

TEST MENU			SAMPLE COLLECTION DATE & BARCODE	
Northstar	Therapy Selection + Therapy Response Monitoring	# OF BLOOD TUBES NEEDED	UUU	<div style="border: 1px solid black; padding: 5px; text-align: center;">MM-DD-YYYY REQUIRED</div> <div style="border: 1px dashed gray; padding: 20px; text-align: center; margin-top: 10px;">PLACE BARCODE HERE</div>
<input type="checkbox"/> Northstar Select™	Plasma-based genomic profiling assay for solid tumors		UU	
<input type="checkbox"/> Northstar Response™	Plasma-based therapy response monitoring assay		U	

PATIENT INFORMATION *Shaded fields must be completed. * By providing phone number and email address, patient consents to be contacted for test status, billing/collection, quality assurance, or research purposes.*

First Name REQUIRED
 MI
 Last Name REQUIRED
 Date of Birth REQUIRED
 Sex REQUIRED
 Medical Record #
 Phone Number *

Street Address
 Apt / Unit / Suite
 City
 State
 Zip Code
 Email Address *

PATIENT HISTORY *Shaded fields must be completed.*

Advanced cancer stage REQUIRED – earlier stages currently not accepted
 (i.e. Stage III/IV generally or Stage IIIB/IV NSCLC)

Pathology report attached REQUIRED – for first order

If patient is currently on therapy, provide initiation date and type: **MM-DD-YYYY**

Immunotherapy
 Targeted therapy
 Chemotherapy
 Combination therapy

DIAGNOSIS *Shaded fields must be completed.*

MM-DD-YYYY
Date of Original Diagnosis REQUIRED

Diagnosis: *Select only one (primary tumor)* REQUIRED

Non-Small-Cell Lung Carcinoma
 Breast Carcinoma
 Colorectal Adenocarcinoma
 Prostate Adenocarcinoma
 Ovarian Carcinoma
 Skin Melanoma
 Other specify

ICD-10 Code(s) REQUIRED

RELEVANT CLINICAL HISTORY REQUIRED for Northstar Select only *All fields must be completed for medical coverage determination.*

The patient is seeking further treatment and is: Newly diagnosed (Stage III/IV) Not responding to therapy

Was a commercial liquid biopsy test for therapy selection ordered for the patient since their most recent progression? No Yes

Is tissue-based comprehensive genomic profiling (CGP) from a recent biopsy feasible? No Yes

Has tissue-based CGP from a recent biopsy been performed with a non-QNS result? No Yes

Has tissue-based CGP from a recent biopsy already returned an actionable result? No Yes

Other

PATIENT BILLING INFORMATION *Select one option and provide necessary details.*

Medicare (Part B) **Medicare Policy ID #**

Other Insurance **Plan Name**
 Policy # **Group #**

Self-Pay / Uninsured **Contact Name** **Phone**
 Email Address

Hospital / Institution (Client Bill) Same address as treating physician
 Street Address
 City **State** **Zip Code**

TREATING PHYSICIAN INFORMATION *Shaded fields must be completed.*

Facility Name REQUIRED

Facility Phone REQUIRED **Facility Fax** **BillionToOne Account #**

Treating Physician Full Legal Name REQUIRED **Treating Physician Email Address**

Is the facility a hospital, hospital outpatient department, critical access hospital or ambulatory surgical center? Yes No

If yes, what is the facility's network status with the patient's insurance plan? In-network Out-of-network

PATIENT ACKNOWLEDGEMENT SIGNATURE



I acknowledge that I have read and agreed to the Patient Acknowledgement for testing on the back page.

Patient Signature **Date** MM-DD-YYYY

PHYSICIAN SIGNATURE & CONSENT

By submission of this requisition and accompanying sample(s), I hereby authorize and direct BillionToOne to: (1) utilize the above information to process the indicated test for this patient, and (2) release the results and patient information to the patient's third-party payer, as needed. I certify that: (1) all information provided herein is true and accurate, (2) I am authorized by law to request the test, (3) the test is reasonable and medically necessary for the treatment and management of this patient, (4) the patient has been counseled on the potential results, benefits and limitations of the test, and (5) I have obtained informed consent to the extent required under applicable law. I agree to provide the necessary information and medical records to BillionToOne needed to submit and process claims to payers.

Physician Signature **Date** MM-DD-YYYY

TEST PANEL	TEST DETAILS	SAMPLE REQUIREMENT
Northstar Select™	Blood-based 84-gene NGS therapy selection assay, including MSI, for all solid tumors	2 X 10 mL Streck cell-free DNA BCT® blood tube  Fill to the top (≥ 8mL)
Northstar Response™	Blood-based therapy response monitoring assay for all solid tumors	1 X 10 mL Streck cell-free DNA BCT® blood tube  Fill to the top (≥ 8mL)

PATIENT ACKNOWLEDGEMENT

I have been informed of and understand the details of the tests ordered herein for me by my healthcare provider, including the risks, benefits and alternatives, and have consented to testing. I understand that: (1) the test results may inform me of a medical condition that may require follow-up, and (2) a negative result does not rule out the possibility of such medical condition in me. I hereby authorize: (1) the release to BillionToOne of any medical and insurance information necessary to process claims and recover reimbursement claims for services provided by BillionToOne, and (2) BillionToOne to pursue all necessary appeals of any full or partial denials of payment in relation to services provided by BillionToOne. I understand that the test may not be: (1) covered by my insurer/health plan, or (2) deemed medically necessary; and I am responsible for any costs not paid by my plan directly to BillionToOne, including, without limitation, any copayments, deductibles, or amounts deemed 'patient responsibility'. BillionToOne may contact my healthcare provider to obtain more information regarding clinical correlation and confirmatory testing.

BEFORE YOU SHIP, please ensure that:

- Test panel** is selected and **ICD10 codes** are filled
- Required fields** on this form are completed
- Insurance card copies** are included (front and back)
- Provided barcode** is affixed to tubes and this form
- Requisition is **signed**

Call 1-800-463-3339 (1-800-GO FEDEX) to schedule a pickup