MelaPro Dx

Test Requisition Form

New River Labs
947 Canyon Road
Morgantown, WV 26508
(800) 850-5675

Ordering Physician Information

Last Name		**First Name**	
Office/Practice Name		**NPI #**	
Street Address			
City	**State**	**Zip**	
Phone		**Email**	
Office Contact Name		**Office Contact Email**	

Treating Physician Information

Last Name		**First Name**	
Office/Practice Name		**NPI #**	
Street Address			
City	**State**	**Zip**	
Phone		**Email**	
Office Contact Name		**Office Contact Email**	

Patient Information

Last Name	**First Name**	**Gender**	**Email**		**Phone**
Street Address		**City**	**State**	**Zip**	**DOB (MM/DD/YYYY)**

Specimen Information

Sample ID # (Barcode):	**Tissue Type (e.g., skin):**	**Anatomical Site (*e.g.,* left arm):**	**Biopsy Date (MM/DD/YYYY)**
Fixative Type: ☐ 10% Neutral Buffered Formalin ☐ Other	**Attachments Included:** ☐ Pathology Report ☐ Molecular Test Results	**Physician Diagnosis (ICD-10 Code):** ☐ D48.5 Neoplasm of uncertain behavior of skin ☐ Other	**Specimen Type:** ☐ FFPE Tissue Sections ☐ FFPE Tissue Block

Subtype Favors (Select One):

☐ Acral Lentiginous	☐ Desmoplastic	☐ Nodular	☐ Superficial spreading
☐ Acral Nevus	☐ Lentigo Maligna	☐ Spitz Nevus	☐ Unknown
☐ Conventional Nevus	☐ Nevoid	☐ Spitzoid	

Diagnosis Favors (Select One):
☐ Benign
☐ Indeterminant
☐ Malignant

Billing Information

Payment Method: ☐ Private Insurance ☐ Medicare ☐ Medicaid ☐ Patient Self Pay

Insurance Provider: Submit a copy of both sides of Patient's insurance card. If more than one card is submitted, specify which is primary.

Specimen Requirements

The patient specimen must meet the following requirements. If these requirements are not met, the specimen may be rejected, the test result may be incorrect, and/or the test result may be delayed. The patient specimen must be a cutaneous melanocytic lesion that contains sufficient melanocytic cells for testing. The specimen must be formalin fixed paraffin embedded (FFPE) tissue. The patient specimen may either consist of three (3), 5-micron thick FFPE serial sections or one (1) FFPE block. If submitting serial sections, the middle serial section must be mounted on the plus slide, and each end serial section must be adhered to the etched side of a New River Labs slide. No extra paraffin may be added to the slides.

Specimen Suitability

MelaPro Dx is validated for seven (7) melanoma subtypes (acral lentiginous, desmoplastic, lentigo maligna, nevoid, nodular, Spitzoid, and superficial spreading), three (3) benign nevus subtypes (acral, conventional, and Spitz), and metastatic melanoma. MelaPro Dx has not been validated for noncutaneous neoplasms, non-melanocytic neoplasms, re-excision specimens, specimens directly exposed to radiation therapy, or specimens from patients currently, or recently, receiving chemotherapy. Therefore, these specimens are not suitable for testing and will be rejected. Refer to the MelaPro Dx Technical Specifications at www.newriverlabs.com for more information.

Authorized Signature

I hereby attest that the person listed in the Ordering Physician section above is authorized by law in the relevant jurisdiction to order the requested test. I certify that the requested test is a medical necessity for the treatment of the patient. I confirm that informed consent, if required, was received from the patient, and the information provided above is complete and accurate. I further confirm that I have adhered to the Specimen Requirements, and to the best of my knowledge, the specimen provided is NOT a non-cutaneous neoplasm, non-melanocytic neoplasm, re-excision specimen, specimen directly exposed to radiation therapy, or specimen from a patient currently, or recently, receiving chemotherapy. I CERTIFY THAT THE PROVIDED SPECIMEN IS SUITABLE FOR TESTING. I authorize New River Labs, LLC to perform the requested test on the provided specimen and to release the test result, as needed, to the payer. I understand the test result is intended to provide additional scientific data to the ordering physician to aid in the diagnostic process, this data is not intended to be used as diagnostic information without the review of the ordering physician, and the ordering physician should consider this result, along with all other histopathological data, clinical examinations, and other relevant findings, to make an overall diagnosis.

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Authorized Signature Date