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DATE AND TIME RECEIVED (INTERNAL USE ONLY)

Highlighted areas represent required billing information.

**CLIENT/ORDERING PHYSICIAN INFORMATION**

Client Information	Ordering Physician	NPI	Physician Email
	Nurse/Contact	Contact Phone	Contact Email
	Fax (for results)	Referring Physician	Referring Physician Fax
	Referral Lab Contact	Referral Lab Phone	Referral Lab Fax

**PATIENT INFORMATION**

Last Name	First Name	DOB	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address	City, State ZIP	Phone	Date
For pediatric samples, parent/guardian name	Last 4 of Patient's SSN XXX - XX - _____	Authorized Signature (certifying medical necessity of testing) X _____	

<input type="checkbox"/> See attached – copy of pathology report enclosed <input type="checkbox"/> No pathology report – please complete required patient information		<b>ICD-9 Codes</b> <b>Dx1:</b> _____ <b>Dx2:</b> _____
<b>REQUIRED PATIENT INFORMATION</b>	<u>Clinical Diagnosis/Reason for Referral</u>	<u>Previous treatment(s)</u>

**PATIENT INFORMATION**

<input type="checkbox"/> See attached – copy of insurance card enclosed <input type="checkbox"/> No copy of insurance card – please complete all required insurance information		<b>Bill to:</b> <input type="checkbox"/> Private insurance carrier (specify name) <input type="checkbox"/> Medicare / Medicaid (circle correct one) <input type="checkbox"/> Hospital / Client (direct billing) <input type="checkbox"/> Self Pay	
Name of Insurance Carrier	Name of Insured (guarantor)		
Insurance Claims Address	Last 4 of Guarantor's SSN XXX - XX - _____		
City, State, Zip	Claims Phone	Member ID #	Group #

**SPECIMEN INFORMATION**

(see reverse for specimen requirements)

Collection Date	# Samples	<b>Non-Fixed Samples</b>	<b>Formalin Fixed Paraffin Embedded (FFPE)</b>
Specimen ID#	Comments	<input type="checkbox"/> Blood <input type="checkbox"/> Bone marrow <input type="checkbox"/> DNA	<input type="checkbox"/> FFPE block alone <input type="checkbox"/> FFPE block plus H&E stained slide <input type="checkbox"/> FFPE slides/shaves (#: _____ thickness: _____)

**TEST SELECTION**

(see reverse for test descriptions)

Service Level	Test	Clinical Information			
<input type="checkbox"/> Global	<input type="checkbox"/> DNAarray™ Heme Profile	<input type="checkbox"/> CLL <input type="checkbox"/> MDS <input type="checkbox"/> MM <input type="checkbox"/> ALL <input type="checkbox"/> AML <input type="checkbox"/> Other: _____			
	<input type="checkbox"/> DNAarray™ Tumor Profile <input type="checkbox"/> Solid Tumor Mutation Analysis	<input type="checkbox"/> Colon <input type="checkbox"/> Lung <input type="checkbox"/> Brain <input type="checkbox"/> Metastatic: Primary - _____ <input type="checkbox"/> Ovarian <input type="checkbox"/> Melanoma <input type="checkbox"/> Other: _____ <input type="checkbox"/> BRAF <input type="checkbox"/> EGFR <input type="checkbox"/> KRAS <input type="checkbox"/> PIK3CA			
<input type="checkbox"/> Tech Only (TC)	<input type="checkbox"/> DNAarray™ HER2 PRO™	<u>HER2 by IHC</u> <input type="checkbox"/> 0 <input type="checkbox"/> 2+ <input type="checkbox"/> 1+ <input type="checkbox"/> 3+	<u>HER2 by FISH</u> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	<u>ER Status</u> <input type="checkbox"/> Positive <input type="checkbox"/> Negative	<u>PR Status</u> <input type="checkbox"/> Positive <input type="checkbox"/> Negative
	<input type="checkbox"/> DNAarray™ Breast Profile				

<b>FINAL ORDERING CHECKLIST</b> <input type="checkbox"/> Physician signature and ICD9 codes <input type="checkbox"/> Attach front and back copy of insurance card (or fully complete the billing section) <input type="checkbox"/> Attach pathology report (or fully complete required patient information section) <input type="checkbox"/> Attach previous cytogenetic, FISH, and genetic testing results	<u>Other Notes/Requests</u>
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TEST DESCRIPTIONS	
Test Name	Description
DNAarray™ Heme Profile	Whole genome Oligo High Density array with 180,000 unique clones designed to query 500 oncogenes with 22,000 cancer-specific probes. Provides high resolution chromosomal analysis by identifying gains and losses throughout the genome. Assists with diagnosis, prognosis, clinical treatment decisions and disease state monitoring for hematologic malignancies.
DNAarray™ Tumor Profile	Whole genome solid tumor BAC array with over 3000 unique clones to provide high resolution chromosomal analysis by identifying gains and losses that have strong clinical relevance (therapeutic, prognostic and diagnostic) in correlation with specific oncogenes. Also allows for assessment of overall genomic stability. Common tumor types evaluated include: Lung, Colon, Glioblastoma, Ovarian, Melanoma and Metastatic disease.
DNAarray™ Breast Profile	Whole genome BAC array of over 3000 unique clones used to assist in classification of breast cancer into one of five subtypes: luminal A, luminal B, ERBB2, basal-like, and complex unclassified. Also assesses overall genomic stability of tumor, and can detect copy number status of genes that have strong clinical correlations in breast cancer, including TP53, C-MYC, TOP2A, and EGFR.
DNAarray™ HER2 PRO™	Chromosome 17-specific BAC array of 254 unique clones distributed across chromosome 17. Indicated for patients with equivocal HER2 status after IHC and/or FISH. Detects HER2 amplification at the genomic level as well as overall chromosome 17 ploidy status.

SPECIMEN REQUIREMENTS		
Sample Type	Test Name	Required Amount
Blood	Heme Profile	≥ 2cc EDTA (purple top)
Bone marrow	Heme Profile	≥ 2cc EDTA (purple top)
DNA	Heme Profile HER2 PRO™ Breast Profile Tumor Profile	≥ 2 micrograms of total DNA suspended in water or TE buffer
FFPE blocks	HER2 PRO™ Breast Profile Tumor Profile	Paraffin-embedded tissue block with at least 1cm <sup>2</sup> tumor tissue
Unstained Slides	HER2 PRO™ Breast Profile Tumor Profile	At least 10 unstained slides with FFPE tissue cut at 7-microns thick containing greater than 1 cm <sup>2</sup> of tumor tissue. Include an H&E stained slide for review.

SHIPPING INFORMATION	
Place your sample in the shipping kit. Insert kit and requisition into the FedEx Clinical Pak and seal. Affix the pre-paid shipping label to the Clinical Pak and drop off or call FedEx for pick-up. All samples should be sent at <b>room temperature</b> . Our shipping address is:	
<b>CombiMatrix Client Services</b> <b>310 Goddard, Suite 150</b> <b>Irvine, CA 92618</b>	<i>If you have any questions regarding the test ordering or shipping process, please do not hesitate to contact <b>Client Services at (800) 710-0624 x455 or (949) 753-0624.</b></i>

