

<p>PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)</p> <p>Last Name _____ First _____ MI _____</p> <p>Address _____ Birth Date _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>City _____ SS # _____</p> <p>State _____ Zip _____ Home Phone _____</p> <p>Hospital/Physician Office Patient ID # _____ Accession # _____</p> <p>MEDICAL NECESSITY NOTICE: When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.</p> <p>INSURANCE BILLING INFORMATION (PLEASE ATTACH CARD OR PRINT IN BLACK INK)</p> <p>BILL TO: <input type="checkbox"/> Client/Institution <input type="checkbox"/> Medicare <input type="checkbox"/> Insurance (Complete insurance information below) <input type="checkbox"/> Patient</p> <p>PATIENT STATUS: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-Hospital Patient Hospital discharge date: ____/____/____</p> <p>PRIMARY: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Ins. _____ <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child</p> <p>Subscriber Last Name _____ First _____ MI _____</p> <p>Beneficiary / Member # _____ Group # _____</p> <p>Claims Address _____ City _____ State _____ Zip _____</p> <p>SECONDARY: <input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, please attach) ABN: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>DIAGNOSIS CODE (REQUIRED) ICD-10 Codes 1. _____ 2. _____ 3. _____</p> <p>ADDITIONAL CLINICAL INFORMATION</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>CLIENT INFORMATION</p> <p>ORDERING PHYSICIAN CONTACT</p> <p>Choose one: <input type="checkbox"/> Clinician <input type="checkbox"/> Pathologist</p> <p>Name _____</p> <p>NPI # _____</p> <p>Phone _____</p> <p>Email _____</p> <p>Fax report to: (_____) _____</p> <p>Fax additional report to: (_____) _____</p> <p>SPECIMEN INFORMATION</p> <p>Please submit copy of Surgical Pathology report with requisitions</p> <p>Collection Date: ____/____/____ Time: _____</p> <p>Body Site: _____ Client Case #: _____</p> <p>Specimen ID: _____</p> <p><input type="checkbox"/> Paraffin Cell Blocks: _____ - _____ <input type="checkbox"/> Paraffin Tissue Blocks: _____</p> <p>Fixation Type: <input type="checkbox"/> Formalin <input type="checkbox"/> Other: _____</p> <p>**Decalcified specimens will be rejected.</p> <p>Breast Samples: CAP/ASCO Requirements</p> <p>10% neutral buffered formalin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Fixation time >6 and <72 hours: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Cold ischemic time ≤ 1 hour: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p>AVAILABLE MOLECULAR AND BIOMARKER TESTING WITH INTERPRETATION:</p> <p>BREAST</p> <p><input type="checkbox"/> Breast Markers Profile: ER, PR, HER2 by IHC (reflex to FISH if equivocal)</p> <p>Immunohistochemistry (select any/all):</p> <p><input type="checkbox"/> ER <input type="checkbox"/> PR <input type="checkbox"/> Androgen Receptor</p> <p><input type="checkbox"/> Ki67 <input type="checkbox"/> HER2 (reflex to FISH if equivocal)</p> <p><input type="checkbox"/> HER2 by FISH (reflex to IHC if Group 2, 3, or 4)</p> <p><input type="checkbox"/> Mismatch repair (MMR) by IHC (reflex to <i>MLH1</i> promoter methylation)</p> <p><input type="checkbox"/> PD-L1 by IHC (FDA TECNTRIQ® Clone SP142) for TNBC</p> <p>COLORECTAL/SMALL BOWEL</p> <p><input type="checkbox"/> Metastatic Colorectal/Small Bowel Profile: Mismatch repair (MMR) by IHC (reflex to <i>MLH1</i> promoter methylation), Colon Cancer Hotspot NGS Panel (<i>BRAF, KRAS, NRAS</i>)</p> <p><input type="checkbox"/> Mismatch repair (MMR) by IHC (reflex to <i>MLH1</i> promoter methylation)</p> <p><input type="checkbox"/> Colon Cancer Hotspot NGS Panel (<i>BRAF, KRAS, NRAS</i>)</p> <p><input type="checkbox"/> HER2 by IHC (reflex to FISH in equivocal cases)</p> <p><input type="checkbox"/> <i>MLH1</i> promoter methylation by PCR</p> <p>ENDOMETRIAL/GYN</p> <p><input type="checkbox"/> Mismatch repair (MMR) by IHC (reflex to <i>MLH1</i> promoter methylation)</p> <p><input type="checkbox"/> ER by IHC</p> <p><input type="checkbox"/> PR by IHC</p> <p><input type="checkbox"/> PD-L1 by IHC (Clone 22C3) – for cervical primary only</p> <p><input type="checkbox"/> <i>MLH1</i> promoter methylation by PCR</p> <p>GASTROINTESTINAL STROMAL TUMOR</p> <p><input type="checkbox"/> GIST Hotspot NGS Panel (<i>BRAF, KIT, PDGFRA</i>)</p> <p>GENITOURINARY</p> <p><input type="checkbox"/> Mismatch repair (MMR) by IHC (reflex to <i>MLH1</i> promoter methylation)</p> <p><input type="checkbox"/> PD-L1 by IHC for pembrolizumab/Keytruda® use (Clone 22C3)</p> <p><input type="checkbox"/> PD-L1 by IHC for durvaluma/Imfinzi® use (Clone SP263)</p> <p>HEAD AND NECK SQUAMOUS CELL CARCINOMA</p> <p><input type="checkbox"/> PD-L1 by IHC (Clone 22C3)</p> <p>LYMPHOMA (CONTINUED)</p> <p>FISH (select any/all):</p> <p><input type="checkbox"/> FISH for aggressive B-cell lymphoma panel – <i>MYC, BCL2, BCL6, IGH/MYC</i> t(8;14)</p> <p><input type="checkbox"/> <i>MYC</i> <input type="checkbox"/> <i>BCL2</i> <input type="checkbox"/> <i>BCL6</i> <input type="checkbox"/> <i>MALT</i></p> <p><input type="checkbox"/> <i>IGH</i> <input type="checkbox"/> <i>CCND1</i> <input type="checkbox"/> <i>IGH/BCL2</i> t(14;18)</p> <p><input type="checkbox"/> <i>BIRC/MALT</i> t(11;18) <input type="checkbox"/> <i>IGH/MYC</i> t(8;14)</p> <p>MELANOMA</p> <p><input type="checkbox"/> Melanoma Hotspot NGS Panel (<i>BRAF, KIT, NRAS</i>)</p> <p><input type="checkbox"/> BRAF V600E by IHC (reflex to Melanoma Hotspot NGS Panel if equivocal)</p> <p><input type="checkbox"/> FISH for Cutaneous Melanoma</p> <p><input type="checkbox"/> PD-L1 by IHC (Clone 22C3)</p> <p>NEURO</p> <p><input type="checkbox"/> Glioma by FISH panel (1p/19q/EGFR)</p> <p><input type="checkbox"/> FISH for 1p/19q</p> <p><input type="checkbox"/> FISH for <i>EGFR</i></p> <p><input type="checkbox"/> IDH1(R132H) by IHC</p> <p><input type="checkbox"/> <i>IDH1/IDH2</i> Hotspot NGS Gene Analysis</p> <p><input type="checkbox"/> <i>MGMT</i> Methylation</p> <p>SOFT TISSUE/SARCOMA</p> <p><input type="checkbox"/> CC-SIGN® Sarcoma Fusion NGS Panel (34 gene panel) – refer to SRCNGS Gene List</p> <p>FISH (select any/all):</p> <p><input type="checkbox"/> <i>DDIT3 (CHOP)</i> (12q13) <input type="checkbox"/> <i>EWSR1</i> (22q12)</p> <p><input type="checkbox"/> <i>FOXO1A (FKHR)</i> (13q14) <input type="checkbox"/> <i>FUS</i> (16p11)</p> <p><input type="checkbox"/> <i>MDM2</i> amplification</p> <p><input type="checkbox"/> <i>MYC</i> amplification (angiosarcoma)</p> <p><input type="checkbox"/> <i>SYT</i> (18q11) <input type="checkbox"/> <i>WWR1/CAMTA1</i> translocation</p> <p>LYMPHOMA</p> <p><input type="checkbox"/> B-Cell Clonality using BIOMED-2 PCR Primers (<i>IGH/IGK</i>)</p> <p><input type="checkbox"/> B-Cell Immunoglobulin Heavy (IGH) Chain BIOMED-2 PCR</p> <p><input type="checkbox"/> B-Cell Immunoglobulin Kappa (IGK) Chain BIOMED-2 PCR</p> <p><input type="checkbox"/> T-Cell Clonality (TCRB and TCRG Gene Rearrangement)</p> <p><input type="checkbox"/> T-Cell Receptor Beta (TCRB) BIOMED-2 PCR</p> <p><input type="checkbox"/> T-Cell Receptor Gamma (TCRG) BIOMED-2 PCR</p> <p>Immunohistochemistry/CISH (select any/all):</p> <p><input type="checkbox"/> CD30 <input type="checkbox"/> CD19 <input type="checkbox"/> PD-L1 (Clone 22C3)</p> <p><input type="checkbox"/> MYC-IHC <input type="checkbox"/> CISH EBER</p> <p>STOMACH/EGJ</p> <p><input type="checkbox"/> Stomach/EGJ Profile: Mismatch repair (MMR) by IHC, HER2 by IHC (reflex to FISH in equivocal cases), PD-L1 by IHC (Clone 22C3)</p> <p><input type="checkbox"/> Mismatch repair (MMR) by IHC (reflex to <i>MLH1</i> promoter methylation)</p> <p><input type="checkbox"/> HER2 by IHC (reflex to FISH in equivocal cases)</p> <p><input type="checkbox"/> PD-L1 by IHC (Clone 22C3)</p> <p>THYROID</p> <p><input type="checkbox"/> BRAF Single Gene Hotspot NGS</p> <p>OTHER TESTING</p> <p>NGS</p> <p><input type="checkbox"/> CC-SIGN® <i>NTRK 1,2,3</i> by NGS (as part of NTRK Plus Gene Fusion NGS Panel)</p> <p><input type="checkbox"/> CC-SIGN® Pan-Solid Tumor NGS Panel (170 Gene NGS Panel + MMR by IHC) – refer to PSTNGS Gene List for available genes</p> <p><input type="checkbox"/> Single Gene Hotspot NGS – <i>BRAF, EGFR, ERBB2, IDH1/IDH2, KIT, KRAS, MET, NRAS, PDGFRA</i></p> <p>Indicate Genes: _____</p> <p><input type="checkbox"/> HPV High and Low Risk by <i>in situ</i> hybridization</p> <p><input type="checkbox"/> HPV High Risk only by <i>in situ</i> hybridization</p> <p><input type="checkbox"/> HPV Low Risk only by <i>in situ</i> hybridization</p> <p><input type="checkbox"/> Microsatellite instability by PCR - must provide normal and tumor representative specimen</p> <p><input type="checkbox"/> Mismatch repair (MMR) by IHC (reflex to <i>MLH1</i> promoter methylation)</p> <p><input type="checkbox"/> <i>MLH1</i> promoter methylation by PCR</p> <p>ONCOLOGY FISH</p> <p>REFER TO ONCOLOGY FISH PROBE LIST</p> <p>Indicate probe(s): _____</p>	

FISH Panels

PANEL NAME	Probes included		Accepted Specimen Sources			
	QTY	Target Locations	Blood	Bone Marrow	FFPET	Cell Block*
Aggressive B-Cell Lymphoma	4	BCL2, BCL6, MYC, IGH/MYC	x	x	x	
Acute Myeloid Leukemia	4	PML/RARA, RUNX1/RUNX1T1, CBFβ/MYH11, MLL	x	x		
B Lymphoblastic Leukemia	4	BCR/ABL, ETV6/RUNX1, MLL, Trisomy 4/10	x	x		
CLL	3	CLL1, CLL2, IGH/CCND1	x			
Cutaneous Melanoma	5	RREB1, CCND1, MYB, MYC, CDKN2A			x	
Glioma	3	1p36, 19q13, EGFR			x	
Myelodysplastic Syndrome	3	5q, 7q, 20q, CEP 8	x	x		
Myeloproliferative Neoplasms	4	BCR/ABL, PDGFRA, PDGFRB, FGFR1	x	x		
Plasma Cell Myeloma	5**	RB1/TP53, CKS1B/CDKN2C, CEP 9/CEP 15, IGH, IGH/CCND1 **Reflex to IGH/MMSET and IGH/MAF if indicated.*		x		
UroVysion	4	CEP 3, CEP 7, CEP 17, 9p21	Thin prep slide			

*Must be formalin fixed. Alcohol fixed cell blocks will be rejected.

FISH Single Target

PROBE NAME	Chromosomal /Target Location	Blood	Bone Marrow	FFPET	Cell Block*	Thin Prep Slide
1p	1p36			x		
5q	5p15/5q31	x	x			
7q	CEP7/7q31	x	x			
19q	19q13			x		
20q	20q12 <i>Only offered with CEP 8</i>	x	x			
ALK for NSCLC	2p23			x	x	x
BCL2	18q21	x	x	x		
BCL6	3q27	x	x	x		
BCRABL	t(9;22)(q34;q11.2)	x	x			
BIRC3/MALT	t(11;18)(q22;q21)			x		
CBFB/MYH11	16q22-Inversion 16	x	x			
CDKN2A	9p21 <i>Only offered as part of Cutaneous Melanoma & UroVysion Panels</i>			x		x
CCND1	11q13	x	x	x		
CEP 3	Centromere of chromosome 3 <i>Only offered as part of UroVysion Panel</i>					x
CEP 4	Centromere of chromosome 4 <i>Only offered with CEP 10</i>	x				
CEP 7	Centromere of chromosome 7 <i>Only offered as part of UroVysion Panel</i>					x
CEP 8	Centromere of chromosome 8 <i>Only offered with 20q</i>	x	x			
CEP 9	Centromere of chromosome 9 <i>Only offered as part of Plasma Cell Myeloma Panel</i>		x			
CEP 10	Centromere of chromosome 10 <i>Only offered with CEP 4</i>	x				
CEP 15	Centromere of chromosome 15 <i>Only offered as part of Plasma Cell Myeloma Panel</i>		x			
CEP 17	Centromere of chromosome 17 <i>Only offered as part of UroVysion Panel</i>					x

PROBE NAME	Chromosomal /Target Location	Blood	Bone Marrow	FFPET	Cell Block*	Thin Prep Slide
CEP X	Centromere of X chromosome <i>Only offered with CEP Y (DXY3)</i>	x				
CEP Y (DXY3)	Centromere of Y chromosome <i>Only offered with CEP X</i>	x				
CEP Y (DZY1)	Yqh of Y Chromosome	x				
CHOP/DDIT3	12q13			x		
CKS1B/CDKN2C	1p31,1q21 <i>Only offered as part of Plasma Cell Myeloma Panel</i>		x			
CLL1	17p13,11q22 <i>Only offered as part of CLL Panel</i>	x				
CLL2	D13S319/CEP 12/13q24 <i>Only offered as part of CLL Panel</i>	x				
EGFR	7p11.2			x		
ETV6/RUNX1	t(12;21)(p13;q22)	x	x			
EWSR1	22q12			x		
FGFR1	8p12	x	x			
FOXO1	13q14			x		
FUS	16p11.2			x		
HER2	17q12			x		
IGH	14q23	x	x	x		
IGH/BCL2	t(14;18)(q32;q21)	x	x	x		
IGH/CCND1	t(11;14)(q13;q32)	x	x	x		
IGH/MAF	t(14;16)(q32;q23) <i>Only offered as part of Plasma Cell Myeloma Panel</i>		x			
IGH/MMSET	t(4;14)(p16q32) <i>Only offered as part of Plasma Cell Myeloma Panel</i>		x			
IGH/MYC	t(8;14)(q24;q32)	x	x	x		
MALT1	18q21			x		
MDM2	12q15			x		
MLL	11q23	x	x			
MYB	6q23 <i>Only offered as part of Cutaneous Melanoma Panel</i>			x		
MYC-Break apart	8q24	x	x	x		
MYC-Amplification	8q24			x		
PDGFRA	4q12	x	x			
PDGFRB	5q32	x	x			
PML/RARA	t(15;17)(q22;q21)	x	x			
RARA	17q21	x	x			
RB1/TP53	13q17p <i>Only offered as part of Plasma Cell Myeloma Panel</i>		x			
RET	10q11.21			x	x	
ROS1	6q22			x	x	
RREB1	6p25 <i>Only offered as part of Cutaneous Melanoma Panel</i>			x		
RUNX1/RUNX1T1	t(8;21)(q21;q22)	x	x			
SRY	Yp11.3	x				
SS18/SYT	t(X;18)(p11;q11)			x		
WWTR1/CAMTA1	t(1;3)(p36;q25)			x		
XIST	Xq13.2	x				

*Must be formalin fixed. Alcohol fixed cell blocks will be rejected.