FLORIDA HEALTH CARE PLANS GENETIC TESTING Authorization/Order Form



Please fax completed form to Central Referral Department at 386-238-3253 or 855-442-8398

| | | Authorization # | | | | | |
|--|----------------------|------------------------------------|-----|---------------------------------|-------------|------------------|--|
| Patient's Name: | | Phone # | | , , | E-mail | | |
| FHCP# Contact Person: | | Date of bir | th: | / / Date: | Gender: | M [_] F [_] | |
| | | | | | | | |
| Physicians' Name: | | | | Provider's Signature: | | | |
| Provider's Phone Number: | | | | Provider's Fax Number: | | | |
| **THE FOLLOWING GENETIC TESTS NO LONGER REQUIRE PRIOR AUTHORIZATION IF DONE BY QUEST DIAGNOSTICS** | | | | | | | |
| Comprehensive Hereditary Cancer Panel-(QuestTest #38600) 66 Gene hereditary cancer panel (includes genes listed below) (APC, ATM, AXIN2, BAP1, BARD1, BLM, BMPR1A, BRCA1, BRCA2, BRIP1, CDH1, CDK4, CDKN1B, CDKN2A (p16, p14), CHEK2, DICER1, EGFR, EPCAM, FANCA, FANCC, FANCM, FH, FLCN, GALNT12, GREM1, HOXB13, MAX, MEN1, MET, MITF, MLH1, MRE11 (MRE11A), MSH2, MSH3, MSH6, MUTYH, NBN, NF1, NTHL1, PALB2, PMS2, POLD1, POLE, POT1, PTCH1, PTEN, RAD50, RAD51C, RAD51D, RECQL, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMARCA4, SMAD4, STK11, SUFU, TMEM127, TP53, TSC1, TSC2, VHL, and XRCC2) All Quest PD-L1 TESTING (Quest Test# 94007,94047,94480,93359,93279,36260,93793) SOLID CORE TUMOR PANEL (Quest Test #93234)-NGS test includes MSI and TMB along with targeted actional mutations for tumor specific and tumor agnostic markers SOLID TUMOR EXPANDED PANEL (Quest Test #93233) NGS test over 500 genes including those on Solid core Tumor panel | | | | | | | |
| SECTION FOR ALL OTHER GENETIC TESTS GENETIC TEST Requested (NOTE QUEST IS OUR PREFERED LAB) : 1. (Please include/attach clinical documentation to support the above) | | | | | | | |
| Diagnosis Code: | | | | | | | |
| If Genetic Test is for Hereditary Cancer, please list: | | | | | | | |
| Personal Cancer History – specify type and age: 1. 2. 3. Family Cancer History – First, second or third-degree relatives only: | | | | | | | |
| Relationship | Maternal or Paternal | Relative Available for Testing? | | Mutation? If ase attach lab. | Cancer Type | Age at Diagnosis | |
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