



PARADIGM REQUISITION
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602-850-7080

- Please include the following with your submission:
Signed Requisition
Face Sheet/Billing Info
Pathology Report
Initial Clinical Hx
Most Recent Progress Note

Bill To: Client/Referring Institution Patient/Insurance
Medicare = In Patient on DOS Out Patient on DOS Non Patient on DOS
If patient or insurance information is not included or attached to this form, your facility will be billed. For Medicare patients classified as a hospital or outpatient on the date of service, charges must be billed to the referring client.

Patient Name Last First MI Gender Patient Registration or Medical Record #
Patient Address City State ZIP Home Phone # Patient DOB
Policy Holders Name Primary Insurance (Card Name) Primary Policy/Contract # Primary Group # Policy Holders DOB
Policy Holders Name Secondary Insurance (Card Name) Secondary Policy/Contract # Primary Group # Policy Holders DOB

Certificate of Medical Necessity/Consent/Reimbursement

The ordering physician's request of this test constitutes a Certificate of Medical Necessity and that the patient's consent has been obtained for the test and release of the result to the third party payer when necessary as part of the reimbursement process and for the laboratory to obtain follow-up information.

ICD-10 Codes

ICD-10 Codes are required for billing. When ordering tests for which reimbursement will be sought, only order tests that are medically necessary for the diagnosis and treatment of the patient.

Ordering Physician to be contacted with results and/or questions

(See back for additional contacts for final report distribution)

Practice/Institution Name Ordering Physician NPI# Email
Address City State ZIP Phone Fax
Office Contact Phone Email Fax

Specimen Retrieval Option

Unless specified, we will contact the pathology department indicated below to request your patient's specimen. Please check the box if you would like for us to NOT provide this service and your institution will arrange for specimen shipping.

Pathology Information

Practice/Institution Name Phone Fax
Address City State ZIP

Specimen Information

Primary Tumor Type (eg: Bladder, Breast, Lung) Pathology Dx/Histology (eg: Adenocarcinoma, Squamous) Current Pathology Report Included/Attached
Anatomic Collection Site Collection Date Case/Specimen ID#
FFPE Specimen Type Block Slides Shaves/Curls # thickness: & H&E slide

Please be aware that the testing components for Paradigm PCDx may change over the course of time. Although we do our best to educate our clients on any testing changes, please refer to our website for the most current list of biomarkers analyzed by tumor type.

PARADIGM CANCER DIAGNOSTIC (PCDx™) - PLEASE CHECK TESTING & REPORTING OPTION BELOW:

- Includes NGS Analysis (DNA and RNA) + Tumor Specific IHC Panel
BREAST: AR, CAIX, hENT1, PD-L1, PTEN, TOPO1, TP, TRKpan
COLON: HER2, MGMT, PD-L1, PTEN, TOPO1, TRKpan, (Mismatch Repair: MLH1, MSH2, MSH6, PMS2)
NSCLC: ALK, hENT1, MET, PD-L1, PTEN, ROS1, TOPO1, TP, TRKpan, TUBB3
OTHER SOLID TUMORS: CAIX, hENT1, HER2, PD-L1, TOPO1, TP, TRKpan
Include NGS Analysis (DNA and RNA) Only

- If IHC biomarkers are being requested in addition to those listed in the left selected panel please check below:
ALK hENT1 MGMT PTEN TRKpan
AR HER2/neu PD1 ROS1 TS
CAIX IDO PD-L1 TOPO1 TUBB3
ER MET PR TP
Mismatch Repair (includes 4 IHCs): MLH1, MSH2, MSH6, PMS2
Perform full panel of orderable IHC Biomarkers

Additional Information

- Priority Turn-Around
Associated Study:

Ethnicity (check as many as apply)

- American Indian Pacific Islander White Hispanic
Alaskan Native Asian Black Other (specify)

Treatment Status/History

Treatment Status New Diagnosis Recurrent/Progression/Metastasis
Current Therapy Chemo Radiation Immuno Hormonal Targeted Other
First Line Chemo Radiation Immuno Hormonal Targeted Other
Second Line Chemo Radiation Immuno Hormonal Targeted Other
Third Line Chemo Radiation Immuno Hormonal Targeted Other

Physician Signature Print Name Date



PARADIGM CANCER DIAGNOSTIC (PCDX™) – SPECIMEN REQUIREMENTS

Formalin Fixed Paraffin Embedded (FFPE) Samples

PCDX™ TESTING	SAMPLE TYPE	SPECIMEN REQUIREMENTS	TUMOR CONTENT		SAMPLE SIZE	
			OPTIMAL	MINIMAL	OPTIMAL	MINIMAL
NGS Analysis	Paraffin Block	(1) FFPE block from most recent surgery or biopsy, containing the most amount of tumor, excluding bone.	40%	10%*	75 mm ³ (5 mm x 5 mm x 3 mm) or 4 to 6 needle biopsies	One (1) core needle with 10% tumor (10mm x 2mm x 1mm)
	Shaves/Curls	(6-10) 10 micrometer thick freshly cut curls along with H&E stained section of same block.				
	Slides	(12-20) 4 or 5 micrometer unbaked, unstained slides, or (6-10) 10 micrometer unbaked, unstained slides.				
NGS Analysis & IHC	Paraffin Block	(1) FFPE block from most recent surgery or biopsy, containing the most amount of tumor, excluding bone.	40%	10%*	75 mm ³ (5 mm x 5 mm x 3 mm) or 4 to 6 needle biopsies	* RISK THAT FULL PROFILE CANNOT BE PERFORMED
	Shaves/Curls & Unstained Slides	(6-10) 10 micrometer thick freshly cut curls along with H&E stained section of same block & (8-25) 4 micrometer, freshly cut, unstained, unbaked, sections on positively charged slides, or (1) Slide per IHC selected +1				

* PARADIGM CUSTOMER SERVICE WILL CONTACT THE ORDERING PHYSICIAN IF THE SPECIMEN RECEIVED FOR TESTING DOES NOT MEET OUR ESTABLISHED REQUIREMENTS.

Testing Prioritization

In the case where the sample is inadequate to run the entire analysis, the priority of testing will be:

- 1.) NGS for DNA mutations, copy number variations and chromosomal changes, mRNA
- 2.) Protein by IHC

Additional contacts to receive results and/or questions						
Name	Ordering Physician			NPI#	Email	
Address	City	State	ZIP	Phone	Fax	
Name	Ordering Physician			NPI#	Email	
Address	City	State	ZIP	Phone	Fax	

Exclusions
<input type="checkbox"/> Please do not run or report the following genes:

