

PATIENT INFORMATION INPATIENT OUTPATIENT

 Last name First name Middle

 DOB Sex SSN

 Street Address City State Zip

 Insurance Provider ID Number

 Guarantor

PHYSICIAN/FACILITY/CLIENT INFORMATION

 Contact Person/Physician ordering test UPIN

 Phone Fax Department

 Address City State Zip

SPECIMEN INFORMATION: Collection Date: ____ / ____ / ____ .

DIAGNOSIS: _____ .

TESTS OFFERED (paraffin embedded tissue/cytologic smear)

BREAST CANCER

- HER2/neu (ERBB2) amplification by FISH

LUNG CANCER

- EGFR mutations (including T790M) by PCR
- ALK gene rearrangement by FISH
- ROS1 gene rearrangement by FISH
- BRAF V600E mutation by PCR
- KRAS mutation by PCR/DNA sequencing

COLON CANCER

- KRAS mutation by Real-Time PCR/DNA sequencing
- NRAS mutation by PCR/DNA sequencing
- BRAF V600E mutation by PCR
- EGFR amplification by FISH
- MMR deficiency by IHC (MSI equivalent)

BRAIN TUMOR (GLIOMA)

- 1p/19q deletion by FISH
- BRAF V600E mutation by PCR
- EGFR amplification by FISH

MELANOMA

- BRAF V600 mutation by PCR
- NRAS mutation by PCR/DNA sequencing

SOFT TISSUE TUMOR (SARCOMA)

Ewing Tumor Family

- EWS gene rearrangement by FISH

Synovial Sarcoma

- SYT (SS18) gene rearrangement by FISH

Alveolar Rhabdomyosarcoma

- FOXO1 (FKHR) gene rearrangement by FISH

Myxoid/Round Cell Liposarcoma

- DDIT3 (CHOP) gene rearrangement by FISH

LYMPHOMA

Mantle cell lymphoma

- CCND1-IGH t(11;14) gene fusion by FISH

Diffuse large B-cell lymphoma panel

- MYC gene rearrangement by FISH
- BCL2-IGH gene rearrangement by FISH
- BCL6 gene rearrangement by FISH

LYNCH SYNDROME SCREEN (COLON, ENDOMETRIUM)

- MMR deficiency by IHC
- BRAF V600E mutation by PCR *
- MLH-1 promotor methylation *

* BRAF mutation and/or MLH1 methylation may be needed for those with abnormal MMR expression.

OTHER

