

# BRAF TEST REQUEST FORM

For more information about the *Know Now BRAF Testing Program*, please visit [www.KnowNowBRAF.com](http://www.KnowNowBRAF.com).

Enterprise Account #97517042  
Employer Solutions National Clinical Account Specimens must be tested in a QLS Laboratory.  
Questions? Please call 1-866-226-8046.

**TEST CODE 36757**

No other test codes are to be added to this requisition.

This program is designed for *BRAF* testing in STAGE III or IV melanoma, with ICD10 CD43.XX. Please choose the disease stage for this patient:

STAGE III Melanoma

STAGE IV Melanoma

DATE (MM/DD/YYYY)

## PHYSICIAN INFORMATION

ORDERING PHYSICIAN NAME		PHYSICIAN NPI	
ORDERING PHYSICIAN ADDRESS			
PHYSICIAN CITY	STATE	ZIP CODE	ORDERING PHYSICIAN OFFICE TELEPHONE
Test results to be reported to the following secure fax number (to be completed by physician) ▶		ORDERING PHYSICIAN FAX NUMBER	

## PATHOLOGY GROUP INFORMATION

PATHOLOGY GROUP NAME	
TELEPHONE NUMBER	FAX NUMBER

## PATIENT INFORMATION

PATIENT LAST NAME	PATIENT FIRST NAME
PATIENT DATE OF BIRTH (MM/DD/YYYY)	PATIENT ID

Contact the dedicated Enterprise Account Call Center at 1-866-226-8046 for any questions you may have about the *Know Now BRAF Testing Program*.

I, \_\_\_\_\_, authorize Quest Diagnostics to perform the *BRAF* mutational test using the bioMérieux *THxID*<sup>®</sup>-*BRAF* kit for the patient mentioned above, and I attest that the attached pathology report belongs to this patient. I certify that the information above is true and complete. I further certify that the test is medically necessary for my patient and that I have obtained the patient's consent for this test as required by my state. I agree that I will not seek payment from my patient for the test and that no claim will be submitted to any third-party payer.

PHYSICIAN SIGNATURE

DATE (MM/DD/YYYY)

Please attach the pathology report and submit by fax [1-610-271-3881] or email [RMBXNovartisBRAF-E@questdiagnostics.com].

Please complete the **BRAF TEST REQUEST FORM** and include the pathology report in the submission as the test order cannot be processed without both.

The *THxID-BRAF* kit is a registered trademark of bioMérieux, Inc.

