

Client Name and Address	Patient Name (Last)	First	MI	Sex	DOB
	Request Date	Patient Number	Patient SSN#		

<b>ORDERING PHYSICIAN</b>	<b>COPY REPORT TO</b>
	CC Report To
	Address
	City State Zip

**RESPONSIBILITY PARTY & INSURANCE (MAY ATTACH COPIES OF INSURANCE CARDS OR PATIENT DEMOGRAPHIC SHEET)**

Bill To  Patient (Self)  Insurance  Client

Pt. Relationship to Insured  Self  Spouse  Child  Other

Name of Insured (If Not Self)

Address City State Zip Insured's SSN#

Employer Employer's Address

Phone Numbers Home Work

Patient Status  Outpatient  Inpatient  Non-Hospital Inpatient

SEE ATTACHED:  
Attach All Copies of Insurance

**CLINICAL DIAGNOSIS & HISTORY**

Cancer Stage: \_\_\_\_\_ History: \_\_\_\_\_

\*Please include a copy of Pathology Report \_\_\_\_\_

**SPECIMENS**

# of specimen's \_\_\_\_\_ Date Collected \_\_\_\_\_

PERIPHERAL BLOOD  FFPE Block ID \_\_\_\_\_ Site \_\_\_\_\_

Diagnosis Codes: \_\_\_\_\_ Time Collected \_\_\_\_\_

THIN PREP  SUREPATH Source: Cervical / Endocervical / Vaginal  Vaginal  Other \_\_\_\_\_

Block  MAWD has tissue block  Tissue block is included in shipment  Tissue block located at 3<sup>rd</sup> party location:

Contact Name/Department \_\_\_\_\_ Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

**SOLID TUMOR**

<input type="checkbox"/> <b>MOLECULAR PATHOLOGY CONSULT</b> *Review by a Molecular Pathologist with discretion to add additional testing as clinically indicated <b>BREAST CANCER:</b> <input type="checkbox"/> HER2 by FISH <b>MELANOMA:</b> <input type="checkbox"/> BRAF Mutation Analysis by PCR Requires 1 tissue block with tumor	<input type="checkbox"/> <b>COLON CANCER PANEL:</b> (Please include Cancer Stage) <input type="checkbox"/> KRAS Mutation Analysis by PCR Requires 1 tissue block with tumor <input type="checkbox"/> BRAF Mutation Analysis by PCR Requires 1 tissue block with tumor <input type="checkbox"/> MSI – Microsatellite Instability Analysis Requires 2 tissue blocks (1 normal tissue and 1 tumor) <input type="checkbox"/> Mismatch Repair by IHC (MLHI, MSH2, MSH6, PMS2) Requires 1 tissue block with tumor	<input type="checkbox"/> <b>LUNG CANCER PANEL:</b> (Please include Cancer Stage) <input type="checkbox"/> EGFR by PCR Requires 1 tissue block with tumor <input type="checkbox"/> ALK by FISH Requires 1 tissue block with tumor <input type="checkbox"/> KRAS Mutation Analysis by PCR Requires 1 tissue block with tumor <input type="checkbox"/> ROS1 by FISH Requires 1 tissue block with tumor	<input type="checkbox"/> <b>LUNG CANCER SEQUENTIAL PANEL:</b> *KRAS → EGFR → ALK by FISH → ROS1 by FISH (Will stop sequence once a mutation is detected) Requires 1 tissue block with tumor <input type="checkbox"/> <b>ONCOMINE FOCUS NEXT GENERATION SEQUENCING (NGS) ASSAY:</b> *52 Gene Targeted NGS Assay
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**WOMEN'S HEALTH / OBGYN**

HPV High Risk DNA Testing from Pap Vial (ICD 9: \_\_\_\_\_)

16/18 Genotyping from Pap Vial

*Chlamydia trachomatis/Neisseria gonorrhoeae* from Pap Vial (ICD 9: \_\_\_\_\_)  
Gonorrhea / Chlamydia by PCR (ICD 9: \_\_\_\_\_)

Chlamydia Only  
 Gonorrhea Only

CTNG SOURCE:  From Pap vial  From Swab