

Additional Test Requisition—Irving/Phoenix

Please complete the BLANK FIELDS and fax requisition to 866.688.3280



PATIENT INFORMATION

Patient Name _____

Miraca Life Sciences Accession No. _____ Date of Birth _____

CLIENT INFORMATION

Practice/Organization Name _____

Send Results to _____

Phone _____ Fax _____

Requested by _____ Date _____

By signing this requisition, I agree to and authorize the indicated tests. *Request must be signed by authorizing physician (or designee).*

Authorized Signature: _____

REQUESTED TEST

Breast

- Breast prognostic panel
- Genomic Health OncotypeDX®
- Her2 FISH/CISH

Dermatology

- BRAF (melanoma)
- Mismatch repair proteins (MLH1/MSH2/MSH6/PMS2) by IHC (Lynch/Muir-Torre syndrome)

Gastroenterology

- BRAF
- BRAF with reflex to MLH1 methylation
- Extended RAS (KRAS/NRAS exons 2-4)
- HER2/neu/FISH
- Microsatellite instability (MSI) by PCR (secondary initial screening test for Lynch syndrome)
- Mismatch repair proteins (MLH1/MSH2/MSH6/PMS2) by IHC (Lynch/Muir-Torre syndrome)

Hematology

- Flow cytometry (fresh tissue in RPMI medium required)

Urology

- Confirm MDx® (prostate)
- PINgenius™ (prostate)
- PTEN/ERG biomarker profile IHC
- Prolaris® (prostate)
- Genomic Health OncotypeDX® (prostate)
- Decipher® (prostate)
- KnowError® (prostate)
- UroVysion® (urine)

OTHER

1. _____
2. _____
3. _____

INTERNAL USE

For internal routing only _____ Date _____

Received _____

To Lab _____ To Path _____ Consult _____