



PLEASE PRINT – COMPLETE ALL AREAS OR ATTACH A DEMOGRAPHIC SHEET AND FILL IN THE SHADED SECTIONS

Patient Name: (Last, First)			Medicare #
Date of Birth:	Sex:	Telephone:	Medicaid #
Social Security:	MR#		Commercial Insurance Name:
Address: (Mailing)			Commercial Insurance Policy: Group #
(City, State, Zip)			Commercial Insurance Address (Medical Claims)
Requesting Clinician Name (Last, First):			(City, State, Zip)
Physician Office/Clinic/Hospital Name:			Copy to Clinician Name (Last, First, and office location):
Collection Date and Time: ____/____/____ : ____			Requisition Completed By:

LOCATION:

- Physician Office Patient Hospital Lab

CLINICAL HISTORY:

Specimens accepted Monday through Friday

Send formalin fixed tissue containing a sufficient amount of tumor (generally at least several mm of tumor tissue submitted in the tissue block)

Please include a copy of the pathology report for this case.

Solid Tumor Molecular Analysis performed according to NCCN guideline recommendations

- Breast** (HER2 FISH w/HER2 IHC reflex if needed)
- Colorectal** (extended RAS family, BRAF, MSI/MMR, HER2 FISH, NTRK IHC w/NGS reflex if needed)
- Gastrointestinal stromal tumors (GIST)** (KIT, PDGFRA)
- Gastroesophageal junction (GEJ) and gastric adenocarcinomas** (HER2 IHC first w/HER2 FISH reflex if needed, MSI/MMR, PD-L1 (22C3), NTRK IHC, w/NGS reflex if needed)
- Non-small cell, lung adenocarcinoma** (EGFR, ALK, ROS1, MET, BRAF, ERBB2, PD-L1 (22C3), NTRK IHC, w/NGS reflex if needed)
- Squamous lung carcinoma** (EGFR, ALK, ROS1, MET, BRAF, PD-L1 (22C3), NTRK IHC w/NGS reflex if needed)
- Metastatic Melanoma** (BRAF, KIT, NRAS, NTRK IHC w/NGS reflex if needed)

Please FAX this requisition form to 990-4848 Attn: Molecular Pathology Lab

Please contact the Molecular Laboratory with questions or concerns (207) 941-8200