



**REQUIRED INSURANCE ORDERING CHECKLIST**

- Clinic Notes (Pedigree if available)
- ICD-10 Code(s)
- Clinician & Patient Signatures
- Insurer Specific Forms (i.e. ABN)
- Copy of Insurance Cards

**Hereditary Cancer Multi-Gene Tests**

Test Name	Test Code	Genes
Adenomatous polyposis	8726	APC, MUTYH
BrainTumorNext (27 genes)	8847	AIP, ALK, APC, CDKN1B, CDKN2A, DICER1, MEN1, MLH1, MSH2, MSH6, NBN, NF1, NF2, PHOX2B, PMS2, POT1, PRKARIA, PTCH1, PTEN, SMARCA4, SMARCB1, SMARCE1, SUFU, TP53, TSC1, TSC2, VHL
BRCAPlus (8 genes)	8836	ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, TP53
BreastNext (17 genes)	8820	ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, MRE11A, MUTYH, NBN, NF1, PALB2, PTEN, RAD50, RAD51C, RAD51D, TP53
<b>CancerNext (34 genes)</b>	<b>8824</b>	<b>APC, ATM, BARD1, BRCA1, BRCA2, BRIP1, BMPR1A, CDH1, CDK4, CDKN2A, CHEK2, DICER1, EPCAM, GREM1, HOXB13, MLH1, MRE11A, MSH2, MSH6, MUTYH, NBN, NF1, PALB2, PMS2, POLD1, POLE, PTEN, RAD50, RAD51C, RAD51D, SMAD4, SMARCA4, STK11, TP53</b>
CancerNext-Expanded (67 genes)	8874	AIP, ALK, APC, ATM, BAP1, BARD1, BLM, BRCA1, BRCA2, BRIP1, BMPR1A, CDH1, CDK4, CDKN1B, CDKN2A, CHEK2, DICER1, EPCAM, FANCC, FH, FLCN, GALNT12, GREM1, HOXB13, MAX, MEN1, MET, MITF, MLH1, MRE11A, MSH2, MSH6, MUTYH, NBN, NF1, NF2, PALB2, PHOX2B, POT1, PMS2, POLD1, POLE, PRKARIA, PTCH1, PTEN, RAD50, RAD51C, RAD51D, RB1, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, SMARCB1, SMARCE1, STK11, SUFU, TMMEM127, TP53, TSC1, TSC2, VHL, XRCC2
ColoNext (17 genes)	8822	APC, BMPR1A, CDH1, CHEK2, EPCAM, GREM1, MLH1, MSH2, MSH6, MUTYH, PMS2, POLD1, POLE, PTEN, SMAD4, STK11, TP53
CustomNext-Cancer (up to 68 genes) Required: complete CustomNext-Cancer supplemental form. <a href="http://ambrygen.com/forms">ambrygen.com/forms</a>	9510	AIP, ALK, APC, ATM, BAP1, BARD1, BLM, BRCA1, BRCA2, BRIP1, BMPR1A, CDH1, CDK4, CDKN1B, CDKN2A, CHEK2, DICER1, EPCAM, FANCC, FH, FLCN, GALNT12, GREM1, HOXB13, MAX, MEN1, MET, MITF, MLH1, MRE11A, MSH2, MSH6, MUTYH, NBN, NF1, NF2, NTHL1, PALB2, PHOX2B, POT1, PMS2, POLD1, POLE, PRKARIA, PTCH1, PTEN, RAD50, RAD51C, RAD51D, RB1, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, SMARCB1, SMARCE1, STK11, SUFU, TMMEM127, TP53, TSC1, TSC2, VHL, XRCC2
<b>GYNplus (13 genes)</b>	<b>8835</b>	<b>BRCA1, BRCA2, BRIP1, EPCAM, MLH1, MSH2, MSH6, PALB2, PMS2, PTEN, RAD51C, RAD51D, TP53</b>
<b>HBOC</b>	<b>8838</b>	<b>BRCA1, BRCA2</b>
<b>Lynch syndrome/HNPCC</b>	<b>8517</b>	<b>MLH1, MSH2, MSH6, PMS2 + EPCAM del/dup</b>
MelanomaNext (8 genes)	8849	BAP1, BRCA2, CDK4, CDKN2A, MITF, PTEN, RB1, TP53
<b>OvaNext (25 genes)</b>	<b>8830</b>	<b>ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, DICER1, EPCAM, MLH1, MRE11A, MSH2, MSH6, MUTYH, NBN, NF1, PALB2, PMS2, PTEN, RAD50, RAD51C, RAD51D, SMARCA4, STK11, TP53</b>
PancNext (13 genes)	8042	APC, ATM, BRCA1, BRCA2, CDKN2A, EPCAM, MLH1, MSH2, MSH6, PALB2, PMS2, STK11, TP53
ProstateNext (14 genes)	8845	ATM, BRCA1, BRCA2, CHEK2, EPCAM, HOXB13, MLH1, MSH2, MSH6, NBN, PALB2, PMS2, RAD51D, TP53
PGLNext (12 genes)	5504	FH, MAX, MEN1, NF1, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, TMMEM127, VHL
RenalNext (19 genes)	5900	BAP1, EPCAM, FH, FLCN, MET, MITF, MLH1, MSH2, MSH6, PMS2, PTEN, SDHA, SDHB, SDHC, SDHD, TP53, TSC1, TSC2, VHL

**Updated Ordering Process (as of June 8, 2016)**

We have improved the ordering and reporting process for our hereditary cancer panels. This helps confirm that testing for one or more of the following genes is clinically indicated: *BRCA1, BRCA2, EPCAM, MLH1, MSH2, MSH6, and PMS2*.

**If you are ordering a multi-gene test**, please first select a clinically indicated condition and complete your order by selecting a multi-gene order.

Please indicate if your patient meets clinical and/or insurance testing criteria, or if the testing is otherwise clinically indicated for one or more of the following conditions:

- Hereditary breast and ovarian cancer (*BRCA1/2*)
- Lynch syndrome/HNPCC (*MLH1, MSH2, MSH6, PMS2, EPCAM*)

If testing is not clinically indicated for your patient for any of the listed options, please either fill in the other gene(s) option or select "none of the above".

To complete your multi-gene order, please select one of the appropriate test options and/or select "other" and enter an appropriate test code(s)/test name(s).

**For single gene orders**, please select the appropriate test option or enter the gene(s) and/or test name(s), as well as the relevant test code in the single gene orders section.

For additional details about our single gene testing options, please visit [ambrygen.com/hereditary-cancer-single-gene-tests](http://ambrygen.com/hereditary-cancer-single-gene-tests).

**Example**

For a GYNplus multi-gene order, when *BRCA1/2* testing is clinically indicated for the patient:

**Multi-Gene Orders**

For multi-gene orders, first select which of the following conditions is clinically indicated based on the patient's personal and/or family history:

Hereditary breast and ovarian cancer (*BRCA1/2*)

Lynch syndrome/HNPCC (*MLH1, MSH2, MSH6, PMS2, EPCAM*)

Testing is clinically indicated for other gene(s):

None of the above

To complete your multi-gene order, please select a test option below (see supplemental pages for details):

GYNplus (8835)     CancerNext (8824)     CancerNext-Expanded (8874)

OvaNext (8830)     Other Test Code: \_\_\_\_\_ Test Name: \_\_\_\_\_

For single gene genetic testing of *PTEN*:

**Single Syndrome Orders**

Single gene analysis is available for listed panels. Visit [ambrygen.com/hereditary-cancer-single-gene-tests](http://ambrygen.com/hereditary-cancer-single-gene-tests) for details.

*BRCA1/2* Gene sequencing and del/dup (8838)     Lynch syndrome (8517)\*

Test Code(s): **2106**    Gene/Test Name(s): **PTEN**

\*If patient has Medicare and only Lynch is being ordered, please order 8515.

**Single Site Analysis (SSA) (Include relative report)**

Gene(s): \_\_\_\_\_ Mutation(s): \_\_\_\_\_

Previously Tested Relative (name): \_\_\_\_\_

Relationship to Relative: \_\_\_\_\_

Positive control sample:  will be provided     already at Ambry     not available