

For Pathology Admin Unit: Please fax this form to 514-8193
MOLECULAR DIAGNOSTICS (CANCER TESTING) REQUISITION FORM

Requesting Physician: _____ M.D. #: _____

Phone (and/or beeper): _____ Email: _____

Fax: _____ Address/Box No.: _____

Patient Name: _____ Medical Record #: _____

Patient Visit #: _____ D.O.B.: _____ Ordering Location: _____

Date Ordered: _____ Collection Date: _____ Time (24hr. clock): _____

Clinical Information (include immunohistochemistry if available):

Type of Tissue sample: ____ Paraffin-embedded / ____ FNA / other: _____

Pathology or Cytology Case No.: _____ Block No.: _____

Test Requested: _____

For non-UCSF cases, we request:

- 1) Unstained slides (see below for details), or tissue blocks.
- 2) An adjacent H&E stained slide.
- 3) A copy of the pathology report.
- 4) IHC stained slide for Erb-B2 (optional).

Unstained slide requirements:

TEST	# SLIDES	THICKNESS	OTHER
Erb-B2	3	5 microns	+ charged slides
1p19q	6	5 microns	+ charged slides
MSI/BRAF/KRAS	5	10 microns	uncharged slides, 6 slides at 8 microns also acceptable

Medical necessity and ICD-9 codes (Required for outpatients only)

Medicare (and, increasingly, other insurers) will only pay for services that are reasonable and necessary for the diagnosis and treatment of the patient. The physician must specify an ICD-9 diagnostic code to indicate the medical necessity of each test requested. Medicare and other carriers may not pay for screening tests or tests that are not FDA-approved. If there is a reason to believe that a carrier will not pay for a test, the patient should be informed and asked to sign an Advanced Beneficiary Notice (ABN) indicating acceptance of responsibility for the cost of the test if the carrier denies payment.

Write the ICD-9 diagnostic code(s) for this patient _____

To be completed by Molecular Diagnostics:

Molecular Diagnostics No. _____ Date received: _____

Hospital Accession No. _____

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