



1) Patient Legal Name (Last, First MI)		DOB	2) () STAT	Date/Time of Collection
Patient Social Security #	Race	M R#/Alternate Pt ID		Phone Results To:
Patient Address		Phone		Fax Results To:
City, State, Zip		M F		4) BILL FACILITY / CLIENT () Split Bill: TC to Facility & PC to Insurance (Medicare, Medicaid) Attention PFN: do not register, send patient directly back to lab
3) Physicians Signature	Order Date	Print Physicians Name (F, M I, L)		
Client (Clinic/Physician) Information			Group Physicians	
Send Additional Report To:				

Molecular Pathology Request

Specimen Type (FNA, fluid, resection, etc.) _____

Corresponding Pathology # (NG-, FN-, or S-, etc.) _____

Specify test(s) requested:

Panel Assays:

- Lung Molecular Panel (EGFR, BRAF, KRAS (Incl G12C), ALK IHC, ROS1 IHC, PDL1)
- Colon Molecular Panel (KRAS, NRAS, BRAF, MSI PCR)

Individual Gene Mutation Assays:

- KRAS gene mutation
- NRAS gene mutation
- BRAF gene mutation
- EGFR gene mutation
- ALK translocation
- IDH 1/2 gene mutation
- ROS1 translocation FISH
- 1p19q FISH
- Microsatellite Instability (MSI) PCR
- FGFR gene mutation

Anatomic Pathology Outreach Phone Numbers (if unsure of correct fax #, fax requests to surgical pathology):

Cytology	(317) 491-6335(p)	(317) 491-6334 (fax)
Dermatopathology	(317) 491-6422(p)	(317) 491-6424 (fax)
Surgical Pathology	(317) 491-6417 (p)	(317) 491-6419 (fax)