

Additional Test Requisition

Please complete the BLANK FIELDS and fax requisition to 866.688.3280

Patient Information

Patient Name _____ Date of Birth _____
Inform Diagnostics Accession No. _____ Client ID _____

Client Information

Please attach insurance documents if applicable.

Practice/Organization Name _____

Send Results to _____

Phone _____ Fax _____

Service Type: ☐ Stain Only (TC) ☐ Stain with Interpretation (Global)

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

Specimen Information

Date of Collection _____

Case Number (if different from Inform Diagnostics accession no.) _____

Anatomical Site _____

Breast

- | | |
|---|---|
| ☐ Fulgent Oncology Breast Cancer Focus Panel | ☐ MamaPrint®-Agendia |
| ☐ Breast prognostic panel | ☐ HER2 FISH/CISH |
| ☐ Genomic Health OncotypeDX® | |

Dermatology

- | | |
|--|--|
| ☐ BRAF (melanoma) | ☐ FISH for Melanoma |
| ☐ DecisionDx-Melanoma | ☐ Mismatch repair proteins (MLH1/MSH2/MSH6/PMS2) by IHC (Lynch/Muir-Torre syndrome) |
| ☐ DecisionDX-SCC | |

Gastroenterology

- | | |
|---|--|
| ☐ Fulgent Oncology Colorectal Cancer Focus Panel | ☐ HER2/neu/FISH |
| ☐ BRAF | ☐ Microsatellite instability (MSI) by PCR (secondary initial screening test for Lynch syndrome) |
| ☐ BRAF with reflex to MLH1 methylation | ☐ Mismatch repair proteins (MLH1/MSH2/MSH6/PMS2) by IHC (Lynch/Muir-Torre syndrome) |
| ☐ Castle Biosciences (TissueCypher) | |
| ☐ Extended RAS (KRAS/NRAS exons 2-4) | |

Cold Ischemia (Required for HER2 IHC and HER2 FISH)

- ☐ < 1 hour ☐ > 1 hour / Unknown

Fixation Duration

- ☐ 6–72 hours ☐ < 6 hours / > 72 hours / Unknown

Hematology

- ☐ Flow cytometry (fresh tissue in RPMI medium required)
☐ Lumera™ Heme NGS Profile
☐ FISH
☐ Molecular

Urology

- ☐ Fulgent Oncology Prostate Cancer Focus Panel
☐ Confirm MDx® (prostate)
☐ PINgenius™ (prostate)
☐ PTEN/ERG biomarker profile IHC
☐ Prolaris® (prostate)
☐ Genomic Prostate Score® (GPS) - (formerly *oncotypeDX*®)
☐ Decipher® (prostate)
☐ UroVysion® (urine)

Other

1. _____
2. _____
3. _____

INTERNAL USE

For internal routing only _____ Date _____

Received _____

To Lab _____ To Path _____ Consult _____