

# How to Order Caris Molecular Profiling

1

Contact Caris



**Contact Caris Life Sciences®** to obtain the requisition form and tumor specimen shipper kit. The latest requisition can be downloaded from the website [www.CarisLifeSciences.com/order](http://www.CarisLifeSciences.com/order).

*Note: The requisition can also be submitted through MI Portal, contact Customer Support to set up an account.*

2

Complete Requisition



**Complete ALL fields on the requisition form**, following the instructions on the reverse of this document.

**The requisition must have the signature of either the treating physician, pathologist or authorized practitioner signature** requesting Caris molecular profiling.

*Note: If a surgical procedure is planned to collect specimen, provide the anticipated specimen information, date and time of procedure and the location/facility information.*

3

Send Documentation



**Gather additional documentation** needed for the completion of testing

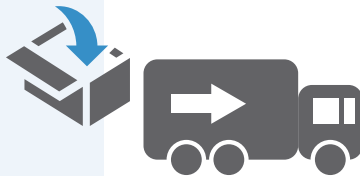
- Patient Insurance Information
- Pathology Report
- Clinical History (e.g. 90-Day Clinical History, Physical Exams, and Other Notes: Daily Progress, Treatment, Doctors and Office)

**Send the completed Tumor Profiling Requisition, patient insurance information, pathology report and clinical history** to Caris. Fax the documents to Customer Support (866) 479-4925 or upload the items into MI Portal.

*Note: If provided documentation is incomplete, Customer Support may contact your office to obtain missing information.*

4

Ship Specimen



**Prepare the specimen** as outlined on the back of the *Tumor Profiling Requisition*. Place both the specimen and the completed requisition in the shipper kit provided. Contact Customer Support (888) 979-8669 to arrange pick-up, or ship out with daily FedEx or UPS shipment.

5

Review Report



**Receive the final report** via MI Portal, email or fax within 10-14 days of case activation. **The case will be activated once all documents and specimen have been received by Caris.**

# Tumor Profiling Requisition

Instructions for completing the Tumor Profiling Requisition are outlined below. These instructions are provided as a general overview, please contact Customer Support (888) 979-8669 for additional details.

### Treating Oncologist Information

Enter the treating oncologist's contact information. This section can be pre-populated with your practice information. Call Customer Support to learn more.

### Pathology Information

Typically, specimens are submitted through pathology. This information is critical to ensure the timely delivery of specimen.

### Billing Information

Billing information is required to initiate testing. Include a copy of the face sheet and front and back of the insurance card.

### Tumor Profiling Services (CHOICE REQUIRED)

Clearly indicate MI Profile OR MI Tumor Seek to be performed. A selection **MUST** be made.

### Physician or Practitioner Signature (SIGNATURE REQUIRED)

Signing the req authorizes Caris to perform tumor profiling services.

## Tumor Profiling Requisition



Phone: (888) 979-8669 | Fax: (866) 479-4925 | Email: CustomerSupport@CarisLS.com Please complete and return by fax or email. Customer Support may contact your office to obtain certain medical records that may be required by patient's insurance provider.

TREATING ONCOLOGIST INFORMATION				PATIENT INFORMATION			
Name		NPI		Last Name		First Name MI	
Physician Email		Office Contact Name		In-Office Medical Record Number		DOB Gender Ethnicity	
Office/Hospital Name		Address		Address		Apt.	
City		State Zip		City		State Zip	
Phone		Fax		Phone		Work Phone or Email	
PATHOLOGY INFORMATION				SURGEON/PA/APRN or PERSON COMPLETING REQUISITION			
Pathologist/Pathology Services				Name Facility			
Hospital				Address City State			
City				Phone Fax Zip			
Phone				Role			
				<input type="checkbox"/> Surgeon <input type="checkbox"/> PA <input type="checkbox"/> MA <input type="checkbox"/> APRN <input type="checkbox"/> Other_____			
BILLING INFORMATION (Attach the front and back of PRIMARY and SECONDARY insurance cards. Patient insurance/payment is REQUIRED to begin testing.)							
<input type="checkbox"/> Insurance <input type="checkbox"/> Self Pay <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> HMO Referral # <input type="checkbox"/> Other_____							
Insurance Provider		Policy #		Group #		Insured Name	
Primary						Insured DOB	
Secondary						Relationship to Patient	
						Prior Authorization #	
CLINICAL/SPECIMEN INFORMATION (Include a copy of the pathology report and medical records that support the need for testing)							
ICD-10 Code(s)				Clinical Stage		Current Line of Therapy	
Specimen Collection Location (Place of Service Code):							
<input type="checkbox"/> Office/Clinic (11) <input type="checkbox"/> Hospital Inpatient (21) <input type="checkbox"/> Date of Discharge: _____ <input type="checkbox"/> Hospital Outpatient/ASC (22) <input type="checkbox"/> Non-Hospital ASC (24) <input type="checkbox"/> Skilled Nursing Facility (32) <input type="checkbox"/> Hospice (34)							
Specimen Collection Facility (Place of Service)				Primary Tumor Site		Specimen Site	
Specimen Type(s):				Collection Date & Time		Most Recent Specimen	
<input type="checkbox"/> FFPE Block <input type="checkbox"/> Unstained Slides <input type="checkbox"/> Formalin Fixative				/ /		/ /	
				AM PM		Yes No	
						Date Removed From Storage (Medicare Only)	
						Duration of Fixation (FFPE Blocks)	
						/ /	
CARIS MOLECULAR PROFILING							
To order, please select from the options below. The biomarkers included in the options below may change from time-to-time. Before ordering, please refer to the website, <a href="http://www.CarisLifeSciences.com/profiling-menu">www.CarisLifeSciences.com/profiling-menu</a> , to view the definitive list of available biomarkers and the specific biomarkers analyzed by tumor type.							
<b>TUMOR PROFILING OPTIONS (Choice required). If the specimen is insufficient to perform the ordered tests, limited tissue testing recommendations by Caris pathologists will be performed unless otherwise indicated in the special instructions section or by providing specific instructions in advance to Caris Customer Support.</b>							
<input type="checkbox"/> <b>MI Profile™</b> – Multi-platform, solid tumor biomarker analysis. The technology platforms used and biomarkers tested may vary based on the tumor type submitted. Technologies include: NGS (whole exome sequencing for DNA mutations, copy number alterations, insertions/deletions, genomic signatures; LOH, MSI, TMB; and whole transcriptome sequencing for RNA fusions and variant transcripts), pyro sequencing, IHC, in situ hybridization. Caris FOLFIRISai™ will be performed for metastatic colorectal adenocarcinoma cancer cases.				<input type="checkbox"/> <b>MI Tumor Seek™</b> – NGS analysis. Whole exome sequencing for DNA mutations, copy number alterations, insertions/deletions, genomic signatures LOH, MSI, and TMB, and whole transcriptome sequencing for RNA fusions and variant transcripts. Caris FOLFIRISai™ will be performed for metastatic colorectal adenocarcinoma cancer cases.			
<input type="checkbox"/> <b>Caris GPSai™</b> – Cancer type similarity assessment consisting of algorithmic analyses of the genomic (DNA) and transcriptomic (RNA) characteristics of the tumor as compared to more than 20 distinct tumor types in the Caris database. Only available if MI Profile or MI Tumor Seek is ordered.				Add Immuno-Oncology IHC biomarkers (included in MI Profile): <input type="checkbox"/> PD-L1 <input type="checkbox"/> MMR (MLH1, MSH2, MSH6, PMS2)			
SPECIAL INSTRUCTIONS/ADDITIONAL PHYSICIAN INFO (name, email, fax):							
Physician/Authorized Provider Signature		Print Name		Date		<b>Attestation:</b> This requisition constitutes an order for molecular testing from Caris MPI, Inc. I certify (a) the services are medically necessary and will assist me in treating my patient, (b) the patient has sufficient performance status to receive additional treatment, (c) I maintain and will make available patient medical records documenting the foregoing, (d) I have supplied information to the patient regarding this testing, and (e) if order is placed by pathologist, I certify this order for services is supported by my institution's medical policy and/or was deemed medically necessary by the patient's treating physician.	

### Patient Information

Enter patient demographic information here. This information is mandatory per CLIA / CAP requirements.

### Surgeon/PA/APRN or Person Completing Requisition

Enter the contact information and select the applicable role.

### Clinical/Specimen Information

Provide detailed information about the patients diagnosis, clinical standing and the specimen being sent for testing.

### Caris GPSai™

Cancer type similarity assessment. Can be added to any solid tumor order (for CUP and cases of atypical clinical presentation or clinical ambiguity).

### Special Instructions

Select additional testing options, add other physician(s) to be copied on the final report, or enter notes for the order.

**Fax completed requisition with copy of the pathology report, clinical history and insurance information to (866) 479-4925.**