



## Maryland Physician's Care Oncology Molecular Marker Testing Checklist

*You need the following information for submission to Eviti.*

### PATIENT INFORMATION

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### INSURANCE INFORMATION

ID: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Patient Height: \_\_\_\_\_ in/cm Patient Weight: \_\_\_\_\_ lb/kg

Cancer Type: (site) \_\_\_\_\_

Pathology: \_\_\_\_\_

ICD-10 Code: \_\_\_\_\_

Stage of Disease: (e.g. Stage IIa, Recurrent) \_\_\_\_\_

**If applicable,** Metastasis Site(s): \_\_\_\_\_ Metastasis Dx. Date: \_\_\_\_\_

Line of Therapy: (circle one) Adjuvant Neoadjuvant 1st Line 2<sup>nd</sup> Line 3<sup>rd</sup> line 3<sup>rd</sup> +

Goal of Therapy/Intent: (circle one) Curative Non-Curative

Test Name: (e.g. MammaPrint) \_\_\_\_\_

Test CPT Code: \_\_\_\_\_

### Any Prior Molecular/Companion Testing That Has Been Completed:

Please attach the following to the case, email [mr@eviti.com](mailto:mr@eviti.com) or fax to 888-468-1423:

- Progress note(s) with plan of care
- Pathology
- Prior Companion/Molecular Testing Results

*\*This form is only applicable to Molecular Marker Testing reviews. Please continue to submit oncology treatment through the Eviti Connect application.*

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