

CLIENT INFORMATION

Send duplicate report to

Name:

Fax:

PATIENT INFORMATION

LAST NAME	FIRST NAME	MI	CASE NUMBER	DATE OF BIRTH

BREAST

- Oncotype DX Agendia MammaPrint
 Breast Panel (ER, PR, Ki67, HER2)

ENDOMETRIAL CANCER

- Mismatch Repair (MMR) by IHC
 MSI if loss or borderline MMR
 BRAF if MHL-1 borderline or loss
 MSI if no loss of MMR

GASTROINTESTINAL

Colorectal Adenocarcinoma

- KRAS mutation analysis by PCR
 Mismatch Repair (MMR) by IHC
 MSI if loss or borderline MMR
 BRAF if MHL-1 borderline or loss
 MSI if no loss of MMR
 Microsatellite Instability (MSI) by PCR
 BRAF mutation analysis by PCR

GIST

- cKIT Mutation Analysis
 PDGFR Mutation Analysis

GEJ Adenocarcinoma

- HER2 by IHC and SISH

Gastric Adenocarcinoma

- HER2 by IHC and SISH

LUNG NSCLC

- ALK rearrangement by FISH
 EGFR mutation analysis by PCR (TKI response)
 KRAS mutation analysis by PCR

MELANOMA

- BRAF V600E mutation analysis by PCR (COBAS)
 cKIT mutation analysis by PCR
 NRAS mutation analysis by PCR
 BRAF sequencing analysis

OTHER

- Submit specimen for the following comprehensive testing (please fax requisition form and supporting documents, including billing)
 Response DX: Lung Colon Melanoma Gastric Other _____
 Oncotype DX: Breast Invasive Breast DCIS Colon
 Foundation One™ next generation sequencing genomic profile
 Caris Molecular Intelligence (MI) Profile Comprehensive OR Plus bioTheranostics Cancer TYPE ID®
 Other: _____

ORDERING CLINICIAN

Signature: _____ Date: _____

FAX TO: 702-940-3006