

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.

<p>CLINICAL INFORMATION</p> <p><input type="checkbox"/> FISH Testing <input type="checkbox"/> Molecular Testing</p> <p>SOURCE: <input type="checkbox"/> BLOOD <input type="checkbox"/> BONE MARROW <input type="checkbox"/> TISSUE _____ <input type="checkbox"/> OTHER _____</p> <p>REASON FOR REFERRAL</p> <p>_____ _____ _____</p> <p><input type="checkbox"/> New Diagnosis <input type="checkbox"/> Relapse <input type="checkbox"/> In Remission <input type="checkbox"/> Monitoring</p> <p>Staging</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV</p> <p>NOTE: _____</p> <p>Attach all relevant clinical history, pathology/cytology report(s) and other applicable test reports.</p>	<p><input type="checkbox"/> SOLID TUMOR PRECISION PANEL (STPP) The STPP is for assessment of molecular genetic biomarker targets for FDA approved therapies in solid tumors. This gene panel will assess 49 genes for somatically-derived, selected hotspot mutations including single nucleotide variants, small insertions or deletions, copy number variations and structural variants. Especially recommended for tumor types lung, colorectal, skin, and other gastrointestinal cancers such as GIST.</p> <p><input type="checkbox"/> TUMOR MUTATIONAL BURDEN (TMBO) This is a targeted next-generation sequencing assay that is designed for providing an accurate assessment of TMB (mutations/Mb). Studies have shown that tumors that have a high tumor mutation burden/load (TMB or TML) potentially have a better response to immunotherapy.</p> <p>BRAIN TUMOR</p> <p><input type="checkbox"/> 1p/19q Codeletion <input type="checkbox"/> EGFR Amplification (7p12) <input type="checkbox"/> MGMT Methylation <input type="checkbox"/> MYC (8q24) Amplification <input type="checkbox"/> MYCN (2p24.3) Amplification <input type="checkbox"/> PDGFRA (4q12) Amplification</p> <p>BLADDER CANCER (UroVysion®)</p> <p><input type="checkbox"/> 3 centromere <input type="checkbox"/> 7 centromere <input type="checkbox"/> 17 centromere <input type="checkbox"/> CDKN2A (P16) [9p21]</p> <p>BREAST CANCER</p> <p><input type="checkbox"/> HER2 IHC <input type="checkbox"/> Re lex HER2 IHC to HER2 FISH <input type="checkbox"/> HER2 (FISH only) <input type="checkbox"/> In addition to unstained slides, the following items are required: • Pathology report with IHC results and fixation parameters • H&E slide with areas corresponding to IHC 2+ circled <input type="checkbox"/> Ki67 IHC</p> <p>CLEAR CELL SARCOMA OF SOFT TISSUE (CCS) / MALIGNANT MELANOMA OF SOFT PARTS</p> <p><input type="checkbox"/> EWSR1 [22q12] <input type="checkbox"/> EWSR1 / ATF1 [t(12;22)] <input type="checkbox"/> EWSR1 / CREB1 [t(2;22)]</p>	<p>COLORECTAL CANCER</p> <p><input type="checkbox"/> BRAF codon 600 mutation <input type="checkbox"/> Microsatellite Instability Analysis (MSI) <input type="checkbox"/> MLH1 Methylation <input type="checkbox"/> PMS2, MSH2, MSH6, MLH1 by IHC <input type="checkbox"/> Solid Tumor Precision Panel</p> <p>DERMATOFIBROSARCOMA PROTUBERANS (DFSP)</p> <p><input type="checkbox"/> COL1A1 / PDGFB [t(17;22)]</p> <p>EWING SARCOMA (ES) / PRIMITIVE NEUROECTODERMAL TUMOR (PNET)</p> <p><input type="checkbox"/> EWSR1 [22q12] <input type="checkbox"/> EWSR1 by RT-PCR <input type="checkbox"/> FUS [16p11.2]</p> <p>EXTRASKELETAL MYXOID CHONDROSARCOMA (EMC)</p> <p><input type="checkbox"/> EWSR1 [22q12] <input type="checkbox"/> NR4A3 [9q22.33]</p> <p>INFANTILE FIBROSARCOMA (IFS)</p> <p><input type="checkbox"/> ETV6 (TEL) [12q13]</p> <p>INFLAMMATORY MYOFIBROBLASTIC TUMOR (IMT)</p> <p><input type="checkbox"/> ALK [2p23]</p> <p>LIPOBLASTOMA</p> <p><input type="checkbox"/> PLAG1 [8q12.1]</p> <p>LIPOMA</p> <p><input type="checkbox"/> HMGA2 [12q14.3]</p> <p>LIPOSARCOMA (WDLS/ALT; DDLS)</p> <p><input type="checkbox"/> CDK4 [12q13.14] <input type="checkbox"/> MDM2 [12q15]</p> <p>LOW GRADE FIBROMYXOID SARCOMA (LGFMS)</p> <p><input type="checkbox"/> EWSR1 [22q12] <input type="checkbox"/> FUS [16p11.2] <input type="checkbox"/> FUS / CREB3L2 [t(7;16)]</p> <p>LUNG CANCER</p> <p><input type="checkbox"/> ALK Rearrangement <input type="checkbox"/> ALK IHC <input type="checkbox"/> PDL1 IHC <input type="checkbox"/> RET (10q11) <input type="checkbox"/> ROS1 Rearrangement <input type="checkbox"/> Solid Tumor Precision Panel</p> <p>MAMMARY ANALOGUE SECRETORY CARCINOMA (MASC)</p> <p><input type="checkbox"/> ETV6 (TEL) [12p13]</p>	<p>MELANOMA</p> <p><input type="checkbox"/> BRAF codon 600 mutation <input type="checkbox"/> Solid Tumor Precision Panel</p> <p>MEDULLOBLASTOMA</p> <p><input type="checkbox"/> MYC <input type="checkbox"/> MYCN</p> <p>MIDLINE CARCINOMA</p> <p><input type="checkbox"/> NUTM1 [15q14] <input type="checkbox"/> NUTM1 / BRD4 [t(15;19)]</p> <p>MYXOID LIPOSARCOMA (MLS)</p> <p><input type="checkbox"/> DDIT3 [12q13] <input type="checkbox"/> EWSR1 [22q12] <input type="checkbox"/> FUS [16p11.2]</p> <p>NEUROBLASTOMA (NB)</p> <p><input type="checkbox"/> 1p36 deletion <input type="checkbox"/> MYCN [2p24.3]</p> <p>NODULAR FACIITIS</p> <p><input type="checkbox"/> USP6 [17p13]</p> <p>PROSTATE CANCER</p> <p><input type="checkbox"/> PTEN [10q23] (FISH)</p> <p>RENAL CELL CARCINOMA (RCC)</p> <p><input type="checkbox"/> TFE3 [Xp11]</p> <p>RHABDOID TUMOR (AT/RT; MRT)</p> <p><input type="checkbox"/> SMARCB1 (INI1) [22q11.23]</p> <p>RHABDOMYOSARCOMA</p> <p><input type="checkbox"/> FOXO1 [13q34] <input type="checkbox"/> Rhabdomyosarcoma, t(2;13) by RT-PCR</p> <p>SYNOVIAL SARCOMA (SS)</p> <p><input type="checkbox"/> SS18 / SYT [18q11.2 / t(X;18)] <input type="checkbox"/> Synovial Sarcoma t(X;18) by RT-PCR</p> <p>THERAPEUTIC IHC MARKERS</p> <p><input type="checkbox"/> ALK IHC <input type="checkbox"/> HER2 IHC <input type="checkbox"/> MLH1 IHC <input type="checkbox"/> MSH2 IHC <input type="checkbox"/> MSH6 IHC <input type="checkbox"/> PDL1 IHC <input type="checkbox"/> PMS2 IHC</p> <p>UPPER GI CANCER</p> <p><input type="checkbox"/> Solid Tumor Precision Panel</p>
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<p>INDIVIDUAL PROBES</p> <p><input type="checkbox"/> Centromere enumeration <input type="checkbox"/> 1p36 deletion <input type="checkbox"/> ALK [2p23] <input type="checkbox"/> CDK4 [12q13.14] <input type="checkbox"/> CDKN2A (P16) [9p21] <input type="checkbox"/> COL1A1 [17q21] <input type="checkbox"/> COL1A1 / PDGFB [t(17;22)]</p>	<p><input type="checkbox"/> DDIT3 [12q13] <input type="checkbox"/> EGFR [7p12] <input type="checkbox"/> ERBB2 (HER2/neu) [17q12] <input type="checkbox"/> ETV6 (TEL) [12p13] <input type="checkbox"/> EWSR1 [22q12] <input type="checkbox"/> EWSR1 / WT1 [t(11;22)] <input type="checkbox"/> EWSR1 / ATF1 [t(12;22)] <input type="checkbox"/> EWSR1 / CREB1 [t(2,22)]</p>	<p><input type="checkbox"/> FOXO1 [13q34] <input type="checkbox"/> FUS [16p11.2] <input type="checkbox"/> FUS / CREB3L2 [t(7;16)] <input type="checkbox"/> HMGA2 [12q14.3] <input type="checkbox"/> MDM2 [12q15] <input type="checkbox"/> MYC [8q24] / 8 centromere <input type="checkbox"/> MYCN [2p24.1] <input type="checkbox"/> NR4A3 [9q22.33]</p>	<p><input type="checkbox"/> NUTM1 [15q14] <input type="checkbox"/> NUTM1 / BRD4 [t(15;19)] <input type="checkbox"/> PDGFB [22q13] <input type="checkbox"/> PLAG1 [8q12.1] <input type="checkbox"/> RB1 [13q14] <input type="checkbox"/> RET [10q11] <input type="checkbox"/> ROS1 [6q22] <input type="checkbox"/> SMARCB1 (INI1) [22q11.23]</p>	<p><input type="checkbox"/> SS18 / SYT [18q11.2 / t(X;18)] <input type="checkbox"/> TFE3 [Xp11] <input type="checkbox"/> USP6 [17p13] <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____</p>
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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