Intermountain® Laboratory Services

SOLID TUMOR MOLECULAR/BIOMARKER TEST REQUISITION

Fax completed form to Intermountain Pathology Services at: 801-507-7996

Patient Name _____ Date of Birth _____ Phone number _____

Patient Address _____

Clinical History/Indication _____ ICD-10 _____

Physician Name _____ Phone _____ Fax _____

Pathology Lab Name_____ Phone _____ Fax _____

Date of Service _____ Pathology Case Number _____ Block ID _____

The tests included on this form have been accepted by the Intermountain Healthcare Anatomic Pathology Molecular Working Group as useful when ordered for appropriate clinical indications. The use of this form facilitates the standardized ordering and reporting of tests throughout the Intermountain system.

Miscellaneous Tumors/Test
- ☐ TheraMap Solid Tumor Panel-comprehensive NGS panel, includes MSI and TMB (IPG)
- ☐ *BRAF* codon 600 mutation detection (Intermountain CL)
- ☐ Mismatch repair by IHC (Intermountain CL)
- ☐ PD-L1 (SP263) with TPS or CPS by IHC (Intermountain CL)
- ☐ PD-L1 (SP142) with ICS by IHC—triple-negative breast ca only (Intermountain CL)

Brain Tumors
- ☐ 1p/19q deletion by FISH—for oligodendroglial tumors (1P19QF; ARUP 3001309)
- ☐ *IDH1* R132H point mutation detection with interpretation by IHC (ARUP 2007357)
- ☐ *MGMT* Methylation Detection by PCR (ARUP 2009310)

Breast Cancer
- ☐ ER/PR/HER2/Ki67-Magee 3 score (Intermountain CL)
- ☐ ER/PR/HER2 (Intermountain CL)
- ☐ ER/PR (Intermountain CL)

Gastrointestinal Cancer
- ☐ HER2 by IHC with reflex to FISH (Intermountain CL)
- ☐ Mismatch repair by IHC with reflex to *BRAF* mutation detection with reflex to *MLH1* Promoter Methylation-Lynch syndrome screening (Intermountain CL)
- ☐ *BRAF* codon 600 mutation detection with reflex to *MLH1* Promoter Methylation (Intermountain CL)
- ☐ NRAS Mutation Detection (ARUP 2003123)
- ☐ KRAS Mutation Detection (ARUP 0040248)
- ☐ Extended RAS testing (includes NRAS (ARUP 0040248), KRAS (ARUP 2003123), and BRAF (Intermountain CL))

Endometrial Adenocarcinoma (including Carcinosarcoma/MMMT)
- ☐ Mismatch repair by immunohistochemistry with reflex to *MLH1* Promoter Methylation-Lynch syndrome screening (Intermountain CL)
- ☐ *MLH1* Promoter Methylation-Lynch syndrome screening (Intermountain CL)

Lung Cancer
- ☐ TheraMap Solid Tumor Panel with PD-L1-comprehensive NGS panel, includes MSI and TMB (IPG)

Primary Cutaneous Tumors
- ☐ *BRAF* codon 600 mutation detection by PCR (Intermountain CL)
- ☐ *KIT* mutation—Melanoma (MELAN; ARUP 2002695)

Thyroid
- ☐ BRAF codon 600 mutation detection by PCR (Intermountain CL)

Soft Tissue
- ☐ Gastrointestinal stromal tumor mutation (GISTMU; ARUP 2002674; includes *KIT* and *PDGFRA*)
- ☐ *MDM2* gene amplification by FISH—well-differentiated liposarcoma (ARUP 3001301)

Other Molecular Test _____

Patient Billing Information (*required*)
Please include or attach patient demographics/insurance billing information.

Primary Insurance
_____

Subscriber
_____

Policy #
_____

Address
_____
_____
_____

Physician/LIP Signature_____ Date_____ Time_____