



Mission Pathology Consultants, Inc.
Cottage Hospital Anatomic Pathology
Tel. 805-569-7367
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Oncologic Molecular Markers Order Form

Patient name: _____ MR#: _____ Date of birth: _____

Pathology accession #: _____ Specimen date: _____ Discharged: Y/N OP: Y/N

Date Requested _____ By _____ for _____ M.D.

Oncologic markers:

- Checkboxes for various oncologic markers including Ki-67 (IHC), Estrogen receptor expression (IHC), Progesterone receptor expression (IHC), Her-2/neu over-expression (IHC), Her-2/neu gene amplification (FISH), Oncotype DX **, Mammostrat **, EGFR amplification (FISH), EGFR mutation (PCR), Send ALK rearrangement (FISH) if EGFR is wildtype, ALK rearrangement (FISH), KRAS gene mutation (PCR), BRAF gene mutation (PCR), Mismatch repair protein loss (IHC for MLH1, MSH2, MSH6, PMS2), DNA microsatellite instability (MSI high/low by PCR), Prostate PX, Chemosensitivity assay, Tissue of origin assay, BCR/ABL gene rearrangement (PCR), FLT3/NPM1 gene rearrangement (PCR), JAK2 gene mutation (PCR), ZAP70 expression (flow cytometry), and Other: _____

** Test requires additional paperwork to be signed by ordering physician.

HMO insurance? Yes ___ No ___ New authorization #: _____

For patients with HMO insurance, if the physician is requesting tests post discharge or post outpatient procedure, a new HMO authorization number is required for HMO coverage. The office of the ordering physician is responsible for getting the authorization number.

Ordering physician:

Signature: _____ Name: _____ Date: _____

Please fax completed form to SBCH Anatomic Pathology at 805-569-8354 together with any additional necessary forms.

For laboratory use only:

Form received date: _____ Received by: _____ Given to: _____

Block chosen: _____ Pathologist initials: _____ Test sent date: _____