

SOLID TUMOR FISH MOLECULAR ONCOLOGY TEST REQUEST FORM

SHADED AREAS FOR PATIENT INFORMATION REQUIRED

PATIENT LAST NAME		FIRST NAME		MI
DOB	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PT. ID# / ADDITIONAL INFO / MEDICAL RECORD NUMBER		
SSN	BILL <input type="checkbox"/> OFFICE/CLIENT <input type="checkbox"/> PATIENT/PATIENT INSURANCE			
IF BILLING PATIENT INSURANCE: ATTACH: COPY OF FRONT AND BACK OF INSURANCE CARD AND COPY OF DRIVERS LICENSE AND PROVIDE GUARANTOR NAME/DOB (REQUIRED IF PATIENT IS A MINOR). INCLUDE SECONDARY / TERTIARY INSURANCE.				
DIAGNOSIS / MEDICAL NECESSITY (ENTER ALL THAT APPLIES)				
ICD-10 #1	ICD-10 #2	ICD-10 #3		
NOTICE: WHEN ORDERING TESTS FOR WHICH MEDICARE REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF A PATIENT RATHER THAN FOR SCREENING PURPOSES. FOR MORE INFORMATION SEE reglab.org/billingcompliance/				
<input type="checkbox"/> ABN ATTACHED <input type="checkbox"/> PRIOR AUTHORIZATION ATTACHED				

Accession #: _____

Date Rec'd: ___/___/___ # of Slides: _____

Collection Date ___/___/___ Collection Time _____ AM / PM

PHYSICIAN PROVIDER: _____
(Indicate the Supervising Dr./P.A. or N. Pract.)

PATHOLOGY CONSULTATION NUMBER

Please provide direct phone number for pathology consultation if needed

Account Number _____

Account Name _____

Address _____

City, State and Zip Code _____

Phone Number _____ Fax Number _____

SOLID TUMOR FISH MOLECULAR ONCOLOGY TESTING

NOTICE: Additional reference laboratory testing may be required at the discretion of the pathologist to establish or confirm a diagnosis. If additional testing is needed the client or patient may receive an invoice for additional testing from the reference laboratory. Check the box if additional reference laboratory testing is not desired. Please note that a definitive diagnosis may not be possible.

CLINICAL INFORMATION

FISH Testing
 Molecular Testing

SOURCE:
 BLOOD
 BONE MARROW
 TISSUE _____
 OTHER _____

REASON FOR REFERRAL

New Diagnosis
 Relapse
 In Remission
 Monitoring

Staging

0
 II
 III
 IV

NOTE: _____

Attach all relevant clinical history, pathology/cytology report(s) and other applicable test reports.

50 GENE CANCER PANEL
The 50 Gene Cancer Panel is a targeted cancer gene panel which scans greater than 2800 hotspot regions in 50 genes important in cancer. Next generation sequencing is performed to test for the presence of mutations in targeted regions of the following 50 genes: ABL1, AKT1, ALK, APC, ATM, BRAF, CDH1, CDKN2A, CSF1R, CTNNB1, EGFR, ERBB2, ERBB4, EZH2, FBXW7, FGFR1, FGFR2, FGFR3, FLT3, GNA11, GNA11, GNAQ, GNAS, HNF1A, HRAS, IDH1, IDH2, JAK2, JAK3, KDR, KIT, KRAS, MET, MLH1, MPL, NOTCH1, NPM1, NRAS, PDGFRA, PIK3CA, PTEN, PTPN11, RB1, RET, SMAD4, SMARCB1, SMO, SRC, STK11, TP53, VHL

BRAIN TUMOR
 1p/19q Codeletion
 BRAF Mutation Analysis (fusion not detected)
 EGFR Amplification (7p12)
 IDH1 and IDH2 Mutation Analysis
 MGMT Methylation
 MYC (8q24) Amplification
 MYCN (2p24.3) Amplification
 PDGFRA (4q12) Amplification

BLADDER CANCER (UroVysion®)
 3 centromere
 7 centromere
 17 centromere
 CDKN2A (P16) [9p21]

BREAST CANCER
 ERA/PRA IHC
 HER2 IHC
 Reflex HER2 IHC to HER2 FISH
 HER2 Amplification IHC (FISH only)
 Ki67 IHC

CLEAR CELL SARCOMA OF SOFT TISSUE (CCS) / MALIGNANT MELANOMA OF SOFT PARTS
 EWSR1 [22q12]
 EWSR1 / ATF1 [t(12;22)]
 EWSR1 / CREB1 [t(2;22)]

COLORECTAL CANCER
 5 Gene Colorectal Panel for extended RAS testing (KRAS, NRAS, HRAS, BRAF, PIK3CA)
 BRAF Mutation Analysis
 Microsatellite Instability Analysis (MSI)
 PMS2, MSH2, MSH6, MLH1 by IHC

DERMATOFIBROSARCOMA PROTUBERANS (DFSP)
 COL1A1 / PDGFB [t(17;22)]

EWING SARCOMA (ES) / PRIMITIVE NEUROECTODERMAL TUMOR (PNET)
 EWSR1 [22q12]
 FUS [16p11.2]

EXTRASKELETAL MYXOID CHONDROSARCOMA (EMC)
 EWSR1 [22q12]
 NR4A3 [9q22.33]

INFANTILE FIBROSARCOMA (IFS)
 ETV6 (TEL) [12q13]

INFLAMMATORY MYOFIBROBLASTIC TUMOR (IMT)
 ALK [2p23]

LIOBLASTOMA
 PLAG1 [8q12.1]

LIPOMA
 HMGA2 [12q14.3]

LIPOSARCOMA (WDL/ALT; DDLs)
 CDK4 [12q13.14]
 MDM2 [12q15]

LOW GRADE FIBROMYXOID SARCOMA (LGFSM)
 EWSR1 [22q12]
 FUS [16p11.2]
 FUS / CREAB3L2 [t(7;16)]

LUNG CANCER
 ALK Rearrangement
 ALK IHC
 LUNG Cancer Mutation Panel (EGFR, BRAF, KRAS, NRAS, ERBB2 (Her2/neu), ERBB4, PIK3CA, PTEN and AKT1)
 PDL1 IHC
 RET (10q11)
 ROS1 Rearrangement

MAMMARY ANALOGUE SECRETORY CARCINOMA (MASC)
 ETV6 (TEL) [12p13]

MELANOMA
 BRAF Mutation Analysis
 Melanoma Panel (BRAF, NRAS, KIT, HRAS, GNAS, GNAI1)

MEDULLOBLASTOMA
 MYC
 MYCN

MIDLINE CARCINOMA
 NUTM1 [15q14]
 NUTM1 / BRD4 [t(15;19)]

MYXOID LIPOSARCOMA (MLS)
 DDIT3 [12q13]
 EWSR1 [22q12]
 FUS [16p11.2]

NEUROBLASTOMA (NB)
 1p36 deletion
 MYCN [2p24.3]

NODULAR FACIITIS
 USP6 [17p13]

PROSTATE CANCER
 PTEN (FISH)

RENAL CELL CARDINOMA (RCC)
 TFE3 [Xp11]

RHABDOID TUMOR (AT/RT; MRT)
 SMARCB1 (INI1) [22q11.23]

SYNOVIAL SARCOMA (SS)
 SS18 [18q11.2 / t(X;18)]

THERAPEUTIC IHC MARKERS
 ALK IHC
 HER2 IHC
 PDL1 IHC

UPPER GI CANCER
 Gastrointestinal Stromal Tumor Panel (KIT, PDGFRA, BRAF)
 HER2 Amplification (FISH only)

INDIVIDUAL PROBES

Centromere enumeration
 1p36 deletion
 ALK [2p23]
 CDK4 [12q13.14]
 CDKN2A (P16) [9p21]
 COL1A1 [17q21]
 COL1A1 / PDGFB [t(17;22)]

DDIT3 [12q13]
 EGFR [7p12]
 ERBB2 (HER2/neu) [17q12]
 ETV6 (TEL) [12p13]
 EWSR1 [22q12]
 EWSR1 / WT1 [t(11;22)]
 EWSR1 / ATF1 [t(12;22)]
 EWSR1 / CREB1 [t(2,22)]

FOXO1 [13q34]
 FUS [16p11.2]
 FUS / CREB3L2 [t(7;16)]
 HMGA2 [12q14.3]
 MDM2 [12q15]
 MYC [8q24] / 8 centromere
 MYCN [2p24.1]
 NR4A3 [9q22.33]

NUTM1 [15q14]
 NUTM1 / BRD4 [t(15;19)]
 PDGFB [22q13]
 PLAG1 [8q12.1]
 RB1 [13q14]
 RET [10q11]
 ROS1 [6q22]
 SMARCB1 (INI1) [22q11.23]

SS18 / SYT [18q11.2 / t(X;18)]
 TFE3 [Xp11]
 USP6 [17p13]



Testing Supplies

Regional Pathology Services furnishes specimen-collection supplies for use by clients that send tests to us.

Supplies are ordered online at reglab.org/customer-service/supply-orders/ testing supplies and log-on information may be obtained by calling Client Services

Toll Free 800-334-0459

Phone 402-559-6420

Courier Services

Regional Pathology Services offers an extensive courier network, which includes contracted land and air courier services. Contracted land specimen pickup is provided at no charge for specimens tested by Regional Pathology Services or our designated reference laboratories.

To inquire about scheduled stops and after hours courier service, call

Client Services Toll Free 800-334-0459

Phone 402-559-6420

If shipping specimens address to:

UNMC Shipping & Receiving Dock

Regional Pathology Services MSB 3500

University of Nebraska Medical Center

601 Saddle Creek Road

Omaha, NE 68106-1180

Transport Instructions:

Specimen Handling/Shipping

To ensure the safety of personnel and the community, proper handling of specimens for shipment is mandatory. Specimens will be rejected if submitted improperly. The shipper is responsible for the proper packaging and shipping of all specimens. Shippers must be trained and certified by their employer to be able to prepare and ship packages containing diagnostic specimens, biological substances and infectious substances. Rules of the various agencies involved may differ, and may change regularly. Specimen must have at least two patient identifiers and be packaged in sealed plastic bags to prevent leakage or contamination. Place accompanying paperwork in the bag pocket, away from the specimen. Practice universal blood and body fluid precautions when handling specimens.

For tests that require scheduling or special arrangements prior to specimen collection, refer to the Online Test Menu at reglab.org for more information.

Questions?

Contact client services at 800-334-0459