



Pathology and Laboratory Medicine
Clinic Building, K6, Core Lab, E-655
2799 W. Grand Blvd.
Detroit, MI 48202
855.916.4DNA (4362)

CENTER FOR
PRECISION DIAGNOSTICS

MOLECULAR SOLID TUMOR REQUISITION

Required Patient Information

Name: _____ Gender: M F

MRN: _____ DOB: MM / DD / YYYY

ICD10 Code(s): _____ / _____ / _____

ICD-10 Codes are required for billing. When ordering tests for which reimbursement will be sought, order only those tests that are medically necessary for the diagnosis and treatment of the patient.

Ordering Physician Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Billing & Collection Information

Patient Demographic/Billing/Insurance Form is required to be submitted with this form. Most genetic testing requires insurance prior authorization. Due to high insurance deductibles and member policy benefits, patients may elect to self-pay. Call for more information (855.916.4362)

Bill Client or Institution Client Name: _____ Client Code/Number: _____

Bill Insurance Prior authorization or reference number: _____

Patient Self-Pay Call for pricing and payment options Toll Free: 855.916.4362

Patient status at time of collection: Inpatient Outpatient Collection date: _____ Collection time: _____

Providers are responsible to obtain informed consent, as required by Michigan law, for predictive or pre-symptomatic genetic tests. Informed Consent for Genetic Testing form is available on our website.

Specimen/Source

DNA (>20 ug): Tissue source (Transport FROZEN): _____ FFPE Tissue – Outside institutions-: Send copy of Pathology report, 1 H&E stained slide and 5-10 unstained slides

--EXTRACTED DNA ONLY ACCEPTED FROM CLIA CERTIFIED LABORATORIES

Pathology Case Number: _____

Solid Tumor Testing

All tests include pathologist interpretation at a separate, additional charge.

<p>Breast</p> <p><input type="checkbox"/> Her-2 IHC (88360, 88377)</p> <p><input type="checkbox"/> Her-2 neu Gene Amplification Assay (FISH) (88360, 88377)</p> <p>Colorectal and Endometrial</p> <p><input type="checkbox"/> Colorectal Cancer 3 Gene Panel (81210, 81275, 81276, 81311) <i>BRAF, KRAS, NRAS</i></p> <p><input type="checkbox"/> BRAF (81210)</p> <p><input type="checkbox"/> KRAS (81275, 81276)</p> <p><input type="checkbox"/> NRAS (81311)</p> <p><input type="checkbox"/> Microsatellite Instability +IHC (81301, 88342)</p> <p style="padding-left: 20px;"><input type="checkbox"/> reflex: MLH1 Methylation (81401)</p> <p>Comprehensive Gene Testing</p> <p><input type="checkbox"/> Solid Tumor 48 Gene Panel (81445) Includes all listed genes below under Single Gene Testing</p> <p>Single Gene Testing (NGS)</p>	<p>Fusion Panels (see website for gene list)</p> <p><input type="checkbox"/> Fusion Sarcoma Panel- 26 genes (81445)</p> <p><input type="checkbox"/> Fusion Solid Tumor Panel- 50 genes (81445)</p> <p>Gastrointestinal Tumor</p> <p><input type="checkbox"/> Gastrointestinal Stromal Tumor Panel</p> <p><input type="checkbox"/> KIT (81272)</p> <p><input type="checkbox"/> PDGFRA (81314)</p> <p>Lung</p> <p><input type="checkbox"/> Lung Cancer 6 Gene Panel (81445) <i>BRAF, ERBB2, EGFR, KRAS, MET, NRAS</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> reflex: <i>ALK, ROS1</i> (FISH) (add 88377x2)</p> <p><input type="checkbox"/> Fusion testing (81445) <i>ALK, ROS1, RET, MET, NTRK1, NTRK2, NTRK3</i></p> <p><input type="checkbox"/> IHC for PD-L1 22C3 (88360)</p> <p><input type="checkbox"/> IHC for PD-L1 28-2 (88360)</p>	<p>Lymphoma</p> <p><input type="checkbox"/> T Cell Rearrangement- Gamma (81342)</p> <p><input type="checkbox"/> T Cell Rearrangement- Beta (81340)</p> <p><input type="checkbox"/> B Cell Rearrangement (81261)</p> <p>Melanoma</p> <p><input type="checkbox"/> Melanoma 6 Gene Panel (81445) <i>BRAF, NRAS, KIT, PDGFRA, GNA11, GNAQ</i></p> <p><input type="checkbox"/> KIT (81272)</p> <p>Neuro</p> <p><input type="checkbox"/> EGFRvIII – Brain Tumor (81403)</p> <p><input type="checkbox"/> IDH1 (81120)</p> <p><input type="checkbox"/> IDH2 (81121)</p> <p><input type="checkbox"/> MGMT Methylation (81287)</p> <p><input type="checkbox"/> 1p19q LOH (81405)</p> <p>Other Tissue Testing</p> <p><input type="checkbox"/> Gestational Disease Profile (81265)</p> <p><input type="checkbox"/> Tissue Identity (non-paternity) (81265)</p>																																																		
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Other Testing

Send Additional Report To

Name: _____	
Address: _____	
Phone #: _____	Fax #: _____