

HEALTHCARE PROVIDER ENROLLMENT - FORM 1

DECIPHER CERTIFICATION AND TRAINING REGISTRY (DECIPHER CTR)

Physician's Name: _____ NPI: _____ Email: _____

Physician's Address: _____ City: _____ State: _____ Zip: _____

THE GOALS OF THE DECIPHER CERTIFICATION AND TRAINING PROGRAM ARE AS FOLLOWS:

- To ensure that physicians understand the limitations of the test based on its validation through retrospective and heterogeneous patient populations, and
- To inform prescribers and patients on the safe-use conditions for Decipher, and
- To avoid missing clinically relevant development of metastatic prostate cancer or cancer related death with associated increased morbidity and mortality in Decipher low risk patients

By signing below, I agree to be enrolled in and I acknowledge that I have been trained on and will comply with the terms and Medicare mandated requirements of the Decipher Prostate Cancer Classifier Certification and Training Registry (Decipher CTR) Program, including the items set forth below:

1. Program Guide
2. Training Package
3. Healthcare Provider Enrollment (Form 1)
4. Post-Test Treatment (Form 2)
5. Adverse Event Report (Form 3)

I understand that physicians enrolled in Decipher CTR must report the post-test treatment plan and the adverse events of metastasis and prostate cancer deaths for patients who have been deemed low risk by the Decipher assay to Decipher Corp. using the Post-Test Treatment and Adverse Event Report Forms immediately. If enrolled physicians have been CTR trained and have tested patients between November 27, 2015, and the present date, post-test treatment must be reported, and adverse events must also be reported on patients deemed low risk by Decipher.

PHYSICIAN NAME (PRINT NAME)

PHYSICIAN SIGNATURE

____/____/_____
DATE (MM/DD/YYYY)

Decipher Corp. is required to keep a signed copy on file. If faxing, please retain a copy for your records.

**PLEASE PRINT, SIGN AND FAX TO: DECIPHER AT 855.324.2768 OR EMAIL TO:
CUSTOMERSUPPORT@DECIPHERBIO.COM**

FOR QUESTIONS, CALL CUSTOMER SUPPORT AT 888.792.1601, OPTION 8

Testing is performed by Decipher Corp., a
Decipher Biosciences company

CS-FRM-10022 v1.0

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POST-TEST TREATMENT - FORM 2

DECIPHER CERTIFICATION AND TRAINING REGISTRY (DECIPHER CTR)

Date: ____/____/____
MM / DD / YYYY

Patient's Name: _____ Date of Birth: ____/____/____ Physician's Name: _____
MM / DD / YYYY

Physician's Address: _____ City: _____ State: ____ Zip: _____

Local Coverage Decision (LCD) L36343 requires that healthcare providers who are registered in the Decipher Prostate Cancer Classifier Certification and Training Registry (Decipher Prostate Cancer Classifier CTR) collect and report data to CMS MoDx contractor on those Medicare patients tested under the Decipher Prostate Cancer Classifier CTR.

This Post-Test Treatment form is provided in order to capture treatment administered to the Medicare patients after Decipher test results have been provided to the physician.

Decipher has agreed to receive these reports for the purpose of reporting to CMS MoDx contractor on your behalf in compliance with the LCD. To protect the confidentiality of protected health information (PHI), all data collected will be de-identified and aggregated for reporting to CMS MoDx contractor. If you have any questions, you may contact Customer Support at 888.792.1601.

Accession #: _____

Date of Last Follow Up: ____/____/____
MM / DD / YYYY

1. Physician treatment recommendations physician and patient agreed upon (post-Decipher testing):

Observation with PSA Monitoring

Adjuvant RT

Salvage RT

Adjuvant RT + ADT

Salvage RT + ADT

ADT Alone

Adjuvant ADT

Other: _____

2. Did the patient comply with Management Plan?

Please explain:

To the best of my knowledge, the information above is accurate.

HEALTHCARE PROVIDER NAME (PRINT NAME) _____
HEALTHCARE PROVIDER SIGNATURE ____/____/____
DATE (MM/DD/YYYY)

NPI #: _____ Healthcare Provider Phone: (____) ____ - _____ Email: _____

PLEASE FILL OUT THE FORM ABOVE AND RETURN THE SIGNED COPY VIA DOCUSIGN, FAX 855.324.2768 OR EMAIL (CUSTOMERSUPPORT@DECIPHERBIO.COM)

FOR QUESTIONS, CALL CUSTOMER SUPPORT AT 888.792.1601, OPTION 8

