



311 West 8th Street Rome, GA 30165

| Collection Date | Clinician | Additional Clinician (s) | Office Location |
|-----------------|-----------|--------------------------|-----------------|
|-----------------|-----------|--------------------------|-----------------|

| | |
|--|---|
| P A T I E N T | *Name (Last) _____ (First) _____ (MI) _____ PT ID # _____ |
| | *SSN _____ *Date of Birth _____ *Sex: M F |
| | Patient Address _____ Phone _____ |
| | City _____ State _____ Zip _____ |

CLINICAL DATA

| | | | | | |
|---|--|--|-------|--|------|
| Clinical History: _____ _____ _____ | <input type="checkbox"/> Enlarged Nodule | Mark the site(s) #1 and #2 biopsied on the image | Right | | Left |
| | <input type="checkbox"/> History of Radiation | | 1 | | 1 |
| | <input type="checkbox"/> Family Hx of Thyroid Cancer | | 2 | | 2 |
| | <input type="checkbox"/> Personal Hx of Thyroid Cancer (Lymph Node Only) | | 3 | | 3 |

CYTOLOGY SPECIMEN #1

CYTOLOGY SPECIMEN #2

| | |
|---|---|
| Site: _____ # of Slides: _____ <input type="checkbox"/> CytoLyt® <input type="checkbox"/> REFLEX TO Veracyte Afirma (which includes one or more of the following: Genomic Sequencing Classifier (GSC), MTC, and/or BRAF) on patient samples with a cytology diagnosis of Bethesda III or greater. *See back page for preferred test combinations. | Site: _____ # of Slides: _____ <input type="checkbox"/> CytoLyt® <input type="checkbox"/> REFLEX TO Veracyte Afirma (which includes one or more of the following: Genomic Sequencing Classifier (GSC), MTC, and/or BRAF) on patient samples with a cytology diagnosis of Bethesda III or greater. *See back page for preferred test combinations. |
|---|---|

ULTRASOUND FINDINGS SITE #1

ULTRASOUND FINDINGS SITE #2

| | | | |
|--|--|---|---|
| <input type="checkbox"/> Solid, > 95% solid <input type="checkbox"/> Hypoechoic <input type="checkbox"/> Irregular Border <input type="checkbox"/> Microcalcifications <input type="checkbox"/> Taller than wide <input type="checkbox"/> Intranodular Vascular Pattern | <input type="checkbox"/> Extrathyroidal extension <input type="checkbox"/> Extrusion through rim calcification <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Solid, > 95% solid <input type="checkbox"/> Hypoechoic <input type="checkbox"/> Irregular Border <input type="checkbox"/> Microcalcifications <input type="checkbox"/> Taller than wide <input type="checkbox"/> Intranodular Vascular Pattern <input type="checkbox"/> Extrathyroidal extension | <input type="checkbox"/> Extrusion through rim calcification <input type="checkbox"/> Other: _____ |
|--|--|---|---|

DX CODES: _____

PRIMARY INSURANCE AND SECONDARY INSURANCE

****PLEASE ATTACH A FACE SHEET AND A COPY OF THE FRONT AND BACK OF THE INSURANCE CARD ****

| | | | |
|--|---------------------------|---------------------------------------|---|
| F O R S E P U S E | 88300 _____ CPT Level I | 88311 _____ Decalcification | 88305 _____ Cell Block |
| | 88302 _____ CPT Level II | 88312 _____ Organism Stain | 88104 _____ Smear, non GYN |
| | 88304 _____ CPT Level III | 88313 _____ Other Special Stain | 88112 _____ ThinPrep non-GYN |
| | 88305 _____ CPT Level IV | 88342 _____ IHC Stain Manual | 88173 _____ Fine Needle Aspirate Interp |
| | 88307 _____ CPT Level V | 88360 _____ IHC Manual Qnt or Semiqnt | 88160 _____ Cytosmear TouchPrep SI |
| | 88309 _____ CPT Level VI | 88361 _____ IHC Stain VIAS | 88161 _____ Cytosmear TouchPrep PSI |

| | | |
|--|----------------------------------|--|
| Additional testing may be performed if determined medically necessary to render a diagnosis in the opinion of the reviewing pathologist. | C A S E # | |
|--|----------------------------------|--|

Common ICD-10 Dx Codes

| | |
|---|--|
| D34 - Benign neoplasm of thyroid gland | E04.0 - Nontoxic diffuse goiter |
| D44.0 - Neoplasm of uncertain behavior of thyroid gland | E04.1 - Nontoxic single thyroid nodule |
| D44.9 - Neoplasm of uncertain behavior of unspecified endocrine gland | E04.2 - Nontoxic multinodular goiter |
| E01.0 - Iodine-deficiency related diffuse (endemic) goiter | E04.8 - Other, specified nontoxic goiter |
| E01.1 - Iodine-deficiency related multinodular (endemic) goiter | E04.9 - Nontoxic goiter, unspecified |
| E01.2 - Iodine-deficiency related (endemic) goiter, unspecified | |

Veracyte Afirma

Bethesda I - No molecular testing will be ordered.
Bethesda II - No molecular testing will be ordered.
Bethesda III - Gene Expression Classifier and MTC will be ordered. BRAF will be run if GEC is Suspicious
Bethesda IV - Gene Expression Classifier and MTC will be ordered. BRAF will be run if GEC is Suspicious
Bethesda V - MTC and/or BRAF will be ordered.
Bethesda VI - MTC and/or BRAF will be ordered.