BREAKTHROUGH
GENOMICS

Provider Registration and Test Ordering Instructions

Provider Registration

Step 1, Go to the portal registration page, https://order.btgenomics.com/auth/registration

Step 2, Complete the necessary information.

mygenescan
genetic test

REGISTER A PROVIDER'S ACCOUNT

Enter your details to create your account

Provider First Name

John

Provider Last Name

Doe

Provider Facility Name

ABC Facility

Provider ID/NPI

123456789

Provider Street Address

1000 Main St

City

SAN GABRIEL

State

CA (California)

ZIP

91775

Phone Number

626-262-0001

Email

na@btgenomics.com

Re-enter Email Address

na@btgenomics.com

Password

•••••••• ⊙

Re-enter Password

•••••••• ⊙

Password requires at least 8
characters in length includes at least 1

Step 3, Set up password. Please note that Password requires at least 8 characters in length includes at least 1 lowercase letter, 1 uppercase letter and 1 number

Password

Re-enter Password

•••••••• ⊘

•••••••• ⊘

Password requires at least 8 characters in length includes at least 1 lowercase letter, 1 uppercase letter and 1 number

I agree with the terms of use. ✓

✓ I'm not a robot

reCAPTCHA
Privacy - Terms

Submit **Cancel**

Terms of Service

Step 4, Tick the box to signify your agreement with the terms of use and select the "I'm not a robot" option.

Password

Re-enter Password

•••••••••••

•••••••••••

I agree with the terms of use. ✓

✓ I'm not a robot

reCAPTCHA
Privacy - Terms

Submit **Cancel**

Terms of Service

Step 5, After clicking the "Submit" button, expect to receive an approval email shortly once your registration is processed. Once approved, you're all set and ready to log in.

Subject: Get started with your new Mygenescan account

mygenescan
genetic test

Dear John Doe,

Your account was created and approved at the Mygenescan. Please enter the following link to login:

Login now!
http://order.btgenomics.com/auth/login

Thanks,

Breakthrough Genomics Team

Please do not respond to this message. This email was sent from an unattended mailbox.
You can unsubscribe your email from our system at any time.
Contact us info@btgenomics.com.
Breakthrough Genomics, 25 Mauchly, #313, Irvine, CA 92618

Test Ordering

Step1, Log in to the portal using your credentials, https://order.btgenomics.com/auth/login

Step 2, After logging in, click on the "New Order" button located in the upper right corner to initiate a new order.

order.btgenomics.com/orders

mygeneScan
genetic test

Orders   Groups

Hi, John   J

Orders list

New Order   Upload files

Search in all fields
Search

Search Patient Name
Search Patient Name

Search Provider Name
Select Provider Name

Filter by Status
All

Filter by Reported Date
From   ...   To

Filter by Orders's Barcode
Enter your Orders Barcode

Search barcodes or patient's name
Search

Filter by Received Date
From   ...   To

Advance Filter

Reset   Search   *Please press **Search button** to apply filter.

Trash Can   Archived orders

50   Showing rows 1 to 0 of 0

BARCODE	#ACC	PATIENT NAME	PATIENT DOB	GROUP	TYPE	RESULT	COLLECTION DATE BOOKING DATE & TIMESLOT	RECEIVED DATE	DATE REPORTED	DATE CREATED	STATUS	NOTES	ACTIONS

BREAKTHROUGH GENOMICS

Step 3, Complete the demographic information for the patient you wish to test. Scroll down the page to furnish the billing details, including comprehensive insurance information.

mygenescan | Orders | Groups | Hi, **John** J

New Order
← Back | ↻ Reset

Details

Select Group:

Select Group

Patient Information

Patient First name*	Patient Last name*	Patient Middle Initial
First Name	Last Name	Middle Initial

Select Patient Gender*	Date of Birth*	Patient Phone Number
	mm/dd/yyyy	000-000-0000

Please select **Gender**

Select Patient Race*	Select Patient Ethnicity*	Language
		Language

Please select **Race** | Please select **Ethnicity**

Patient Street Address	Patient City	Select Patient State
Street Address	City	

Please select **State**

Patient ZIP	Patient Email
ZIP	Email

Billing Information

Payment Type*

◉ Insurance
○ Institutional
○ Self Pay

Insurance/Mediacare

Insurance Company Name:	Primary Insurance ID:	Group Number:
Insurance Company Name	Primary Insurance ID	Group

Name of Insured	Relation to Patient	Social security number:
Name of Insured	Relation to Patient	Social security number

Driver's License Number:

Driver's License Number

Step 4, In the "Order Information" section, indicate the sample type and select the appropriate ICD-10 diagnosis code from the provided list. Please check all relevant historical situations that apply to the patient, if applicable.

Order Information

Test Name*
- ○ Clinical WGS & WES Test
- ○ Cardiovascular Disease
- ○ Hereditary Cancer
- ○ Neurology Panels
- ○ Metabolic Disorders
- ● Early Cancer Detection Test

Test Catalogues*
- ☑ Pancreatic Cancer Screening Test
- ☐ Clinical Study
- ☐ ColonAiQ – Colon Cancer Screening and MRD Monitoring

Specimen Type:*
- ● Blood
- ○ Saliva
- ○ DNA
- ○ NGS Data
- ○ Dry Blood Spot (coming soon)

Diagnosis (ICD-10) Codes* | Search Diagnosis Code |

- ☐ K85.00 – Idiopathic acute pancreatitis without necrosis or infection
- ☐ K85.01 – Idiopathic acute pancreatitis with uninfected necrosis
- ☐ K85.02 – Idiopathic acute pancreatitis with infected necrosis
- ☐ K85.10 – Biliary acute pancreatitis without necrosis or infection
- ☐ K85.11 – Biliary acute pancreatitis with uninfected necrosis

[+ Add Diagnosis Code]

Please check all of the following situations that apply:
- ☐ Patient has had transfusion within the past 30 days
- ☐ Patient has had bone marrow transplant

Step 5, Upload the patient's office visit notes for our reference, to be used in the event of an insurance audit in the future.

Attach Files

Click or drag files to this area to upload
You can upload up to 5 files

- ☐ Electronic record and signature disclosure*
- ☐ Patient consent for Genetic testing*
- ☐ Authorization for disclosure of Genetic test results*

- ☐ By checking this box, I, the ordering Medical Provider, confirm that testing is medically necessary and that test results may impact medical management for the patient.*

Step 6, Upon completing all required steps, select the "Save" button in the lower right corner to submit the order. Ensure there are no red flags indicated. You are now all set.

Cancel   **Save**