

Statement of Medical Necessity for Previstage™ GCC Colorectal Cancer Staging Test

Please complete and fax to DiagnoCure Oncology Laboratories and your pathology laboratory.
If samples are not received within 2 business days, DiagnoCure Oncology Laboratories will contact the pathology laboratory.

Patient Information		
Name:		
Date of Birth:	Gender:	Phone #:
Insurance Company Name:		
Member ID #:	Group #:	

Ordering Physician Information	
Name:	Specialty:
Address:	Facility Name:
Phone #:	National Provider ID #:
Pathology Laboratory Phone #:	

Medical Criteria
<ol style="list-style-type: none"> 1. This patient has been diagnosed with colorectal cancer (CRC) of undetermined stage. 2. Surgical resection with staging by histopathology has been performed. 3. The need for further treatment (radiation, chemotherapy, and/or additional surgery) will be based on tumor staging results. 4. If this patient's CRC is determined to be Stage I or II (pNO), no further treatment may be recommended; however, confirmation of the histopathology results is of critical importance because the risk of recurrence is Stage I or II CRC, based on traditional histopathology alone, is known to be up to 25-30%*.

I certify that the information is complete and accurate to the best of my knowledge and that the test ordered hereunder is medically necessary and that I will be supervising the patient's treatment. It is my clinical judgment that, for the above named patient, the use of Previstage™ GCC, in conjunction with traditional histopathology staging methods, will provide important information to more accurately determine the colorectal cancer stage than if the treatment decisions were based on the results of traditional histopathology staging alone. The Previstage™ GCC results will be used to inform treatment decisions.

Physician's Signature: _____

Date: _____

Documents Attached :

- Pathology Report
- Medical Records
- Other

*Iddings D, et al. Ann Surg Oncol 2006 :13 :12386-92