

### Solid Tumor Requisition

<p><b>CLIENT INFORMATION (REQUIRED)</b></p> <p>Client/Institution Name: _____</p> <p>Ordering Physician: _____</p> <p>NPI #: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ ZIP Code: _____</p> <p>Phone: _____ Fax: _____</p>	<p><b>PATIENT INFORMATION (REQUIRED)</b></p> <p>Last Name: _____</p> <p>First Name: _____ MI: _____</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth (mm/dd/yyyy) _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Phone: _____</p>
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**BILLING INFORMATION (REQUIRED)**

BILL TO:  Client/Institution  Insurance  Patient Place of Service:  Non-Hospital  Outpatient  
 Inpatient Discharge Date: \_\_\_\_\_

**Please attach complete demographic and insurance information**

Primary Insurance: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Clinical History: \_\_\_\_\_

**SPECIMEN INFORMATION (REQUIRED)**

Specimen ID \_\_\_\_\_ Block ID \_\_\_\_\_ Tissue Type/Body Site \_\_\_\_\_

Retrieved Date (mm/dd/yyyy) \_\_\_\_\_ Collection Date (mm/dd/yyyy) \_\_\_\_\_ Collection Time \_\_\_\_\_  AM  PM

**IF ER PR or HER2 ordered:** Was the specimen placed in formalin within one hour of collection?  Yes  No  
 Was the formalin fixation time between 6 and 72 hours?  Yes  No

**LEVEL OF SERVICE (REQUIRED):**  Global (With Interpretation)  Tech-Only (Without Interpretation)

<p><b>Brain Cancer</b></p> <p><input type="checkbox"/> 1p/19q Deletion (FISH)</p> <p><input type="checkbox"/> IDH1/IDH2 (Mol.)</p> <p><input type="checkbox"/> MGMT Methylation (Mol.)</p>	<p><b>GI Cancer</b></p> <p><input type="checkbox"/> KIT (Mol.)</p> <p><input type="checkbox"/> PD-L1 22C3 FDA (KEYTRUDA<sup>®</sup>) for ESCC (Esophageal)</p> <p><input type="checkbox"/> PD-L1 22C3 FDA (KEYTRUDA<sup>®</sup>) for Gastric/GEA</p> <p><input type="checkbox"/> PD-L1 28-8 (OPDIVO<sup>®</sup>) for Gastric/GEJ/EAC</p> <p><input type="checkbox"/> PDGFRa (Mol.)</p>	<p><b>Melanoma</b></p> <p><input type="checkbox"/> BRAF (Mol.)</p> <p><input type="checkbox"/> KIT (Mol.)</p> <p><input type="checkbox"/> NRAS (Mol.)</p>
<p><b>Breast Cancer</b></p> <p><input type="checkbox"/> ER/ PgR/ HER2<sup>**</sup></p> <p><input type="checkbox"/> ER/ PgR/ HER2<sup>**</sup>/ Ki67</p> <p><input type="checkbox"/> Individual Stains</p> <p><input type="checkbox"/> ER <input type="checkbox"/> PgR <input type="checkbox"/> HER2<sup>**</sup> <input type="checkbox"/> Ki67</p> <p><input type="checkbox"/> Reflex to <b>global PD-L1 22C3 FDA (KEYTRUDA<sup>®</sup>)</b> for TNBC if global ER/PgR/HER2 panel is negative</p> <p><i>**For global HER2 IHC with result 2+, SBMF will add global HER2 Fish unless marked below:</i></p> <p><input type="checkbox"/> Do not reflex 2+</p> <p><input type="checkbox"/> <b>HER2 (FISH)</b></p> <p><input type="checkbox"/> <b>Reflex to HER2 IHC if HER2 FISH result is Group 2, 3 or 4</b></p> <p><small>For global HER2 FISH: Send path report. If HER2 IHC has been interpreted elsewhere: Send IHC report and also send HER2 IHC slide if result is 2+.</small></p> <p><input type="checkbox"/> p53</p> <p><input type="checkbox"/> PD-L1 22C3 FDA (KEYTRUDA<sup>®</sup>)</p>	<p><b>Head and Neck Cancer</b></p> <p><input type="checkbox"/> PD-L1 22C3 FDA (KEYTRUDA<sup>®</sup>) for HNSCC</p>	<p><b>Prostate Cancer</b></p> <p><input type="checkbox"/> Androgen Receptor (Mol.)</p> <p><input type="checkbox"/> PTEN (FISH)</p>
<p><b>Colorectal Cancer</b></p> <p><input type="checkbox"/> MMR IHC</p> <p><input type="checkbox"/> Reflex to <b>BRAF</b> if MLH1 IHC is not expressed</p> <p><input type="checkbox"/> Reflex MMR to _____ if MMR _____</p> <p><input type="checkbox"/> <b>Microsatellite Instability (MSI) Non-tumor tissue is required</b></p> <p><input type="checkbox"/> Reflex to MMR if MSI high</p> <p><input type="checkbox"/> Reflex to <b>BRAF</b> if MLH1 IHC is not expressed</p> <p><input type="checkbox"/> <b>BRAF (mol.)</b></p> <p><input type="checkbox"/> Reflex to <b>MLH1 Promoter Methylation</b> if BRAF neg.</p>	<p><b>HER2 (Except Breast)</b></p> <p><input type="checkbox"/> HER2 (IHC)</p> <p>Reflex to <b>HER2 FISH</b> if global HER2 IHC is:</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 2+<sup>**</sup> <input type="checkbox"/> 3+</p> <p><input type="checkbox"/> <b>HER2 (FISH)</b></p> <p><i>**For global HER2 IHC with result 2+, SBMF will add global HER2 Fish unless marked below:</i></p> <p><input type="checkbox"/> Do not reflex 2+</p>	<p><b>Sarcoma</b></p> <p><input type="checkbox"/> MYC AMP for Angiosarcoma (FISH)</p> <p><input type="checkbox"/> DDIT3 (CHOP) (FISH)</p> <p><input type="checkbox"/> EWSR1 (FISH)</p> <p><input type="checkbox"/> SS18 (SYT) (FISH)</p> <p><input type="checkbox"/> MDM2 (FISH)</p> <p><input type="checkbox"/> PDGFB (FISH)</p>
	<p><b>Lung Cancer</b></p> <p><input type="checkbox"/> PD-L1 22C3 FDA for NSCLC <input type="checkbox"/> ALK (FISH)</p> <p><input type="checkbox"/> PD-L1 28.8 FDA for NSCLC <input type="checkbox"/> EGFR (Mol.)</p> <p><input type="checkbox"/> PD-L1 SP142 FDA (TECENTRIQ<sup>®</sup>) <input type="checkbox"/> RET (FISH)</p> <p><input type="checkbox"/> PD-L1 SP263 FDA (TECENTRIQ<sup>®</sup>) <input type="checkbox"/> ROS1 (FISH)</p> <p><input type="checkbox"/> MET (FISH), MET EXON 14 Deletion (Mol.) <input type="checkbox"/> KRAS</p>	<p><b>Other Testing</b></p> <p><input type="checkbox"/> BRAF (Mol.)</p> <p><input type="checkbox"/> FOLR1 (IHC)</p> <p><input type="checkbox"/> HPV DNA (Mol.)</p> <p><input type="checkbox"/> KIT (Mol.)</p> <p><input type="checkbox"/> KRAS (Mol.)</p> <p><input type="checkbox"/> MLH1 Promoter Methylation (Mol.)</p> <p><input type="checkbox"/> NRAS (Mol.)</p> <p><input type="checkbox"/> Ploidy FISH for Molar Preg.</p> <p>Other Molecular _____</p> <p>Other FISH _____</p> <p>Other IHC _____</p>
	<p><b>Lynch Syndrome</b></p> <p><input type="checkbox"/> MMR 1HC</p> <p><input type="checkbox"/> Reflex to <b>BRAF</b> if MLH1 IHC is not expressed</p> <p><input type="checkbox"/> Reflex to <b>MLH1 Promoter Methylation</b></p> <p><input type="checkbox"/> <b>BRAF (Mol.)</b></p> <p><input type="checkbox"/> Reflex to <b>MLH1 Promoter Methylation</b> if BRAF neg.</p> <p><input type="checkbox"/> <b>MLH1 Promoter Methylation (Mol.)</b></p>	

Please note that the tests indicated in **bold** will be sent to our reference lab, and turnaround times may vary.