

Additional Test Requisition

Please complete the BLANK FIELDS and fax requisition to 866.688.3280



PATIENT INFORMATION

Patient Name _____
Inform Diagnostics 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 clinician (or designee).*
Authorized Signature _____

REQUESTED TEST

Breast

- Breast prognostic panel
- Genomic Health OncotypeDX®
- HER2 FISH/CISH

Dermatology

- BRAF (melanoma)
- DecisionDx™-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)
 - One positive core
 - Two positive cores (from each side)
- UroVysion® (urine)

OTHER

1. _____
2. _____
3. _____

INTERNAL USE

For internal routing only _____ Date _____
Received _____
To Lab _____ To Path _____ Consult _____