



# Solid Tumor Ancillary Testing Request Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Sex : M or F Pathology Accession# : \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

Bill:  Insurance  Medicare  Patient (Please attach patient billing information)

BREAST CANCER	COLON/GI CANCER	LUNG CANCER			
<input type="checkbox"/> ER & PR IHC, HER2 Status (IHC with reflex HER2 FISH as necessary) > <input type="checkbox"/> Ki-67 IHC <input type="checkbox"/> Oncotype DX (21 gene RT-PCR) <input type="checkbox"/> Mammaprint (70 gene array) <input type="checkbox"/> Prosigna (PAM-50 panel) <input type="checkbox"/> PIK3CA Mutation <input type="checkbox"/> Hereditary Breast & Ovarian Cancer <input type="checkbox"/> Targeted single gene sequencing*: _____ <input type="checkbox"/> Other*: _____	<input type="checkbox"/> Lynch Syndrome Screen (HNPCC) > Reflex testing performed as appropriate <u>Choose one:</u> (MMR is recommended) <input type="checkbox"/> Mismatch repair protein, MMR - IHC <input type="checkbox"/> Microsatellite Instability, MSI - PCR <input type="checkbox"/> KRAS/NRAS/BRAF Mutation Panel> <input type="checkbox"/> BRAF Mutation <input type="checkbox"/> NRAS Mutation <input type="checkbox"/> HER2 IHC (Gastric Carcinoma only) <input type="checkbox"/> MLH1 Promoter Methylation <input type="checkbox"/> Hereditary GI Cancer Panel <input type="checkbox"/> Targeted single gene sequencing*: _____ <input type="checkbox"/> Other*: _____	<input type="checkbox"/> EGFR Mutation, ALK FISH, ROS1 FISH, BRAF Mutation > <input type="checkbox"/> ALK FISH <input type="checkbox"/> RET FISH <input type="checkbox"/> MET Mutation <input type="checkbox"/> KRAS Mutation <input type="checkbox"/> ERBB2 Mutation <input type="checkbox"/> BRAF Mutation <input type="checkbox"/> ROS1 FISH <input type="checkbox"/> EGFR Mutation <input type="checkbox"/> EGFR Mutation & ALK FISH (Consider in never smokers w/ squamous carcinoma) <input type="checkbox"/> HER2 FISH <input type="checkbox"/> Other*: _____			
CERVICAL/UTERINE/OVARIAN CANCER	MELANOMA	PROSTATE CANCER			
<input type="checkbox"/> Lynch Syndrome Screen - (MMR IHC)> <input type="checkbox"/> Reflex testing performed as appropriate <input type="checkbox"/> Hereditary Breast & Ovarian Cancer Panel via NGS <input type="checkbox"/> Targeted single gene sequencing*: _____ <input type="checkbox"/> Other*: _____	<input type="checkbox"/> BRAF Mutation > <input type="checkbox"/> KIT Mutation <input type="checkbox"/> NRAS Mutation <input type="checkbox"/> Targeted Gene Panel via NGS* <input type="checkbox"/> Other*: _____	<input type="checkbox"/> Oncotype DX Prostate (17 gene RT-PCR) <input type="checkbox"/> Prolaris (46 gene RT-PCR) <input type="checkbox"/> PTEN FISH <input type="checkbox"/> Next-Gen Sequencing (NGS)* <input type="checkbox"/> Other*: _____			
BLADDER CANCER/UROTHELIAL	PANCREATICOBILIARY CANCER	HEAD, NECK & THYROID CANCER			
<input type="checkbox"/> Urovysion FISH <input type="checkbox"/> FGFR Mutation <input type="checkbox"/> Next-Gen Sequencing (NGS)* <input type="checkbox"/> Other*: _____	<input type="checkbox"/> FGFR Mutation <input type="checkbox"/> Other*: _____	<input type="checkbox"/> EBV (EBER ISH) <input type="checkbox"/> p16 IHC (HPV evaluation) <input type="checkbox"/> KRAS Mutation <input type="checkbox"/> BRAF Mutation <input type="checkbox"/> Afirma® Thyroid GSC (FNA) <input type="checkbox"/> Next-Gen Sequencing (NGS)* <input type="checkbox"/> Other*: _____			
BRAIN CANCER	MISC. / UNKNOWN PRIMARY	PD-L1 IMMUNOHISTOCHEMISTRY			
<input type="checkbox"/> Brain Tumor Profile († includes gene evaluations below plus additional) <input type="checkbox"/> 1p/19q Deletion FISH† <input type="checkbox"/> IDH1 & IDH2 Mutation† <input type="checkbox"/> EGFR Mutation† <input type="checkbox"/> BRAF FISH† <input type="checkbox"/> NMYC FISH† <input type="checkbox"/> PTEN FISH† <input type="checkbox"/> TP53† <input type="checkbox"/> MGMT Promoter Methylation Status† <input type="checkbox"/> PD-L1 IHC (22C3-Keytruda®)† <input type="checkbox"/> Other*: _____	<input type="checkbox"/> Lynch Syndrome Screen <u>Choose one:</u> (MMR is recommended generally) <input type="checkbox"/> Mismatch repair protein, MMR - IHC <input type="checkbox"/> Microsatellite Instability, MSI - PCR <input type="checkbox"/> NTRK gene fusion evaluation <input type="checkbox"/> Unknown Primary: CancerTypeID® <input type="checkbox"/> Other targeted therapy testing*: _____	<table border="0"> <tr> <td style="vertical-align: top;"> <b>Therapy: Choose one (Required)</b>  <input type="checkbox"/> PD-L1 IHC - 22C3 (Keytruda®)  <input type="checkbox"/> PD-L1 IHC – 2SP263 (IMFINZI®)  <input type="checkbox"/> PD-L1 IHC – 28-8 (OPDIVO®)  <input type="checkbox"/> PD-L1 IHC – SP142 (Tecentriq®)               </td> <td style="vertical-align: top;"> <b>Cancer Tissue Origin: Choose one (Required)</b>  <input type="checkbox"/> Breast  <input type="checkbox"/> Cervical  <input type="checkbox"/> Colorectal  <input type="checkbox"/> Gastric / Esophagus  <input type="checkbox"/> Lung: <input type="checkbox"/> Non-small                                  <input type="checkbox"/> Small cell  <input type="checkbox"/> Head &amp; neck squamous  <input type="checkbox"/> Melanoma  <input type="checkbox"/> Pancreaticobiliary  <input type="checkbox"/> Prostate  <input type="checkbox"/> Urothelial/Bladder  <input type="checkbox"/> Uterine/Ovarian  <input type="checkbox"/> Unknown Primary               </td> </tr> </table> <p><i>Both the therapy type and the origin of the cancer is required for correct scoring and threshold selections.</i></p>		<b>Therapy: Choose one (Required)</b> <input type="checkbox"/> PD-L1 IHC - 22C3 (Keytruda®) <input type="checkbox"/> PD-L1 IHC – 2SP263 (IMFINZI®) <input type="checkbox"/> PD-L1 IHC – 28-8 (OPDIVO®) <input type="checkbox"/> PD-L1 IHC – SP142 (Tecentriq®)	<b>Cancer Tissue Origin: Choose one (Required)</b> <input type="checkbox"/> Breast <input type="checkbox"/> Cervical <input type="checkbox"/> Colorectal <input type="checkbox"/> Gastric / Esophagus <input type="checkbox"/> Lung: <input type="checkbox"/> Non-small <input type="checkbox"/> Small cell <input type="checkbox"/> Head & neck squamous <input type="checkbox"/> Melanoma <input type="checkbox"/> Pancreaticobiliary <input type="checkbox"/> Prostate <input type="checkbox"/> Urothelial/Bladder <input type="checkbox"/> Uterine/Ovarian <input type="checkbox"/> Unknown Primary
<b>Therapy: Choose one (Required)</b> <input type="checkbox"/> PD-L1 IHC - 22C3 (Keytruda®) <input type="checkbox"/> PD-L1 IHC – 2SP263 (IMFINZI®) <input type="checkbox"/> PD-L1 IHC – 28-8 (OPDIVO®) <input type="checkbox"/> PD-L1 IHC – SP142 (Tecentriq®)	<b>Cancer Tissue Origin: Choose one (Required)</b> <input type="checkbox"/> Breast <input type="checkbox"/> Cervical <input type="checkbox"/> Colorectal <input type="checkbox"/> Gastric / Esophagus <input type="checkbox"/> Lung: <input type="checkbox"/> Non-small <input type="checkbox"/> Small cell <input type="checkbox"/> Head & neck squamous <input type="checkbox"/> Melanoma <input type="checkbox"/> Pancreaticobiliary <input type="checkbox"/> Prostate <input type="checkbox"/> Urothelial/Bladder <input type="checkbox"/> Uterine/Ovarian <input type="checkbox"/> Unknown Primary				
MOLAR PREGNANCY					
<input type="checkbox"/> Ploidy FISH (preferred) <input type="checkbox"/> DNA Fingerprinting Analysis (maternal blood sample required in addition to POC) <input type="checkbox"/> Other*: _____					

\*If NGS, other testing or targeted sequencing is requested, please specifically indicate which tests & genes are requested, including your reference laboratory preference. A broad gene solid tumor profile test is available for brain, breast, melanoma, GIST, and colorectal, bladder, and hepatocellular carcinoma, among others.    **NGS: Next-Generation Sequencing**                      **IHC: Immunohistochemistry**                      **ISH: In situ hybridization**