

# LLUMC SURGICAL PATHOLOGY ADD-ON TEST REQUEST

Patient Identification		Test(s) Requested
<b>Patient Name:</b> _____	<input type="radio"/> Male <input type="radio"/> Female	<b>Tumor type (primary):</b> _____
<b>Address:</b> _____		<input type="checkbox"/> <b>Lung Carcinoma (NSCLC) Reflex Molecular Profiling</b> - EGFR (Idylla rtPCR) - If EGFR negative, lab will notify requesting physician to order Caris Mi-Profile testing directly - NOTE – Mi-Profile includes PD-L1 (22C3) and NTRK analysis
<b>Date of Birth:</b> _____	<b>MR #:</b> _____	
<b>Ordering Physician Name (print)</b> _____	<b>Ordering Physician Contact#</b> _____	<input type="checkbox"/> <b>Colorectal Carcinoma Reflex Molecular Profiling</b> - NRAS/BRAF, KRAS by Idylla rtPCR - If RAS/RAF negative, HER2 IHC (non-breast) with reflex FISH; NTRK mutation screening
Specimen and Laboratory Information		<input type="checkbox"/> <b>BRAF V600</b> (LLU Idylla rtPCR) <input type="checkbox"/> <b>ER/PR</b> (LLU IHC) <input type="checkbox"/> <b>FGFR - Urothelial</b> (NeoGenomics: FGFR CDx Molecular Analysis) <input type="checkbox"/> <b>FGFR – Cholangiocarcinoma</b> (NeoGenomics: FGFR2 Rearrangement) <input type="checkbox"/> <b>HER2 Breast</b> (SO IHC/reflex FISH) <input type="checkbox"/> <b>HER2 Gastric</b> (SO IHC/reflex FISH) <input type="checkbox"/> <b>Ki-67 Breast Cancer</b> (Prediction of Abemaciclib tx response) <input type="checkbox"/> <b>KIT/PDGFR mutation testing by NGS</b> (MCL ID: GISTP) <input type="checkbox"/> <b>KRAS</b> (LLU Idylla rtPCR) <input type="checkbox"/> <b>MGMT Gene Promoter Methylation Analysis</b> (NeoGenomics) <input type="checkbox"/> <b>MSI screening for Lynch syndrome</b> (LLU Idylla rtPCR) <input type="checkbox"/> <b>MSI for prediction of treatment response</b> (LLU Idylla rtPCR) <input type="checkbox"/> <b>PD-L1</b> (SO IHC NeoGenomics) - please complete below to allow for appropriate scoring system and clone selection  Antibody clone: 22C3 (pembrolizumab) 28-8 (nivolumab) SP142 (atezolizumab) SP263 (durvalumab)  Scoring system: TPS (tumor proportion score; NSCLC) IC (inflammatory cells) CPS (combined positive score) > or = 1% TC > or = 1% Inflammatory Cells (IC)  Planned immunotherapy: _____
<b>Case Number:</b> _____  <div style="text-align: center;">Or</div> <b>Date of Procedure:</b> _____  <b>ICD-10 Code (required):</b> _____		
<p><i>For testing on outside specimens, the paraffin block must be obtained and submitted to the LLUMC pathology department prior to testing</i></p> <hr/> <p><i>Note: Charges resulting from clinical requests for send-out for molecular testing ordered within 14 days of discharge (Medicare and Medicaid inpatients) will not be reimbursed by CMS, and the resultant charges will be submitted to the hospital by the performing laboratory. Laboratory charges for these requested send-out testing that are ordered within this time window <b>will not be accepted by the pathology cost center</b> and will be forwarded to the cost center of the requesting physician.</i></p>		
<b>Ordering Physician Signature</b> _____		
<b>Date of Request</b> _____		
<b>Attending Physician Name (if order completed by resident/fellow)</b> _____		
For <b>LLUMC and specimens</b> (those with “MS” or “MN” prefixes) please send form to:  Loma Linda University Medical Center Department of Pathology, Suite 2151 11234 Anderson Street Loma Linda, CA 92354  Fax # (909) 558-4113  Email: <a href="mailto:LLUMCSURGICALPATHOLOGY@LLU.EDU">LLUMCSURGICALPATHOLOGY@LLU.EDU</a>		
<input type="checkbox"/> <b>TRK IHC screen</b> – IHC screen that detects pathologic NTRK protein expression (MCL: TRK stain only)		
<input type="checkbox"/> <b>Other(s)</b> _____		
<b>Tumor Mutation Burden (TMB)</b> – Request molecular profiling directly from desired laboratory (Caris Mi-Profile, Foundation One CDX) – After approval, laboratory will request slides/block from LLUMC Surgical Pathology		