

**OmniSeq Test Requisition Form**

Please complete all fields

Fax the completed order form to **888-770-4931** or email to **support@omniseq.com**

Client Information		Patient Information	
Ordering Provider	NPI	First Name	Last Name
Treating Provider	NPI	MRN/Patient #	Middle Initial
Client/Facility/Practice Name		Date of Birth	Sex (at time of birth) <input type="radio"/> Male <input type="radio"/> Female
Address		Street Address	
City	State	Zip	
Phone	Fax	City	State
Email		Zip	Phone
		<input type="radio"/> Patient demographic sheet attached <input type="radio"/> Insurance cards attached	
Specimen Information		Billing Information	
Pathology Lab Name		Bill to	<input type="radio"/> Insurance <input type="radio"/> Patient <input type="radio"/> Workers Comp <input type="radio"/> Client Account
Path Lab Address		Primary Insurance	
Path Lab Phone	Path Lab Fax (required for procurement cases)	Subscriber ID	
Specimen ID	Date of Collection/Biopsy	Name of Insured	Relationship to patient
<input type="radio"/> Test best block <input type="radio"/> Test specific block: _____		Secondary Insurance	
		Subscriber ID	
Medical Necessity/Clinical Information			
Primary Cancer Diagnosis	<input type="radio"/> Bladder	<input type="radio"/> Kidney	<input type="radio"/> Melanoma
	<input type="radio"/> Breast	<input type="radio"/> Liver	<input type="radio"/> NSCLC
	<input type="radio"/> Colorectal	<input type="radio"/> Other:	<input type="radio"/> Other Lung Cancers
	Primary ICD-10	Secondary ICD-10	<input type="radio"/> Pancreatic
Status/Stage <i>(select all that apply)</i>	<input type="radio"/> Metastatic	<input type="radio"/> Refractory	<input type="radio"/> Stage I
	<input type="radio"/> Newly Diagnosed	<input type="radio"/> Advanced stage	<input type="radio"/> Stage II
	<input type="radio"/> Relapse	<input type="radio"/> Progression	<input type="radio"/> Unknown
Patient History <i>(select all that apply)</i>	<input type="radio"/> Limited tissue, conservative use of available sample required		
	<input type="radio"/> Patient previously had single analyte or hotspot testing, no targetable markers were identified or any treatment options as a result of that testing have been exhausted		
	<input type="radio"/> Patient has not this NGS test performed for <i>for this primary cancer</i>		
	<input type="radio"/> Patient is newly diagnosed		
Prior/Current Therapies	<input type="radio"/> Patient has progressed on current/previous therapy		
	<input type="radio"/> Chemotherapy	<input type="radio"/> Immunotherapy	<input type="radio"/> Targeted Therapy
	<input type="radio"/> Radiation	<input type="radio"/> Treatment Naive	
Test Selection			
Test	Required Information		
<input type="radio"/> <b>OmniSeq INSIGHT<sup>SM</sup> Assay</b> DNA & RNA-Seq for targeted therapy, TMB, MSI, PD-L1 & gene expression for immune therapy	Include copy of final path report for sample to be tested and clinical documentation to support medical necessity of testing		
Report Delivery			
Reports will be issued through the OmniSeq Connect Portal unless otherwise indicated below.	Send copy of report to:		
<input type="radio"/> Email: <input type="radio"/> Fax: <input type="radio"/> Mail:	Name: <input type="radio"/> Email: <input type="radio"/> Fax:		
NOTICE: This requisition constitutes an order for services by a licensed medical provider. I certify the medical necessity of OmniSeq testing and the intent to use the results in the medical management and treatment decisions for the patient. The patient has agreed to molecular testing and consents to the release of their information as needed specifically for third party reimbursement.			
Authorized Signature		Order Date	