

Biocept, Inc.  
9955 Mesa Rim Road, San Diego, CA 92121  
Customer Service: 888-332-7729 | Fax: 877-300-1761

## Test Requisition

\*Required field

### Client Information

Account Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\*Ordering Physician: \_\_\_\_\_

NPI #: \_\_\_\_\_

### Patient Information

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ MI: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Date of Birth (mm/dd/yyyy): \_\_\_\_\_  M  F

Medical Record #: \_\_\_\_\_

\*Patient Phone #: \_\_\_\_\_

### Billing Information

**\*Bill To:**

Insurance  Medicare  Patient  Client

**Patient Type:**

Inpatient  Outpatient  Non-Hospital Patient

Prior Authorization #: \_\_\_\_\_

### Required Documentation

\*Please attach the following documents:

Insurance Card Copy (Front/Back) and/or Copy of Face Sheet

Cytopathology Reports (most recent)

Surgical Pathology Reports

Clinical History/Progress Notes

### Clinical Data

\*Primary Diagnosis: \_\_\_\_\_

\*ICD-10 Code(s) (please include primary and secondary): \_\_\_\_\_

**\*Status:**

New Diagnosis  Progression  Residual or Post-Treatment Monitoring

**\*Indications:**

Diagnosis  Therapy Choice  Therapy Response  Other (please specify): \_\_\_\_\_

**\*Previous Biocept CSF Testing for this patient:**

Yes  No

### Specimen Data

\*Collection Procedure:  Lumbar Puncture  Ommaya Draw

\*Collection Volume: \_\_\_\_\_ \*Collection Time (00:00): \_\_\_\_\_  AM  PM

\*Collection Date (mm/dd/yyyy): \_\_\_\_\_

### CNSide Test Menu

\*Note: CNSide testing is validated for carcinomas and melanomas. Biocept does not currently offer testing for patients with gliomas, hematologic malignancies, or sarcomas. If needed, please verify with our customer service team if CNSide is suitable for your patient.

Volume: 8mL CSF (4 mL per tube recommended) Check profile or create custom profile by selecting tests below:

#### CNSide Profiles

(Includes CSF Tumor Cell Count, Cellular Biomarkers, and NGS)

- Lung: PD-L1, ALK, MET, NTRK1, NTRK3, RET, ROS1, NGS Profile 1
- Breast: ER, PD-L1, PR, HER2, NTRK1, NTRK3, FGFR1, NGS Profile 2
- Gastrointestinal & Pancreas: PD-L1, HER2, NTRK1, NTRK3, NGS Profile 2
- Melanoma: PD-L1, PTEN, NGS Profile 1 (including BRAF)

\*Please refer to back for additional assay details

#### Other Requests:

\_\_\_\_\_  
Please contact Customer Service for details:  
CNSide@biocept.com or 888-332-7729

#### Cellular Biomarkers (Includes CSF Tumor Cell Count)

**FISH Biomarkers** (Please select a maximum of 5 and rank priority, 1 = Most important)

\_\_\_ ALK \_\_\_ EGFR \_\_\_ FGFR1 \_\_\_ HER2 \_\_\_ MET \_\_\_ MYC  
\_\_\_ NTRK1 \_\_\_ NTRK3 \_\_\_ PTEN \_\_\_ RET \_\_\_ ROS1

**Protein Expression Biomarkers** (Please rank priority, 1 = Most important)

\_\_\_ PD-L1 \_\_\_ ER \_\_\_ PR

#### NGS Profiles with PD-L1

(Fusions will not be tested; Please refer to back for mutations)

**NGS Profile 1** (Recommended for Lung Cancer and Melanoma)

- CSF Tumor Cell Count and PD-L1
- ALK, BRAF, EGFR, ERBB2, KRAS, MAP2K1, MET, NRAS, PIK3CA, ROS1, TP53

**NGS Profile 2** (Recommended for Breast, Esophageal, Gastric, Pancreatic, and Biliary Cancer)

- CSF Tumor Cell Count and PD-L1
- AKT1, CCND1, EGFR, ERBB2, ERBB3, ESR1, FBXW7, FGFR1, KRAS, PIK3CA, SF3B1, TP53

#### Required Signature

"By signing below, you represent on behalf of the Client that, with respect to the above-requested tests, (i) the tests are medically necessary for the care/treatment of the patient; (ii) you have obtained all necessary government, third party payor, and patient consents and approvals to request Biocept to perform the tests and to provide Biocept with all necessary information; and (iii) all information provided to Biocept in this form is accurate and correct; (iv) should the tests be denied payment by any third party payor, the Patient will be financially responsible for the costs of such tests; and (v) should this form conflict with any terms or conditions of any agreement between the parties, this form shall control. Extra patient specimen not needed for clinical testing may be used for internal testing validation in a de-identified manner.

Physician Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

For Biocept Use Only

# of Tubes: \_\_\_\_\_ Tube Type: \_\_\_\_\_

mL Received: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Lot #: \_\_\_\_\_

Received (initials): \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Comments: \_\_\_\_\_

## Assay and CPT Codes

Test	Technology	Result Interpretation	CPT Codes*
ALK	FISH	Translocation	88377
CSF Tumor Cell Count (Carcinoma/Epithelial) CK cocktail <sup>1</sup> , CD45, DAPI, Streptavidin	Antibody Capture, Digital Fluorescence Microscopy and Image Analysis Based Cell Sorting, and Quantitative Cell Count	Cell Count	86152/86153, 88346 x1, 88350 x2
CSF Tumor Cell Count (Melanoma) PanMel cocktail <sup>2</sup> , CD45, DAPI, Streptavidin	Antibody Capture, Digital Fluorescence Microscopy and Image Analysis Based Cell Sorting, and Quantitative Cell Count	Cell Count	86152/86153, 88346 x1, 88350 x2
EGFR	FISH	Amplification	88377
ER	Expression	Expression	88346 or 88350
FGFR1	FISH	Amplification	88377
HER2	FISH	Amplification	81479 or 88377
MET	FISH	Amplification	88377
MYC	FISH	Amplification	88377
NTRK1	FISH	Translocation	88377
NTRK3	FISH	Translocation	88377
PD-L1	Expression	Expression	88346 or 88350
PR	Expression	Expression	88346 or 88350
PTEN	FISH	Deletion	88377
RET	FISH	Translocation	88377
ROS1	FISH	Translocation	88377
NGS Profile 1 <sup>3</sup> ALK, BRAF, EGFR, ERBB2, KRAS, MAP2K1, MET <sup>4</sup> , NRAS, PIK3CA, ROS1, TP53	NGS	SNV/indel	81479
NGS Profile 2 AKT1, EGFR, ERBB2, ERBB3, ESR1, FBXW7, KRAS, PIK3CA, SF3B1, TP53 CCND1, ERBB2, FGFR1	NGS NGS	SNV/indel CNV	81479

<sup>1</sup>Cytokeratin (CK) cocktail includes CK 4, CK 5, CK 8, CK 10, CK 13, CK 18, and CK 19

<sup>2</sup>PanMel cocktail includes Tyrosinase, HMB45, and MELAN-A

<sup>3</sup>Fusions are not tested by this assay

<sup>4</sup>MET single nucleotide variation (SNV) only; Does not include copy number variation (CNV)

\* These CPT Codes are representative of general CPT Code that may apply to the testing services requested. Selection of the appropriate CPT Code for any particular test should be performed by a qualified, certified coder based on the patient's individual medical file and treating physician's judgment.

The Biocept CSF Assay has not been cleared or approved by the U.S. Food and Drug Administration. This test is a lab developed test and its performance characteristics determined by the Biocept CLIA-certified laboratory.

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