

This form must be completed when ordering Colaris testing for Medicare Beneficiaries ONLY if no tumor testing (via MSI and/or IHC) has been performed.

Name of Ordering Provider: _____

Patient Information:

Name: _____ Date of Birth: _____

Per Noridian LCD, MoIDX: Genetic Testing for Lynch Syndrome (L36374), multiple germ-line testing (e.g. Colaris Plus) will be covered by Medicare for patients with colorectal or endometrial cancer meeting specific clinical criteria if one of the findings listed below applies.

Please check which applies to the patient indicated above:

_____ Tumor tissue is not available

_____ Tumor tissue was determined by a pathologist to be inadequate to perform MSI or IHC

_____ Cancer was diagnosed prior to Medicare eligibility AND the tumor sample is no longer available

Ordering HCP Signature

Date

**If you did not submit this form with the specimen, you may fax
this to our customer service department at 801-584-3615.**