NavDx®
Optimizing HPV+ Cancer Care

NavDx Test Requisition Form
support@naveris.com | P 833.628.3747 | F 877.310.5073
Massachusetts: CLIA #22D2163166 | CAP Accredited #8681231
North Carolina: CLIA: #34D2268160 | CAP Accredited #9722306

Test Ordered: NavDx | CPT Code 0356U	**Specimen Type:** Blood	**Date Test Ordered:**	**Collection Date:**

ORDERING HEALTHCARE PROVIDER

Ordering HCP Name: | NPI:

Institution/Practice Name:

Address:

City: | State: | Zip/Postal Code: | Country:

Phone: | Reporting Preference(s): ☐ Fax: ☐ Email: ☐ Portal Only

PATIENT INFORMATION

Last Name: | First Name: | Middle Name: | Suffix:

Date of Birth: | Sex at Birth: ☐ Male ☐ Female | MRN#:

Address:

City: | State: | Zip/Postal Code: | Country:

Phone: | Cell: | Email:

SHOULD NAVERIS ARRANGE MOBILE OR OFFSITE PHLEBOTOMY?

☐ Yes ☐ No | If yes, was a kit provided to the patient: ☐ Yes ☐ No | Target Blood Draw Date:____________

CLINICAL INFORMATION

Diagnosis/Date of Diagnosis:____________________

☐ Oropharyngeal Cancer ☐ Anal Cancer

☐ Other:____________________

Provide a diagnostic ICD-10 Code(s):________________

Ordering provider should report the ICD-10 code(s) that best describes the reason for performing the test. This section is not intended to influence the medical judgement of an ordering provider.

Select "History of" Z-Code for Surveillance Patients:

☐ Z85.810 ☐ Z85.818 ☐ Z85.819 ☐ Z85.048

Treatment History (check all that apply)

☐ None ☐ Surgery ☐ Radiotherapy ☐ Chemotherapy ☐ Immunotherapy ☐ Other:________________

Tumor p16 Status (check one)

☐ Positive ☐ Negative ☐ Unknown

Tumor HPV Status (check one)

☐ Positive ☐ Negative ☐ Unknown

HPV Method of Detection (check one)

☐ RNA-ISH ☐ PCR ☐ Sequencing

Tumor Status at Time of Blood Draw (check one)

☐ NED (No Evidence of Disease) ☐ Active ☐ Indeterminate

Recurrence

☐ Yes ☐ No Date of Recurrence Diagnosis *(mm/yyyy)*:____________

Treatment Stage at Time of Blood Draw (check one)

☐ Pre-Treatment ☐ Treatment ☐ Surveillance

Date of Last Curative Intent Treatment *(mm/yyyy)*:____________

SURVEILLANCE TESTING (check one if patient is in surveillance)

Enroll Patient in Recurring Surveillance Testing for 12 Months on the Following Schedule:

☐ Every 3 Months ☐ Every 6 Months ☐ Every 12 Months

☐ Single Test Order | ☐ Other (months):____________

BILLING INFORMATION *[Attach a copy of the front and back of the patient's insurance card , face sheet, AND most recent clinical note]*

Primary Insurance Provider:	Subscriber #:	Group #:	Policy Holder Name:	Policy Holder DOB:
Secondary Insurance Provider:	Subscriber #:	Group #:	Policy Holder Name:	Policy Holder DOB:

Billing Type: ☐ Private Insurance ☐ Medicare Part B ☐ Medicaid ☐ Self-Pay ☐ Cash Pay ☐ Client Bill | Relationship to Subscriber:____________

Status at Time of Blood Draw: ☐ Hospital Inpatient ☐ Hospital Outpatient ☐ Non-Hospital Patient | Prior Authorization # (OR N/A):____________

HEALTHCARE PROVIDER ATTESTATION

Ordering Physician's Signature:

I am the patient's treating physician; my signature certifies that the clinical information entered on this form is accurate and that I have documented medical necessity and patient eligibility for this test in the patient's medical record. I have obtained informed consent from the patient for the test and for Naveris to release test information for treatment, care coordination, and/or when necessary to pursue reimbursement or payment. Test results will be used in my treatment decision. Recurring surveillance testing orders expire 12 months from the original test order's collection date. Collection date will be updated for subsequent tests ordered pursuant to a recurring surveillance test order. Medicare only: NavDx testing is for the surveillance of recurrence in patients with a history of HPV-driven oropharyngeal cancer and no current evidence of disease. Testing can start upon completion of any regimen of curative intent therapy: 1 day following surgery and 7 days following chemotherapy, radiation therapy or immunotherapy.

For Naveris Lab Use Only	Received by:	Date/Time:	Volume Received:	Tube Collection Date: