DermTech

Molecular Pathology Test Requisition

CLIENT SERVICES: 1.858.450.4222 EXT. 156
12340 El Camino Real, San Diego, CA 92130
DermTech.com

SAMPLE COLLECTION INFORMATION

COLLECTED BY

DATE / /

KIT NUMBER

PATIENT INFORMATION

LAST NAME | FIRST NAME | M.I.

ADDRESS

CITY | STATE | ZIP

PHONE

DATE OF BIRTH / / | AGE | SEX | MEDICAL RECORD NUMBER

BILL TO ☐ INSURANCE ☐ PATIENT UNINSURED ☐ PATIENT SELF-PAY

SUBSCRIBER PRIMARY INSURANCE

ATTACH A COPY OF INSURANCE CARD (FRONT & BACK)

SUBSCRIBER NAME

RELATIONSHIP TO PATIENT ☐ SELF ☐ SPOUSE ☐ DEPENDENT

DATE OF BIRTH / / | SEX ☐ MALE ☐ FEMALE

SUBSCRIBER SECONDARY INSURANCE

ATTACH A COPY OF INSURANCE CARD (FRONT & BACK)

SUBSCRIBER NAME

RELATIONSHIP TO PATIENT ☐ SELF ☐ SPOUSE ☐ DEPENDENT

DATE OF BIRTH / / | SEX ☐ MALE ☐ FEMALE

LESION EXHIBITS

- Please check the ABCDE criteria that the lesion exhibits:

☐ Asymmetry ☐ Diameter
☐ Border ☐ Evolving
☐ Color

ICD-10 CODE

☐ D48.5 Neoplasm of uncertain behavior of skin

☐ D49.2 Neoplasm of unspecified behavior

☐ Other ______________

____

NOTE: For the convenience of the ordering health care provider, the above ICD-10 codes are listed without any express or implied warranty of any kind. Health care providers are not required to use these codes but should report the most clinically appropriate diagnostic code(s) that best describe the reason for performing the test.

INTENDED USE OF TEST

- Melanocytic lesions having one or more ABCDE criteria
- Skin intact, not previously biopsied or scarred
- Diameter is ≥5mm*

Not intended for use on palms, soles, mucous membranes, non-melanocytic lesions including non-melanocytic skin cancers (e.g. pigmented basal cell carcinoma or seborrheic keratosis or actinic keratosis), lesions that are ulcerated or bleeding, or in areas of psoriasis, eczema or similar condition.

**For Medicare, additional ordering and coverage criteria are set forth in Medicare Local Coverage Determination #38151*

This test is medically necessary for the evaluation and treatment of my patient for a lesion suspicious of melanoma, with one or more ABCDE criteria. I certify that I have the requisite knowledge, skill, and experience to evaluate and biopsy pigmented lesions. The lesion submitted is for a patient having skin type Fitzpatrick I, II or III.

____
HEALTH CARE PROVIDER SIGNATURE

TEST(S) ORDERING *(TO ORDER TERT ADD-ON ASSAY BOTH BOXES MUST BE SELECTED)*

DERMTECH MELANOMA TEST (COMPRISED OF TWO ASSAYS):

☐ PIGMENTED LESION ASSAY (PLA) - LINC00518 & PRAME

☐ TERT ADD-ON ASSAY (WHEN SUFFICIENT GENOMIC MATERIAL IS AVAILABLE)

PRACTICE INFORMATION

PRACTICE NAME

HEALTH CARE PROVIDER | NPI NUMBER

ADDRESS / LOCATION

CITY | STATE | ZIP

PHONE | FAX

BODY SITE | SIZE

FOR LABORATORY USE ONLY

DATE RECEIVED / / | TIME RECEIVED | ACCESSION ID

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