VISTA PATHOLOGY

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Ancillary Tests

Patient Name: _____ Date: _____

Date of Birth: _____ Ordering Provider: _____
(First and Last Name)

Pathology Accession #: _____

Bill: ❑ Insurance ❑ Medicare ❑ Patient

IMPORTANT: Attach patient billing information.

Colon Cancer
(Targeted therapy/prognosis)

INDIVIDUAL

❑ KRAS

❑ BRAF

REFLEX PANEL

❑ KRAS ➔ BRAF

❑ OTHER _____

Colon Cancer
(Lynch screening/prognosis)

❑ MSI TESTING

❑ OTHER _____

Lung Cancer
(Targeted therapy/prognosis)

INDIVIDUAL

❑ EGFR

❑ ALK-EML4

❑ KRAS

❑ BRAF

❑ EGFR and ALK-EML4

❑ OTHER _____

REFLEX PANEL

❑ EGFR ➔ KRAS

❑ EGFR and ALK-EML4 ➔ KRAS

❑ EGFR and ALK-EML4 ➔ KRAS ➔ BRAF

Papillary Thyroid Cancer

❑ BRAF

Melanoma

❑ BRAF

Breast Cancer

❑ Onco DX

Other