

# TEST REQUISITION FORM



Return with specimen  
or by fax: (858) 258-5188

Questions,  
contact us at: (858) 886-7907  
merlinmelanomatest.com/us

## Treating Provider Information

Name	NPI	
Institution/Practice Name		
Address		
City	State	Zip Code
Email	Phone	Fax

## Patient Information

Name		
DOB (mm/dd/yyyy)	Sex <input type="checkbox"/> M	Patient Age at Biopsy <input type="checkbox"/> F
Address		
City	State	Zip Code
Phone		

## Specimen Information (Required: 50 µm of FFPE Material)

Biopsy Type <input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excisional		
Specimen ID		
Case No.	Date of Primary Biopsy (mm/dd/yyyy)	
Breslow Thickness (in mm)	Ulceration Present <input type="checkbox"/> Yes <input type="checkbox"/> No	
FFPE Specimen Submission Type (select one): <input type="checkbox"/> Curls in tube (5 x 10 µm) <input type="checkbox"/> Unstained, unbaked sections on glass slides (5 x 10 µm) <input type="checkbox"/> FFPE Block (≥50 µm)		
Specimen Confirmed to Contain Neoplastic Melanoma Cells <input type="checkbox"/> Yes <input type="checkbox"/> Pathology report(s) attached		

## Pathologist Contact Same as Treating Provider

Facility		
Address		
City	State	Zip Code
Phone	Fax	
Contact Name/Dept	Email	

## Insurance Coding

ICD-10 Codes		
Additional/Other (please list codes) _____		

## Clinical Information

If T1a, are adverse features present? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, check all that apply: <input type="checkbox"/> lymphovascular invasion <input type="checkbox"/> age ≤42 years <input type="checkbox"/> mitotic rate ≥ 2/mm <sup>2</sup> <input type="checkbox"/> head/neck		
Has an SLNB been performed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what was the result? <input type="checkbox"/> Positive <input type="checkbox"/> Negative		
If positive, was low tumor burden present in the SLN (<0.1 mm)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## Billing Information

Bill to: <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Client <input type="checkbox"/> Self Pay		
Primary Insurance	Policy #	Group #
Primary Policy Holder		DOB (mm/dd/yyyy)
Secondary Insurance	Policy #	Group #
Patient Status if Medicare <input type="checkbox"/> Office (Non-hospital) <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient (Discharge date: _____)		

## Treating Provider's Authorization to Perform Test

I authorize the Merlin™ test to be performed, that the provided specimen contains neoplastic melanoma cells, that the test is medically necessary, and that I will use the test results to provide consultation and/or inform treatment decisions for this patient. I hereby attest that I am authorized by law to order the test.

Treating Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

## For SkylineDx Internal Use Only

Accession ID		
Date of Specimen Receipt (mm/dd/yyyy)		
Time of Specimen Receipt	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Receiver Initials		

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## ICD-10 Codes

- C43.0 Malignant melanoma of lip
- C43.10 Malignant melanoma of unspecified eyelid, including canthus
- C43.111 Malignant melanoma of right upper eyelid, including canthus
- C43.112 Malignant melanoma of right lower eyelid, including canthus
- C43.121 Malignant melanoma of left upper eyelid, including canthus
- C43.122 Malignant melanoma of left lower eyelid, including canthus
- C43.20 Malignant melanoma of unspecified ear and external auricular canal
- C43.21 Malignant melanoma of right ear and external auricular canal
- C43.22 Malignant melanoma of left ear and external auricular canal
- C43.30 Malignant melanoma of unspecified part of face
- C43.31 Malignant melanoma of nose
- C43.39 Malignant melanoma of other parts of face

## ICD-10 Codes

- C43.4 Malignant melanoma of scalp and neck
- C43.51 Malignant melanoma of anal skin
- C43.52 Malignant melanoma of skin of breast
- C43.59 Malignant melanoma of other part of trunk
- C43.60 Malignant melanoma of unspecified upper limb, including shoulder
- C43.61 Malignant melanoma of right upper limb, including shoulder
- C43.62 Malignant melanoma of left upper limb, including shoulder
- C43.70 Malignant melanoma of unspecified lower limb, including hip
- C43.71 Malignant melanoma of right lower limb, including hip
- C43.72 Malignant melanoma of left lower limb, including hip
- C43.8 Malignant melanoma of overlapping sites of skin
- C43.9 Malignant melanoma of skin, unspecified