



CENTER for PRECISION DIAGNOSTICS

"Powering Precision Medicine"

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

MOLECULAR SOLID TUMOR REQUISITION

The tests ordered may include microdissection and/or reflex testing at a separate additional charge.
All tests include pathologist interpretation at a separate additional charge.

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 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

Specimen Submission Requirements

- 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

Solid Tumor Testing

COLORECTAL AND ENDOMETRIAL CANCER

- Colorectal Cancer 3 Gene Panel: BRAF, KRAS, NRAS (81210, 81276, 81311)
- BRAF (81210)
- KRAS (81276)
- NRAS (81311)
- Microsatellite Instability +IHC (81301+)
 - reflex: MLH1 Methylation (81401)

LUNG CANCER

- Lung Cancer Panel: EGFR, KRAS, NRAS, BRAF, MET, ERBB2, PD-L1, ROS1 (reflex to ALK (FISH) if indicated) (81445, 88377x2, 88360)
- PD-L1 22C3 by IHC (88360)
- PD-L1 28-2 by IHC (88360)

LYMPHOMA

- T Cell Rearrangement Gamma (81342)
- T Cell Rearrangement Beta (81340)
- B Cell Rearrangement (81261)

MELANOMA

- Melanoma 6 Gene Panel: BRAF, NRAS, KIT, PDGFRA, GNA11, GNAQ (81445)
- KIT (81272)

GASTROINTESTINAL TUMOR

- Gastrointestinal Stromal Tumor Panel: KIT, PDGFRA (81272, 81314)
- KIT (81272)
- PDGFRA (81314)

NEURO

- EGFRvIII – Brain Tumor (81403)
- IDH1 (81403)
- IDH2 (81403)
- MGMT Methylation (81287)
- 1p19q LOH (81405)

COMPREHENSIVE GENE TESTING

- Solid Tumor 48 Gene Panel (81445, includes all genes in box to the right)
- Custom single gene selections, check boxes next to genes to the right (call for CPT coding)

OTHER TISSUE TESTING

- Gestational Disease Profile (81265)
- Tissue Identity (non-paternity) (81265)

- | | | | | |
|---------------------------------|--------------------------------|--------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> ABL1 | <input type="checkbox"/> EGFR | <input type="checkbox"/> GNAS | <input type="checkbox"/> MLH1 | <input type="checkbox"/> RET |
| <input type="checkbox"/> AKT1 | <input type="checkbox"/> ERBB2 | <input type="checkbox"/> HNF1A | <input type="checkbox"/> MPL | <input type="checkbox"/> SMAD4 |
| <input type="checkbox"/> ALK | <input type="checkbox"/> ERBB4 | <input type="checkbox"/> HRAS | <input type="checkbox"/> NOTCH1 | <input type="checkbox"/> SMARCB1 |
| <input type="checkbox"/> APC | <input type="checkbox"/> FBXW7 | <input type="checkbox"/> IDH1 | <input type="checkbox"/> NPM1 | <input type="checkbox"/> SMO |
| <input type="checkbox"/> ATM | <input type="checkbox"/> FGFR1 | <input type="checkbox"/> JAK2 | <input type="checkbox"/> NRAS | <input type="checkbox"/> SRC |
| <input type="checkbox"/> BRAF | <input type="checkbox"/> FGFR2 | <input type="checkbox"/> JAK3 | <input type="checkbox"/> PDGFRA | <input type="checkbox"/> STK11 |
| <input type="checkbox"/> CDH1 | <input type="checkbox"/> FGFR3 | <input type="checkbox"/> KDR | <input type="checkbox"/> PIK3CA | <input type="checkbox"/> TP53 |
| <input type="checkbox"/> CDKN2A | <input type="checkbox"/> FLT3 | <input type="checkbox"/> KIT | <input type="checkbox"/> PTEN | <input type="checkbox"/> VHL |
| <input type="checkbox"/> CSF1R | <input type="checkbox"/> GNA11 | <input type="checkbox"/> KRAS | <input type="checkbox"/> PTPN11 | |
| <input type="checkbox"/> CTNNB1 | <input type="checkbox"/> GNAQ | <input type="checkbox"/> MET | <input type="checkbox"/> RB1 | |

Other Molecular DNA/RNA Tests

Send Additional Report To

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