

ANMC Pathology Testing Request Sheet
Email completed request to: _AKA-Pathology Testing

Ordered []

Given to _____
 For Pathology Use Only

Date:
 Pathology Case Number:
 Patient Name:
 MRN:
 Pathologist:

Requesting Provider and Department:
 Reason for Request (e.g. prognosis, treatment or Tumor Board):

Select	Test
	MMR with Reflex BRAF (Colorectal Carcinoma)
	MMR by IHC
	KRAS Mutation Analysis
	RAS Panel (KRAS, NRAS, BRAF – Formerly “Colon Panel”)
	PDL-1 for KEYTRUDA 22C3 (NSCLC, gastric-GE AdCa, cervical, eso SqCa, head & neck SqCa, triple negative breast)
	PDL-1 for OPDIVO 28-8 (Melanoma, NSCLC, head & neck SqCa. urothelial)
	PDL-1 for TECENTRIQ SP142 (NSCLC, urothelial)
	OmniSeq Insight
	Next Gen Sequencing (indicate type):
	FISH (indicate type):
	ER / PR (Breast Carcinoma)
	ER / PR / Her2 (IHC) with reflex to FISH (Breast Carcinoma)
	Her2 Breast , FISH with reflex to HERMark
	Her2 Gastric , IHC
	EGFR Mutation Analysis
	Oncotype DX (Exact Sciences)
	ConfirmMDx (MDX Health)
	Thyroid Cancer Mutation (Lab Corp ThyGeNext)
	EBV by ISH
	Immunohistochemistry:
	Special Stain:
	Other: