

ANCILLARY TESTS

Check the box next to the name of the desired ancillary test(s) and provide all required information below (*).

■ CONFIRM MDX (MDx Health)		
*ICD-10 Code:	*Date of last DRE:	*Date of last PSA:
	*Last DRE: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Medical Record Number:
*Biopsy History <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th Biopsy		

■ DECIPHER (Genome DX)	
*PRE Biopsy PSA:	Medical Notes:
*Select Clinical Stage (Results of DRE) <input type="checkbox"/> T1a (<= 5% on TURP) <input type="checkbox"/> T2a (<= 50% involvement on 1 lobe) <input type="checkbox"/> T3a (Spread outside prostate) <input type="checkbox"/> T1b (> 5% on TURP) <input type="checkbox"/> T2b (> 50% involvement on 1 lobe) <input type="checkbox"/> T3b (Spread to seminal vesicles) <input type="checkbox"/> T1c (No nodules and increased PSA) <input type="checkbox"/> T2c (Involvement on both lobes) <input type="checkbox"/> T4 (Spread outside prostate and vesicles)	
Clinical History: <input type="checkbox"/> Family History of Prostate Cancer <input type="checkbox"/> African Heritage	
Pre-Decipher treatment recommendation <input type="checkbox"/> Observation <input type="checkbox"/> Active Surveillance <input type="checkbox"/> RP alone <input type="checkbox"/> RP + PLND <input type="checkbox"/> RT alone <input type="checkbox"/> RT + ADT <input type="checkbox"/> ADT alone <input type="checkbox"/> Other: _____	

■ PROLARIS (Myriad Genetics)	
Clinical Information	Medicare
*PRE Biopsy PSA:	At the time of the biopsy:
*Select Clinical Stage (Results of DRE) <input type="checkbox"/> T1a (<= 5% on TURP) <input type="checkbox"/> T2a (<= 50% involvement on 1 lobe) <input type="checkbox"/> T3a (Spread outside prostate) <input type="checkbox"/> T1b (> 5% on TURP) <input type="checkbox"/> T2b (> 50% involvement on 1 lobe) <input type="checkbox"/> T3b (Spread to seminal vesicles) <input type="checkbox"/> T1c (No nodules and increased PSA) <input type="checkbox"/> T2c (Involvement on both lobes) <input type="checkbox"/> T4 (Spread outside prostate and vesicles)	<input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Non-Hospital Patient
Has the patient received pelvic radiation and/or androgen deprivation prior to their biopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Discharge date:
*Planned treatment before Prolaris Score? <input type="checkbox"/> Radical Prostatectomy <input type="checkbox"/> Radiation <input type="checkbox"/> ADT <input type="checkbox"/> Watchful Waiting <input type="checkbox"/> Active Surveillance <input type="checkbox"/> Pending Test Results <input type="checkbox"/> Other: _____	

■ ONCOYPE DX (Genomic Health)
*Prostate Volume
*Pre-Oncotype DX GPS management recommendation <input type="checkbox"/> Radical Prostatectomy <input type="checkbox"/> Brachytherapy <input type="checkbox"/> External Beam Radiation <input type="checkbox"/> Active Surveillance <input type="checkbox"/> Other: _____
<input type="checkbox"/> The patient is AWARE of a diagnosis of prostate cancer and Genomic Health is authorized to contact the patient.

■ KNOWERROR (Strand Diagnostics)	
*ICD-10 Code:	*Buccal swab barcode (or N/A)