Stanford HEALTH CARE
STANFORD MEDICINE

Anatomic Pathology and Clinical Laboratories
Customer Service Toll Free (877) 717-3733

Molecular Pathology

For Lab Use Only	Facility Name	Ordering Physician Name Last First
	Address	Physician NPI No.
	City, State, Zip	Physician Phone No. ( )
	Facility Phone Number ( )	Report Fax Number ( )

Patient Name (Last) (First)			Insurance Info: Attach a copy of front & back of Insurance card or face sheet ☐Private Ins/PPO ☐ Medicare ☐ Medi-Cal ☐ Patient ☐Client
Submitter ID Unique ID or MRN	DOB-Required	Sex M F	Responsible Party (Please Print)
Patient's Phone Number ( )	Collection Date & Time	Collection by-Required	Address
Copy to: First Name Last Name			City, State, Zip
Copy to complete address for mailing:			**ICD Code(s) - *REQUIRED INFORMATION***
			Physician Signature: Date: Time:

Each individual test and CMS approved panel must have ICD code(s) to indicate the medical necessity of the test requested. Please provide all applicable ICD code(s) for the tests ordered. @ Tests for Medicare Patients Must be screened to determine if an Advanced Beneficiary Notice (ABN) is required. An ABN must be provided to the Medicare patient if there is a reason to believe Medicare will deny the test. Medicare may deny tests due to frequency. Medicare does not generally cover routine screening tests. Continued on page 2.

Test Name	**Test Code**
Sequencing, Unknown Mutation	
☐ Familial Gastric Cancer, Whole Blood (EDTA), Unknown Mutation	CDH1
If Negative for sequence variant(s) in exons and the examined noncoding regions of the E-Cadherin gene (CDH1) the sample will be reflexed to MLPA assay to detect large deletions or duplications in the CDH1 gene.	
☐ Familial Gastric Cancer, Formalin-Fixed, Paraffin-Embedded (FFPE) **Normal Tissue**	CDH1
Sequencing, Known Mutations	
☐ CDH1 Known Mutation, One Exon Specify the mutation: _____	CDH1
Whole Blood (EDTA) or FFPE **Normal Tissue**	
MLPA (multiplex ligation probe amplification)	
☐ CDH1 MLPA, Whole Blood (EDTA)	CDMLPA

Genetic Counselor/Care Coordinator: _____ Phone #: (____) _____

Family History:
Are other relatives known to be affected with cancer? ☐ No ☐ Yes - Type of Cancer: _____
If yes, indicate their relationship to the patient: _____

List all relevant clinical symptoms and results of any applicable diagnostic tests: _____

Have any other relatives had molecular genetic testing? ☐ No ☐ Yes If yes, indicate the results [specific mutation(s) identified and the lab which testing was performed]: _____

If testing was performed at Stanford University Medical Center Clinical Laboratories, please indicate the patient name and date of birth:

Last Name _____ First Name _____ Date of Birth _____

I have supplied information to the patient regarding genetic testing and the patient has given consent for genetic testing to be performed. I further confirm that this test is medically necessary for the diagnosis or detection of a disease, illness, impairment, syndrome or disorder, and results will be used in the medical management and treatment decision for the patient.

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Specimen Requirements for (CDH1, Whole Blood)
Container Type: Lavender-top tube (EDTA)
Required Volume: 2 mL
Special Handling: Mix by gentle inversion several times.
DO NOT CENTRIFUGE. Transport original tube promptly, at room temperature.

Specimen Requirements for (CDH1, Formalin-Fixed, Paraffin-Embedded (FFPE) Normal Tissue)
Specimen Type: FFPE **Normal Tissue** (non-tumor)
Container Type: Paraffin block
Transport block at room temperature.

Ship to:
Stanford Anatomic Pathology and Clinical Laboratories
Attn: Specimen Processing
3375 Hillview Ave
Palo Alto, CA 94304
Phone: 1 (877) 717-3733

If shipping Friday check for Saturday delivery

Shipper's Responsibility: The shipper is required to comply with the rules and guidelines for transport of medical specimens as set forth by the United States government, the government of the country of origin and international regulatory agencies. Failure to follow instructions for packaging and shipping specimens can result in the delay, loss or destruction of your specimens. Stanford Health Care Clinical Laboratories will not be held responsible for any liability attributable to the shipper's improper actions or failure to comply with regulations.

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Section 1862(a)(1)(A) of the Social Security Act states, "no payment may be made under Part A or Part B for any expense incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of any illness or to improve the functioning of a malformed body member." Tests submitted for Medicare reimbursement must meet program requirements or the claim may be denied.
@ This test is subject to Medicare NCD or LCD, coverage is limited to certain diagnoses that support medical necessity.