GTC Requisition User Guide

Please follow the below instructions to complete the Genomic Testing Cooperative requisition form.

1.Client Information

Account Number:
Account Name:

2.Patient Information

Patient Legal Name (Last, First, MI), Gender, DOB, AND Medical Record number
Requisition Completed by: Signature and Date
Ordering Physician: Name (Last, First), NPI #
Treating Physician: Name (Last, First), NPI #
Test Authorization and Physician Signature: Required information to support medical necessity for the patient's condition.

3.Billing Information for Orders by Clients/ Non-Members

Complete Specimen Origin: Please choose one option
Bill to: Please specify Client or Insurance billing and include complete patient insurance information to prevent delay in testing

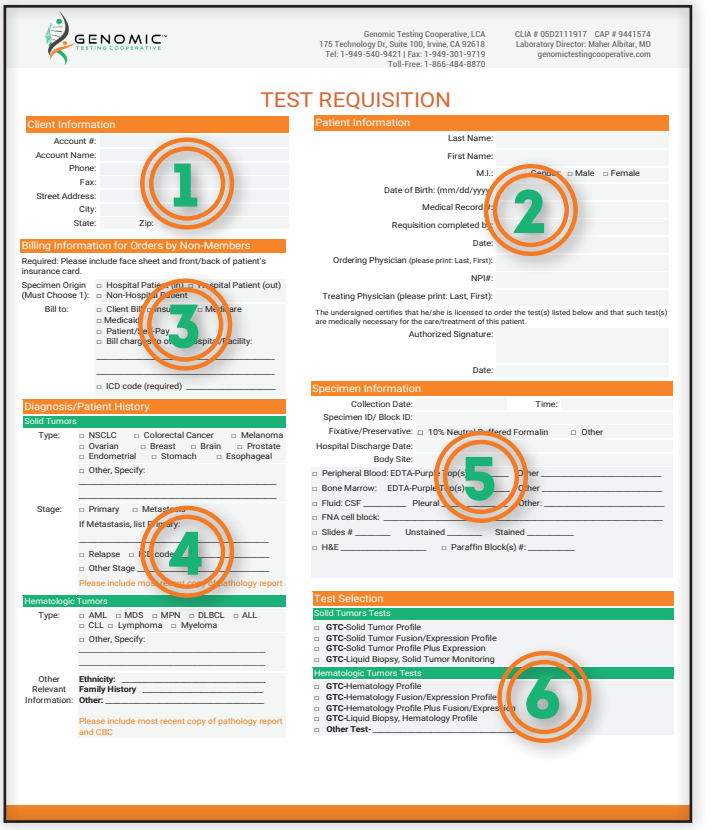
Client Bill: All charges will be billed to Client
Insurance/Medicare/Medicaid: All charges billed to insurance except when payer follows CMS guidelines and patient status indicated as inpatient
Patient/self-pay: All charges billed to patient
Bill charges to other Hospital/Facility: If alternate facility other than listed in above Client information is please indicate name, phone and address here.

ICD diagnosis code: Required information for medical necessity and billing

4.Diagnosis/Patient History

Solid Tumors: Specify type and stage of tumor and please include the most recent copy of pathology report
Hematologic Tumors: Specify type and please include a copy of most recent pathology report and CBC results

ITEMS IN RED ARE REQUIRED TO PERFORM THE TESTING



5.Specimen Information

Please include specimen detail of the sample you are submitting, include **collection date, specimen ID** and **specimen type**

6.Test Selection

Specify solid tumor or hematologic **test requested** to be performed on patient sample.

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