



EXPRESS GENE
MOLECULAR
DIAGNOSTICS
LABORATORY

**Express Gene™ Familial Cancer
(CGX) Genetic Testing Panel
Requisition & Consent Form**

9000 SW 152 Street Ste. 209
Miami • FL • 33157
Tel: 786.250.3419 • Fax: 786.250.3074
Email: info@expressgene.us

CLIA ID # 10D2178891

1. PATIENT INFORMATION

Last Name:	First Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Address:	City:	State:	Zip:
Email:	MRN:	Phone:	
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Ashkenazi <input type="checkbox"/> East Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other			

2. INSURANCE INFORMATION (Include copy of both sides of insurance card)

Insurance Name:	Policy #:	<input type="checkbox"/> HMO	Auto#
Relation: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Name, DOB of Policy Holder (If not self):		

3. ORDERING PHYSICIAN INFORMATION & FACILITY CONTACTS

Provider Name:	NPI:	Provider Phone:	Fax:
Provider Address:	City:	State:	Zip:
Facility Name:	Contact Person:	Email:	

Confirmation of Informed Consent and Medical Necessity for Genetic Testing:

My signature below certifies that I am a licensed medical professional or his/her representative or a genetic counselor authorized to order genetic testing. My signature further acknowledges the patient has been supplied information regarding genetic testing and has been informed about the purpose, limitations, and possible risks. The patient has been given the opportunity to ask questions about this consent and seek outside genetic counseling. The patient has given consent for genetic testing to be performed and the signed consent form is on file. I confirm that this testing is medically necessary for the specified patient, and that these results will be used in the medical management and treatment decisions for this patient. I confirm that the patient has been informed and hereby authorizes (i) Express Gene Molecular Diagnostics to release information concerning their testing to their insurer to obtain reimbursement for the testing services; (ii) Express Gene Molecular Diagnostics to be paid directly by the insurer for services rendered; and/or if applicable (iii) Express Gene Molecular Diagnostics or its affiliates to be the patient's designated representative for the purpose of appealing any denial of insurance benefits. I confirm the patient fully understands they are legally responsible for sending Express Gene Molecular Diagnostics any and all of the money that they receive directly from their insurance company in payment for this testing.

Medical Professional Signature _____ **DATE** _____

4. SPECIMEN COLLECTION INFORMATION:

Specimen Collection Type: <input type="checkbox"/> Blood <input type="checkbox"/> Buccal Smear <input type="checkbox"/> Other (specify) _____	Collection Date/Time:
Collector Name:	Collection Place: <input type="checkbox"/> Office <input type="checkbox"/> Lab <input type="checkbox"/> Home <input type="checkbox"/> Outpatient <input type="checkbox"/> Other _____



CLIA ID # 10D2178891

5. TESTING PANELS:

Express Gene™ Comprehensive Familial Cancer (CGX) Panel:

This panel is testing 193 genes related to familial cancer to identify risk of developing cancers in families. List of genes is printed attached and can be found on our website: www.expressgene.us

Express Gene™ Hereditary Breast Cancer Panel

This panel is testing genes related to familial Breast, Ovarian and Endometrial Cancers, including 11 genes as follow: ATM, BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53

Express Gene™ Hereditary Colon Cancer and Polyposis Panel

This panel is testing genes related to familial colon cancer and familial benign polyposis, including Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, Familial Adenomatosis, polyposis. Genomic sequencing of 10 genes; APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11

Express Gene™ Hereditary Neuroendocrine tumor disorders Panel

This panel is testing genes related to familial Neuroendocrine tumor (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma, and paraglioma), Genomic sequence analysis of 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127 and VHL.

For further details, please visit www.expressgene.us

6. INDICATIONS FOR TESTING (CHECK ALL THAT APPLY):

Diagnostics Family History Changes on appearance of nevi Patient Management

Relevant Cancer ICD-10 codes:

7. CLINICAL INFORMATION

Other Relevant ICD-10 Codes:

List Relevant family history of disease: Affected Family Member and Relationship to Patient:

Previous Genetic Testing: No Yes
If Yes reason _____ Date of Previous Test _____



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8. INFORMED CONSENT & PATIENT SIGNATURE

Informed Consent:

Consent to Testing and Use of Results: The specimen identified on this form is my own. I have not contaminated it in any way. I am voluntarily submitting this specimen for analysis by my physician and/or Express Gene Molecular Diagnostics Laboratory. I authorize Express Gene Molecular Diagnostics Laboratory to release the test results to the ordering practitioner. I further authorize the lab and my healthcare provider to release to my insurance provider any medical information necessary to process the claim.

Consent for Genetic Testing: Your doctor has ordered the Genetics Test. This is a test for variations in genes that affect your overall health and wellbeing or response to treatment. If variant(s) are present, it may indicate a higher-than-average risk for developing diseases. It will help in evaluating the risk of having or being a carrier of a heritable disease. A lack of the mutation does not completely rule out the disease, since some variations are still unknown, and their significance have not been investigated. Additionally, there is a limitation on NGS sequencing methodology, that certain variation might not being captured or identified with this method. Results from this test(s) are treated with complete confidentiality and reports rendered only to the patient and his/her physician. Patient samples will be saved for 30 days and then destroyed after testing. I have read this consent or have had it read to me. I have been given a copy of this form. I have been given the chance to ask questions before I sign this form. I have been told that I can ask other questions at any time. I want to have this genetic test done.

Consent use of sample or data for research: To improve genetic testing results and solve unexplored genetic diseases, I understand and agree that my leftover specimen, genetic data, and/or clinical information may be used anonymously for research, education, and other business purposes. I hereby authorize Express Gene Molecular Diagnostics Laboratory to contact me in future regarding disease symptoms, recently discovered genes, mutations or to follow up on disease outcomes. **To opt out on this section you can cross out this paragraph and sign below, without affecting processing of your tests.**

Consent / Insurance Release: By signing this form, I hereby authorize Express Gene Molecular Diagnostics to submit the medical information regarding this testing to my designated insurance carrier for reimbursement if necessary. I also authorize benefits to be payable to Express Gene Molecular Diagnostics. I understand that I am responsible for any amounts not paid by insurance for reasons, but not limited to non-covered and non-authorized services. I permit a copy of this authorization to be used in place of the original.

Patient Signature _____ DATE _____

Print Name: _____

Medical Professional Signature _____ DATE _____

Print Name: _____

CLIA ID # 10D2178891

6. DIAGNOSIS ICD-10 CODE (List is only provided as a guide, no limitation to these codes)

UTERINE CANCER DIAGNOSIS CODES

- | | |
|--|---|
| <input type="checkbox"/> Z85.42 PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER PART UTERUS | <input type="checkbox"/> C54.3 MALIGNANT NEOPLASM OF FUNDUS UTERI |
| <input type="checkbox"/> Z85.41 PERSONAL HISTORY OF CERVIX UTERI | <input type="checkbox"/> C54.8 MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CORPUS UTERI |
| <input type="checkbox"/> C54.0 MALIGNANT NEOPLASM OF ISTHMUS UTERI | <input type="checkbox"/> C54.9 MALIGNANT NEOPLASM OF CORPUS UTERI, UNSPECIFIED |
| <input type="checkbox"/> C54.1 MALIGNANT NEOPLASM OF ENDOMETRIUM | <input type="checkbox"/> C55 MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED |
| <input type="checkbox"/> C54.2 MALIGNANT NEOPLASM OF MYOMETRIUM | <input type="checkbox"/> C57.4 MALIGNANT NEOPLASM OF UTERINE ADNEXA, UNSPECIFIED |
| <input type="checkbox"/> Z80.49 FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS | <input type="checkbox"/> Z80.4 FAMILY HISTORY OF MALIGNANT NEOPLASM OF THE GENITAL ORGANS |

OVARIAN CANCER DIAGNOSIS CODES

- | | |
|---|--|
| <input type="checkbox"/> Z85.43 PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OVARY | <input type="checkbox"/> C56.1 MALIGNANT NEOPLASM OF RIGHT OVARY |
| <input type="checkbox"/> C56.2 MALIGNANT NEOPLASM OF LEFT OVARY | <input type="checkbox"/> C56.9 MALIGNANT NEOPLASM OF UNSPECIFIED OVARY |
| <input type="checkbox"/> Z80.41 FAMILY HISTORY OF OVARIAN CANCER | |

COLORECTAL CANCER DIAGNOSIS CODES

- | | |
|---|---|
| <input type="checkbox"/> C18.9 MALIGNANT NEOPLASM OF THE COLON, UNSPECIFIED | <input type="checkbox"/> Z86.010 PERSONAL HISTORY OF COLONIC POLYPS |
| <input type="checkbox"/> C18.2 MALIGNANT NEOPLASM OF THE ASCENDING COLON | <input type="checkbox"/> Z85.00 PERSONAL HISTORY OF MALIGNANT NEOPLASM OF UNSPECIFIED DIGESTIVE ORGAN |
| <input type="checkbox"/> C18.4 MALIGNANT NEOPLASM OF THE TRANSVERSE COLON | <input type="checkbox"/> Z85.038 PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF THE LARGE INTESTINE |
| <input type="checkbox"/> C18.6 MALIGNANT NEOPLASM OF THE DESCENDING COLON | <input type="checkbox"/> Z85.068 PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF THE SMALL INTESTINE |
| <input type="checkbox"/> C18.8 MALIGNANT NEOPLASM OF OVERLAPPING SITES OF THE COLON | <input type="checkbox"/> Z85.09 PERSONAL HISTORY OF OTHER DIGESTIVE ORGANS |
| <input type="checkbox"/> K63.5 POLYP OF COLON | <input type="checkbox"/> Z80.0 FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS |
| <input type="checkbox"/> Z83.71 FAMILY HISTORY OF COLONIC POLYPS | |

PANCREATIC CANCER DIAGNOSIS CODES

- | | |
|--|--|
| <input type="checkbox"/> C25.0 MALIGNANT NEOPLASM OF HEAD OF PANCREAS | <input type="checkbox"/> C25.4 MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS |
| <input type="checkbox"/> C25.1 MALIGNANT NEOPLASM OF BODY OF PANCREAS | <input type="checkbox"/> C25.7 MALIGNANT NEOPLASM OF OTHER PARTS OF PANCREAS |
| <input type="checkbox"/> C25.2 MALIGNANT NEOPLASM OF TAIL OF PANCREAS | <input type="checkbox"/> C25.8 MALIGNANT NEOPLASM OF OVERLAPPING SITES OF PANCREAS |
| <input type="checkbox"/> C25.3 MALIGNANT NEOPLASM OF PANCREATIC DUCT | <input type="checkbox"/> C25.9 MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED |
| <input type="checkbox"/> Z80.8 FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER ORGANS OR SYSTEMS | |

NON-SMALL CELL LUNG CANCER DIAGNOSIS CODES

- | | |
|---|---|
| <input type="checkbox"/> C34.90 MALIGNANT NEOPLASM OF UNSPECIFIED PART OF THE BRONCHUS OR LUNG | <input type="checkbox"/> C34.92 MALIGNANT NEOPLASM OF UNSPECIFIED PART OF THE BRONCHUS OR LUNG-LEFT |
| <input type="checkbox"/> Z85.118 PERSONAL HISTORY OF OTHER NEOPLASM OF THE BRONCHUS AND LUNG | <input type="checkbox"/> C34.91 MALIGNANT NEOPLASM OF UNSPECIFIED PART OF THE BRONCHUS OR LUNG- RIGHT |
| <input type="checkbox"/> Z80.1 FAMILY HISTORY OF MALIGNANT NEOPLASM OF TRACHEA, BRONCHUS AND LUNG | |

MELANOMA DIAGNOSIS CODES

- | | |
|--|---|
| <input type="checkbox"/> C43.31 MALIGNANT MELANOMA OF THE NOSE | <input type="checkbox"/> C43.59 MALIGNANT MELANOMA OF THE TRUNK |
| <input type="checkbox"/> C43.9 MALIGNANT MELANOMA OF THE SKIN, UNSPECIFIED | <input type="checkbox"/> C43.52 MALIGNANT MELANOMAS OF THE SKIN OF BREAST |
| <input type="checkbox"/> C43.4 MALIGNANT MELANOMA OF THE SCALP AND NECK | <input type="checkbox"/> C43.0 MALIGNANT MELANOMA OF THE LIP |
| <input type="checkbox"/> C43.30 MALIGNANT MELANOMA OF THE FACE UNSPECIFIED | |
| <input type="checkbox"/> Z80.8 FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER ORGANS OR SYSTEMS | |

GASTROINTESTINAL STROMAL TUMOR

- | | |
|--|--|
| <input type="checkbox"/> C49.A0 GASTROINTESTINAL STROMAL TUMOR, UNSPECIFIED SITE | <input type="checkbox"/> Z80.8 FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER ORGANS OR SYSTEMS |
|--|--|

FEMALE BREAST CANCER DIAGNOSIS CODES

- | | |
|--|---|
| <input type="checkbox"/> C50.011 MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST | <input type="checkbox"/> C50.811 MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST |
| <input type="checkbox"/> C50.012 MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST | <input type="checkbox"/> C50.812 MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST |
| <input type="checkbox"/> C50.111 MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST | <input type="checkbox"/> C50.911 MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST |
| <input type="checkbox"/> C50.112 MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST | <input type="checkbox"/> C50.912 MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST |
| <input type="checkbox"/> C50.211 MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST | <input type="checkbox"/> D05.01 LOBULAR CARCINOMA IN SITU OF RIGHT BREAST |
| <input type="checkbox"/> C50.212 MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST | <input type="checkbox"/> D05.02 LOBULAR CARCINOMA IN SITU OF LEFT BREAST |
| <input type="checkbox"/> C50.311 MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST | <input type="checkbox"/> D05.11 INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST |
| <input type="checkbox"/> C50.312 MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST | <input type="checkbox"/> D05.12 INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST |
| <input type="checkbox"/> C50.411 MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST | <input type="checkbox"/> D05.81 OTHER SPECIFIED TYPE OF CARCINOMA IN SITU OF RIGHT BREAST |
| <input type="checkbox"/> C50.412 MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST | <input type="checkbox"/> D05.82 OTHER SPECIFIED TYPE OF CARCINOMA IN SITU OF LEFT BREAST |
| <input type="checkbox"/> C50.511 MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST | <input type="checkbox"/> D05.91 UNSPECIFIED TYPE OF CARCINOMA IN SITU OF RIGHT BREAST |
| <input type="checkbox"/> C50.512 MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST | <input type="checkbox"/> D05.92 UNSPECIFIED TYPE OF CARCINOMA IN SITU OF LEFT BREAST |
| <input type="checkbox"/> C50.611 MALIGNANT NEOPLASM OF AXILLARY TAIL OF RIGHT FEMALE BREAST | <input type="checkbox"/> Z85.3 PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST |
| <input type="checkbox"/> C50.612 MALIGNANT NEOPLASM OF AXILLARY TAIL OF LEFT FEMALE BREAST | <input type="checkbox"/> Z80.9 FAMILY HISTORY OF MALIGNANT NEOPLASM, UNSPECIFIED |
| <input type="checkbox"/> Z80.3 FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST | |

MALE BREAST CANCER DIAGNOSIS CODES

- | | |
|--|---|
| <input type="checkbox"/> C50.021 MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT MALE BREAST | <input type="checkbox"/> C50.821 MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT MALE BREAST |
| <input type="checkbox"/> C50.022 MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT MALE BREAST | <input type="checkbox"/> C50.822 MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT MALE BREAST |
| <input type="checkbox"/> C50.121 MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT MALE BREAST | <input type="checkbox"/> C50.921 MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT MALE BREAST |
| <input type="checkbox"/> C50.122 MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT MALE BREAST | <input type="checkbox"/> C50.922 MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT MALE BREAST |
| <input type="checkbox"/> C50.221 MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT MALE BREAST | <input type="checkbox"/> D05.01 LOBULAR CARCINOMA IN SITU OF RIGHT BREAST |
| <input type="checkbox"/> C50.222 MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT MALE BREAST | <input type="checkbox"/> D05.02 LOBULAR CARCINOMA IN SITU OF LEFT BREAST |
| <input type="checkbox"/> C50.321 MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT MALE BREAST | <input type="checkbox"/> D05.11 INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST |
| <input type="checkbox"/> C50.322 MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT MALE BREAST | <input type="checkbox"/> D05.12 INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST |
| <input type="checkbox"/> C50.421 MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT MALE BREAST | <input type="checkbox"/> D05.81 OTHER SPECIFIED TYPE OF CARCINOMA IN SITU OF RIGHT BREAST |
| <input type="checkbox"/> C50.422 MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT MALE BREAST | <input type="checkbox"/> D05.82 OTHER SPECIFIED TYPE OF CARCINOMA IN SITU OF LEFT BREAST |
| <input type="checkbox"/> C50.521 MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT MALE BREAST | <input type="checkbox"/> D05.91 UNSPECIFIED TYPE OF CARCINOMA IN SITU OF RIGHT BREAST |
| <input type="checkbox"/> C50.522 MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT MALE BREAST | <input type="checkbox"/> D05.92 UNSPECIFIED TYPE OF CARCINOMA IN SITU OF LEFT BREAST |
| <input type="checkbox"/> C50.621 MALIGNANT NEOPLASM OF AXILLARY TAIL OF RIGHT MALE BREAST | <input type="checkbox"/> Z85.3 PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST |
| <input type="checkbox"/> C50.622 MALIGNANT NEOPLASM OF AXILLARY TAIL OF LEFT MALE BREAST | <input type="checkbox"/> Z80.9 FAMILY HISTORY OF MALIGNANT NEOPLASM, UNSPECIFIED |
| <input type="checkbox"/> Z80.3 FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST | |



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PROSTATE CANCER DIAGNOSIS CODES

- C61 MALIGNANT NEOPLASM OF THE PROSTATE
- Z80.42 FAMILY HISTORY OF PROSTATE CANCER
- Z85.46 PERSONAL HISTORY OF MALIGNANT NEOPLASM OF PROSTATE

BLADDER CANCER DIAGNOSIS CODES

- C67.9 MALIGNANT NEOPLASM OF THE BLADDER, UNSPECIFIED
- C67.1 MALIGNANT NEOPLASM OF DOME OF THE BLADDER
- Z80.8 FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER ORGANS OR SYSTEMS
- Z85.51 PERSONAL HISTORY OF MALIGNANT NEOPLASM OF THE BLADDER

URINARY TRACT CANCER DIAGNOSIS CODES

- C68.8 MALIGNANT NEOPLASM OF OVERLAPPING SITES OF URINARY ORGANS
- Z80.5 FAMILY HISTORY OF MALIGNANT NEOPLASM OF URINARY TRACT
- Z85.59 PERSONAL HISTORY OF MALIGNANT NEOPLASM OF URINARY TRACT ORGAN

BRAIN CANCER DIAGNOSIS CODES

- C71.7 MALIGNANT NEOPLASM OF BRAIN STEM
- C71.8 MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN
- Z80.8 FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER ORGANS OR SYSTEMS
- C71.9 MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED
- Z85.841 PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BRAIN

THYROID CANCER DIAGNOSIS CODES

- C73.0 MALIGNANT NEOPLASM OF THE THYROID GLAND
- Z80.8 FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER ORGANS OR SYSTEMS
- Z85.850 PERSONAL HISTORY OF MALIGNANT NEOPLASM OF THE THYROID

ENDOCRINE CANCER DIAGNOSIS CODES

- C7A.8 NEUROENDOCRINE TUMOR DISORDERS
- Z85.858 PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER ENDOCRINE GLANDS

UNKNOWN PRIMARY CANCER DIAGNOSIS CODES

- C80.1 MALIGNANT PRIMARY NEOPLASM, UNSPECIFIED
- Z80.9 FAMILY HISTORY OF MALIGNANT NEOPLASM, UNSPECIFIED

LEUKEMIA/LYMPHOMA DIAGNOSIS CODES

- C95.9 LEUKEMIA, UNSPECIFIED
- C95.90 LEUKEMIA, UNSPECIFIED - NOT IN REMISSION
- C95.91 LEUKEMIA, UNSPECIFIED - IN REMISSION
- C95.92 LEUKEMIA, UNSPECIFIED - IN RELAPSE
- C95.0 ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE
- C95.12 CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE - IN RELAPSE
- Z80.7 FAMILY HISTORY OF LYMPHOMA
- C85.90 NON-HODGKIN LYMPHOMA, UNSPECIFIED
- C85.1 UNSPECIFIED B-CELL LYMPHOMA
- C85.99 LYMPHOMA DIAGNOSES
- Z85.72 PERSONAL HISTORY OF NON-HODGKIN'S LYMPHOMA
- C85.1 UNSPECIFIED B-CELL LYMPHOMA

<p>Breast Cancer</p> <ul style="list-style-type: none"> <input type="checkbox"/> C50.011 MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST <input type="checkbox"/> C50.012 MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST <input type="checkbox"/> C50.111 MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST <input type="checkbox"/> C50.112 MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST <input type="checkbox"/> C50.211 MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST <input type="checkbox"/> C50.212 MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST <input type="checkbox"/> C50.311 MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST <input type="checkbox"/> C50.312 MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST <input type="checkbox"/> C50.411 MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST <input type="checkbox"/> C50.412 MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST <input type="checkbox"/> C50.511 MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST <input type="checkbox"/> C50.512 MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST <input type="checkbox"/> C50.611 MALIGNANT NEOPLASM OF AXILLARY TAIL OF RIGHT FEMALE BREAST <input type="checkbox"/> C50.612 MALIGNANT NEOPLASM OF AXILLARY TAIL OF LEFT FEMALE BREAST <input type="checkbox"/> Z80.3 FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST <input type="checkbox"/> C50.811 MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST <input type="checkbox"/> C50.812 MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST <input type="checkbox"/> C50.911 MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST <input type="checkbox"/> C50.912 MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST <input type="checkbox"/> D05.01 LOBULAR CARCINOMA IN SITU OF RIGHT BREAST <input type="checkbox"/> D05.02 LOBULAR CARCINOMA IN SITU OF LEFT BREAST <input type="checkbox"/> D05.11 INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST <input type="checkbox"/> D05.12 INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST <input type="checkbox"/> D05.81 OTHER SPECIFIED TYPE OF CARCINOMA IN SITU OF RIGHT BREAST <input type="checkbox"/> D05.82 OTHER SPECIFIED TYPE OF CARCINOMA IN SITU OF LEFT BREAST <input type="checkbox"/> D05.91 UNSPECIFIED TYPE OF CARCINOMA IN SITU OF RIGHT BREAST <input type="checkbox"/> D05.92 UNSPECIFIED TYPE OF CARCINOMA IN SITU OF LEFT BREAST <input type="checkbox"/> Z85.3 PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST <input type="checkbox"/> Z80.9 FAMILY HISTORY OF MALIGNANT NEOPLASM, UNSPECIFIED 	<p>Melanoma:</p> <ul style="list-style-type: none"> <input type="checkbox"/> C43.31 MALIGNANT MELANOMA OF THE NOSE <input type="checkbox"/> C43.9 MALIGNANT MELANOMA OF THE SKIN, UNSPECIFIED <input type="checkbox"/> C43.4 MALIGNANT MELANOMA OF THE SCALP AND NECK <input type="checkbox"/> C43.30 MALIGNANT MELANOMA OF THE FACE UNSPECIFIED <input type="checkbox"/> Z80.8 FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER ORGANS OR SYSTEMS <input type="checkbox"/> C43.59 MALIGNANT MELANOMA OF THE TRUNK <input type="checkbox"/> C43.52 MALIGNANT MELANOMAS OF THE SKIN OF BREAST <input type="checkbox"/> C43.0 MALIGNANT MELANOMA OF THE LIP <p>Ovarian Cancer</p> <ul style="list-style-type: none"> <input type="checkbox"/> Z85.43 PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OVARY <input type="checkbox"/> C56.2 MALIGNANT NEOPLASM OF LEFT OVARY <input type="checkbox"/> Z80.41 FAMILY HISTORY OF OVARIAN CANCER <input type="checkbox"/> C56.1 MALIGNANT NEOPLASM OF RIGHT OVARY <input type="checkbox"/> C56.9 MALIGNANT NEOPLASM OF UNSPECIFIED OVARY <p>Colon Cancer</p> <ul style="list-style-type: none"> <input type="checkbox"/> C18.9 MALIGNANT NEOPLASM OF THE COLON, UNSPECIFIED <input type="checkbox"/> Z86.010 PERSONAL HISTORY OF COLONIC POLYPS <input type="checkbox"/> C18.2 MALIGNANT NEOPLASM OF THE ASCENDING COLON <input type="checkbox"/> Z85.00 PERSONAL HISTORY OF MALIGNANT NEOPLASM OF UNSPECIFIED DIGESTIVE ORGAN <input type="checkbox"/> C18.4 MALIGNANT NEOPLASM OF THE TRANSVERSE COLON <input type="checkbox"/> Z85.038 PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF THE LARGE INTESTINE <input type="checkbox"/> C18.6 MALIGNANT NEOPLASM OF THE DESCENDING COLON <input type="checkbox"/> Z85.068 PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF THE SMALL INTESTINE <input type="checkbox"/> C18.8 MALIGNANT NEOPLASM OF OVERLAPPING SITES OF <input type="checkbox"/> Z85.09 PERSONAL HISTORY OF OTHER DIGESTIVE ORGANS <input type="checkbox"/> K63.5 POLYP OF COLON <input type="checkbox"/> Z80.0 FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS <input type="checkbox"/> Z83.71 FAMILY HISTORY OF COLONIC POLYPS <p>Uterine Cancer</p> <ul style="list-style-type: none"> <input type="checkbox"/> Z85.42 PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER PART UTERI <input type="checkbox"/> Z85.41 PERSONAL HISTORY OF CERVIX UTERI <input type="checkbox"/> C54.0 MALIGNANT NEOPLASM OF Isthmus UTERI <input type="checkbox"/> C54.1 MALIGNANT NEOPLASM OF ENDOMETRIUM <input type="checkbox"/> C54.2 MALIGNANT NEOPLASM OF MYOMETRIUM <input type="checkbox"/> Z80.49 FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER GENITAL ORGANS <input type="checkbox"/> C54.3 MALIGNANT NEOPLASM OF FUNDUS UTERI <input type="checkbox"/> C54.8 MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CORPUS UTERI <input type="checkbox"/> C54.9 MALIGNANT NEOPLASM OF CORPUS UTERI, UNSPECIFIED <input type="checkbox"/> C55 MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED <input type="checkbox"/> C57.4 MALIGNANT NEOPLASM OF UTERINE ADNEXA, UNSPECIFIED <input type="checkbox"/> Z80.4 FAMILY HISTORY OF MALIGNANT NEOPLASM OF THE GENITAL ORGANS
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