

2750 Clay Edwards Drive, Suite 420, North Kansas City, MO 64116
(816) 241- 3338 (800) 933 - 6293 FAX (816) 241- 6531

Client Name and Address	Patient Name (Last)	First	MI	Sex	DOB
	Request Date	Patient Number	Patient SSN#		

ORDERING PHYSICIAN	COPY REPORT TO
	CC Report To
	Address
	City State Zip

RESPONSIBILITY PARTY & INSURANCE (MAY ATTACH COPIES OF INSURANCE CARDS OR PATIENT DEMOGRAPHIC SHEET)

Bill To Patient (Self) Insurance Client

Pt. Relationship to Insured Self Spouse Child Other

Name of Insured (If Not Self)

Address City State Zip Insured's SSN#

Employer Employer's Address

Phone Numbers Home Work

Patient Status Outpatient Inpatient Non-Hospital Inpatient

SEE ATTACHED:
Attach All Copies of Insurance

CLINICAL DIAGNOSIS & HISTORY

Cancer Stage: _____ History: _____

*Please include a copy of Pathology Report _____

SPECIMENS

of specimen's _____ ICD-9 Codes _____ Block

Date Collected _____ Time Collected _____ MAWD has tissue block

PERIPHERAL BLOOD THIN PREP SUREPATH Tissue block is included in shipment

FFPE Block ID _____ Source: Cervical / Endocervical / Vaginal Tissue block located at 3rd party location:

Site _____ Vaginal Contact Name/Department _____

Other _____ Phone # _____ Fax# _____

SOLID TUMOR

<input type="checkbox"/> MOLECULAR PATHOLOGY CONSULT *Review by a Molecular Pathologist with discretion to add additional testing as clinically indicated	<input type="checkbox"/> COLON CANCER PANEL: (Please include Cancer Stage)	<input type="checkbox"/> LUNG CANCER PANEL: (Please include Cancer Stage)	<input type="checkbox"/> LUNG CANCER SEQUENTIAL PANEL:
<input type="checkbox"/> BREAST CANCER: <input type="checkbox"/> HER2 by FISH	<input type="checkbox"/> KRAS Mutation Analysis by PCR Requires 1 tissue block with tumor	<input type="checkbox"/> EGFR by PCR Requires 1 tissue block with tumor	*KRAS → EGFR → ALK by FISH → ROS1 by FISH (Will stop sequence once a mutation is detected) Requires 1 tissue block with tumor
<input type="checkbox"/> MELANOMA: <input type="checkbox"/> BRAF Mutation Analysis by PCR Requires 1 tissue block with tumor	<input type="checkbox"/> BRAF Mutation Analysis by PCR Requires 1 tissue block with tumor	<input type="checkbox"/> ALK by FISH Requires 1 tissue block with tumor	
	<input type="checkbox"/> MSI – Microsatellite Instability Analysis Requires 2 tissue blocks (1 normal tissue and 1 tumor)	<input type="checkbox"/> KRAS Mutation Analysis by PCR Requires 1 tissue block with tumor	
	<input type="checkbox"/> Mismatch Repair by IHC (MLHI, MSH2, MSH6, PMS2) Requires 1 tissue block with tumor	<input type="checkbox"/> ROS1 by FISH Requires 1 tissue block with tumor	

WOMEN'S HEALTH / OBGYN

HPV High Risk DNA Testing from Pap Vial (ICD 9: _____)

16/18 Genotyping from Pap Vial

Chlamydia trachomatis/Neisseria gonorrhoeae from Pap Vial (ICD 9: _____)
Gonorrhea / Chlamydia by PCR (ICD 9: _____)

Chlamydia Only

Gonorrhea Only

CTNG SOURCE: From Pap vial From Swab

THROMBOPHILIA *REQUIRES LAVENDER TOP TUBE (EDTA)

Prothrombin (Factor II) Gene Mutation Analysis

Factor V Leiden Gene Mutation Analysis

MTHFR Gene Mutation Analysis