbox"/>	<input type="checkbox"/>	RUNX1	<input type="checkbox"/>	<input type="checkbox"/>	CFTR	<input type="checkbox"/>
<input type="checkbox"/>	ALK	<input type="checkbox"/>	<input type="checkbox"/>	EGFR	<input type="checkbox"/>	<input type="checkbox"/>	MUTYH	<input type="checkbox"/>	<input type="checkbox"/>	SDHA	<input type="checkbox"/>	<input type="checkbox"/>	CPA1	<input type="checkbox"/>
<input type="checkbox"/>	APC	<input type="checkbox"/>	<input type="checkbox"/>	EPCAM	<input type="checkbox"/>	<input type="checkbox"/>	NF1	<input type="checkbox"/>	<input type="checkbox"/>	SDHAF2	<input type="checkbox"/>	<input type="checkbox"/>	CTRC	<input type="checkbox"/>
<input type="checkbox"/>	ATM	<input type="checkbox"/>	<input type="checkbox"/>	ETV6	<input type="checkbox"/>	<input type="checkbox"/>	NF2	<input type="checkbox"/>	<input type="checkbox"/>	SDHB	<input type="checkbox"/>	<input type="checkbox"/>	PRSS1	<input type="checkbox"/>
<input type="checkbox"/>	AXIN2	<input type="checkbox"/>	<input type="checkbox"/>	FH	<input type="checkbox"/>	<input type="checkbox"/>	NTHL1	<input type="checkbox"/>	<input type="checkbox"/>	SDHC	<input type="checkbox"/>	<input type="checkbox"/>	SPINK1	<input type="checkbox"/>
<input type="checkbox"/>	BAP1	<input type="checkbox"/>	<input type="checkbox"/>	FLCN	<input type="checkbox"/>	<input type="checkbox"/>	PALB2	<input type="checkbox"/>	<input type="checkbox"/>	SDHD	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	BARD1	<input type="checkbox"/>	<input type="checkbox"/>	GATA2	<input type="checkbox"/>	<input type="checkbox"/>	PDGFRA	<input type="checkbox"/>	<input type="checkbox"/>	SMAD4	<input type="checkbox"/>	LIMITED EVIDENCE GENES [^]		
<input type="checkbox"/>	BMPR1A	<input type="checkbox"/>	<input type="checkbox"/>	GREM1	<input type="checkbox"/>	<input type="checkbox"/>	PHOX2B	<input type="checkbox"/>	<input type="checkbox"/>	SMARCA4	<input type="checkbox"/>	<input type="checkbox"/>	ATRIP	<input type="checkbox"/>
<input type="checkbox"/>	BRCA1	<input type="checkbox"/>	<input type="checkbox"/>	HOXB13	<input type="checkbox"/>	<input type="checkbox"/>	PMS2	<input type="checkbox"/>	<input type="checkbox"/>	SMARCB1	<input type="checkbox"/>	<input type="checkbox"/>	EGLN1	<input type="checkbox"/>
<input type="checkbox"/>	BRCA2	<input type="checkbox"/>	<input type="checkbox"/>	KIT	<input type="checkbox"/>	<input type="checkbox"/>	POLD1	<input type="checkbox"/>	<input type="checkbox"/>	SMARCE1	<input type="checkbox"/>	<input type="checkbox"/>	KIF1B	<input type="checkbox"/>
<input type="checkbox"/>	BRIP1	<input type="checkbox"/>	<input type="checkbox"/>	LZTR1	<input type="checkbox"/>	<input type="checkbox"/>	POLE	<input type="checkbox"/>	<input type="checkbox"/>	STK11	<input type="checkbox"/>	<input type="checkbox"/>	PALLD	<input type="checkbox"/>
<input type="checkbox"/>	CDC73	<input type="checkbox"/>	<input type="checkbox"/>	MAX	<input type="checkbox"/>	<input type="checkbox"/>	POT1	<input type="checkbox"/>	<input type="checkbox"/>	SUFU	<input type="checkbox"/>	<input type="checkbox"/>	RAD51B	<input type="checkbox"/>
<input type="checkbox"/>	CDH1	<input type="checkbox"/>	<input type="checkbox"/>	MBD4	<input type="checkbox"/>	<input type="checkbox"/>	PRKARIA	<input type="checkbox"/>	<input type="checkbox"/>	TMEM127	<input type="checkbox"/>	<input type="checkbox"/>	RNF43	<input type="checkbox"/>
<input type="checkbox"/>	CDK4	<input type="checkbox"/>	<input type="checkbox"/>	MEN1	<input type="checkbox"/>	<input type="checkbox"/>	PTCH1	<input type="checkbox"/>	<input type="checkbox"/>	TP53	<input type="checkbox"/>	<input type="checkbox"/>	TERT	<input type="checkbox"/>
<input type="checkbox"/>	CDKN1B	<input type="checkbox"/>	<input type="checkbox"/>	MET	<input type="checkbox"/>	<input type="checkbox"/>	PTEN	<input type="checkbox"/>	<input type="checkbox"/>	TSC1	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	CDKN2A	<input type="checkbox"/>	<input type="checkbox"/>	MITF	<input type="checkbox"/>	<input type="checkbox"/>	RAD51C	<input type="checkbox"/>	<input type="checkbox"/>	TSC2	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	CEBPA	<input type="checkbox"/>	<input type="checkbox"/>	MLH1	<input type="checkbox"/>	<input type="checkbox"/>	RAD51D	<input type="checkbox"/>	<input type="checkbox"/>	VHL	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	CHEK2	<input type="checkbox"/>	<input type="checkbox"/>	MLH3	<input type="checkbox"/>	<input type="checkbox"/>	RB1	<input type="checkbox"/>	<input type="checkbox"/>	WT1	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	CTNNA1	<input type="checkbox"/>	<input type="checkbox"/>	MSH2	<input type="checkbox"/>	<input type="checkbox"/>	RET	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	DDX41	<input type="checkbox"/>	<input type="checkbox"/>	MSH3	<input type="checkbox"/>	<input type="checkbox"/>	RPS20	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<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 (9511) reflex to Test Code: _____ Test Name: _____
OR
<input type="checkbox"/> Gene Panel Test Code: _____ Test Name: _____ reflex to CustomNext-Cancer (9511)
RE-REQUISITIONING ORDERS (Available within 90 days of original report date for any of the multi-gene panels listed above)
Accession #: _____ Previously reported hereditary cancer panel: _____
<input type="checkbox"/> (9511-A) Add the gene(s) selected above to the previously-reported panel for this patient
Medical Professional Signature: _____ Date: _____
Medical Professional Name (Print): _____