

### I. Ordering Clinician Information

Name of Ordering Clinician \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Telephone / Fax \_\_\_\_\_  
( ) ( )

Institution / Practice Name \_\_\_\_\_

### II. Patient Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

DOB \_\_\_\_\_ Gender \_\_\_\_\_ SSN# or Medical Record# (Required) \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_  
( )

### DecisionDx-UMSeq 7-gene panel using Next Generation Sequencing (NGS) (GNAQ, GNA11, CYSLTR2, PLCB4, EIF1AX, SF3B1, BAP1)

- Diagnosis – Uveal melanoma: This panel cannot be performed on tissue that has not be formally diagnosed as uveal melanoma.
  - DecisionDx-UM test results:  
Class Result: 1A \_\_\_ 1B \_\_\_ 2 \_\_\_ Multiple Gene Failure (technical failure) \_\_\_ Not yet known \_\_\_  
Date reported: \_\_\_/\_\_\_/\_\_\_
  - Report Accession # (upper right hand corner of report): u\_\_\_\_\_
- DecisionDx-UM PRAME result (if known): negative \_\_\_ positive \_\_\_ NA \_\_\_

Ordering Clinician: \_\_\_\_\_  
Please Print \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Credit Card Authorization Form required along with requisition\***

**FOR INTERNAL USE ONLY**

Date received: \_\_\_\_\_ Processed by: \_\_\_\_\_ Materials received: \_\_\_\_\_  
DTL: \_\_\_\_\_ Note: \_\_\_\_\_