CANCER GENETICS®

Empowering Personalized Cancer Treatment

201 Route 17 North, 2nd Floor • Rutherford, NJ 07070
Phone: 201-528-9187 • **Fax:** 201-933-0787 • **Toll Free:** 888-334-4988 • **www.cancergenetics.com**

FHACT™ FISH-Based HPV-Associated Cancer Test

CGI LAB USE ONLY

Accession # _____

Date: _____ Time: _____

Patient Information

Name (Last, First, Middle Initial)

Address

☐ Male ☐ Female D.O.B.

Social Security # Phone

Med. Rec. No. / Patient No. / Specimen No.

Client Information

Billing Information (Attach face sheet and front and back of insurance card)

Bill: ☐ Insurance ☐ Medicare – Part B ☐ Patient ☐ Hospital / Institution

Patient Status: ☐ Inpatient ☐ Outpatient ☐ Non-Hospital patient

Pre-Authorization #

Medicare # ☐ See Attached Billing Info

Healthplan ☐ See Attached Billing Info

Address

Policy / Cert. # Group / Plan #

Medical Group

Name of Insured Phone

Relationship to Insured: ☐ Self ☐ Spouse ☐ Child ☐ Other: _____

Secondary Insurance ☐ Yes ☐ No (If Yes, Please Attach)

Medicare will only reimburse for tests which meet the Medicare coverage criteria that are reasonable and neccesary to treat or diagnose an individual patient.

Specimen Information

☐ **ThinPrep®** ☐ **PreservCyt®** ☐ **SurePath®**

Collection Date: Collection Time:

Clinical Information

Diagnosis or Signs / Symptoms:

ICD9:

☐ **Cervical Cancer**

HPV Status:

☐ Positive ☐ Negative

Test Requested

FHACT™

FISH-based HPV-Associated Cancer Test

Specimen/Shipping Requirements

Specimen collection

Liquid cytology in PreservCyt® or SurePath®. Recommended specimen volume is at least 10 mL.

Shipping conditions

Specimens should be sent within 3 weeks of collection. Specimens can be shipped at room temperature (<25˚C) but shipping at 4˚C is recommended.

Storage conditions

Any storage after 48 hours of collection should be done at 4˚C.

PHYSICIAN'S SIGNATURE _____

06.20.14

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Client Services Hours: Monday-Friday: 8am-8pm EST
Saturday: 8am-4pm EST

www.cancergenetics.com

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