CASTLE BIOSCIENCES INCORPORATED
3737 N 7th Street, Suite 160
Phoenix AZ, 85014
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DECISIONDx-UMSeq

I. Ordering Physician Information

Name of Ordering Physician

Address

City / State / Zip

Telephone / Fax
( ) ( )

Institution / Practice Name

II. Patient Information

Last Name First Name M.I.

DOB Gender SSN# or Medical Record# *(Required)*

Address

City / State / Zip

Phone Email
( )

DecisionDx-UM*Seq* 7-gene panel using Next Generation Sequencing (NGS)
(*GNAQ, GNA11, CYSLTR2, PLCB4, EIF1AX, SF3B1, BAP1*)

☐ Diagnosis – Uveal melanoma: This panel cannot be performed on tissue that has not been formally diagnosed as uveal melanoma.

☐ DecisionDx-UM test results:
Class Result: 1A ☐ 1B ☐ 2 ☐ Multiple Gene Failure (technical failure) ☐ Not yet known: ☐
Date reported: ____ /_____/____
Report Accession # (upper right hand corner of report): u_____

DecisionDx-UM PRAME result (if known): negative ____ positive ____ NA _____

Ordering Physician: _____ _____ _____
Please Print Signature Date

***Credit Card Authorization Form required along with requisition: Fax to 866-712-5207**

FOR INTERNAL USE ONLY

Date received: _____ Processed by: _____ Materials received: _____

DTL: _____ Note: _____

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