

**MOLECULAR DIAGNOSTIC REQUEST FORM**

**FOR LAB USE ONLY**

PATIENT INFORMATION		SAMPLE INFORMATION	
<b>NAME:</b> _____ <div>LAST NAME FIRST NAME</div>		<b>DATE OF COLLECTION:</b> ____/____/____ <b>TIME:</b> ____/____ <div>DD MM YY HH MM</div>	
<b>ID/PASSPORT NO:</b> _____ <b>DATE OF BIRTH:</b> ____/____/____ <div>DD MM YY</div>		<b>SAMPLE TYPE (Please select one):</b> <div> <input type="checkbox"/> Blood, Specify (EDTA, clotted) <input type="checkbox"/> First Voided Urine  <input type="checkbox"/> Paraffin Embedded Tissue (FFPE) <input type="checkbox"/> Stool  <input type="checkbox"/> EDTA Plasma <input type="checkbox"/> Nasopharyngeal Aspirate/Swab  <input type="checkbox"/> Serum <input type="checkbox"/> Autocyte/ThinPrep </div>	
<b>CLINICAL DIAGNOSIS:</b> _____ <b>GENDER</b> <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		<input type="checkbox"/> Body Fluid, Specify Type: _____ <input type="checkbox"/> Swab, Specify Type: _____ <input type="checkbox"/> Tissue, Specify Type: _____ <input type="checkbox"/> Other, Please Specify: _____	
PATIENT CONSENT		REPORT INFORMATION	
<input type="checkbox"/> Confirmation of patient informed consent for genetic testing		<b>PHYSICIAN:</b> _____ <b>INSTITUTION:</b> _____ <b>PHONE:</b> _____ <b>FAX:</b> _____ <b>SIGNATURE:</b> _____ <b>DATE(DD/MM/YY):</b> _____	

**Please put a “✓” in the box(es) to indicate the test(s) to be performed.**

**Oncology Testing**

<input type="checkbox"/> GAIA <sup>®</sup> MPD NGS Panel
<input type="checkbox"/> LUNG <sup>®</sup> MPD NGS Panel
<input type="checkbox"/> cfLUNG <sup>®</sup> MPD NGS Panel
<input type="checkbox"/> COLON <sup>®</sup> MPD NGS Panel
<input type="checkbox"/> cfBREAST <sup>®</sup> MPD NGS Panel
<input type="checkbox"/> ACTION <sup>®</sup> MPD NGS Panel
<input type="checkbox"/> Brain Cancer Panel (MGMT Promoter Methylation & Chromosome 1p/19q Deletion)
<input type="checkbox"/> BRCA1 & BRCA2 Gene Comprehensive Study
<input type="checkbox"/> Breast Immunohistochemistry Panel (ER, PR, HER2 & Ki-67)
<input type="checkbox"/> Endometrial Adenocarcinoma Classification Panel (POLE, MMR IHC & p53 IHC)
<input type="checkbox"/> IDH1 & IDH2 Gene Mutation Detection
<input type="checkbox"/> KIT & PDGFRA Gene Mutation Detection
<input type="checkbox"/> KRAS & NRAS Gene Mutation Detection
<input type="checkbox"/> Lung Cancer Panel I (EGFR, ALK FISH & ROS1 FISH)
<input type="checkbox"/> Lung Cancer Panel II (BRAF, MET ex.14 skipping & ERBB2 ex.20)
<input type="checkbox"/> Lung Cancer Panel III (EGFR, ALK IHC & ROS1 FISH)
<input type="checkbox"/> MAP2K1 (MEK1) & MAP2K2 (MEK2) Gene Mutation Detection
<input type="checkbox"/> Microsatellite Instability Test & MMR Immunohistochemistry
<input type="checkbox"/> AKT1 codon 17 Mutation Detection
<input type="checkbox"/> ALK Gene Rearrangement Detection by FISH
<input type="checkbox"/> BRAF codon V600 Mutation Detection
<input type="checkbox"/> CDKN2A/B Homozygous Deletion Detection by FISH
<input type="checkbox"/> Chromosome 1p/19q Deletion by FISH
<input type="checkbox"/> EGFR Gene Hotspot Mutation Detection (exon 18-21)
<input type="checkbox"/> EGFR Gene Amplification Detection by FISH
<input type="checkbox"/> ERBB2 exon 20 Mutation Detection
<input type="checkbox"/> ERBB2 (HER2) Gene Amplification by FISH   Fixation time <input type="checkbox"/> <6 hrs <input type="checkbox"/> 6-72 hrs <input type="checkbox"/> >72 hrs
<input type="checkbox"/> ERBB2 (HER2) Immunohistochemistry
<input type="checkbox"/> ESR1 Gene Hotspot Mutation Detection (exon 5, 7 & 8)
<input type="checkbox"/> Histone 3 K27 / G34 Mutation Detection
<input type="checkbox"/> HRAS Gene Hotspot Mutation Detection (exon 2-4)
<input type="checkbox"/> HPV Detection and Genotyping (37 Genotypes) for FFPE
<input type="checkbox"/> KIT Gene Hotspot Mutation Detection (exon 9, 11, 13, 14 & 17)
<input type="checkbox"/> KRAS Gene Hotspot Mutation Detection (exon 2-4)
<input type="checkbox"/> MAPK1 E322K Mutation Detection
<input type="checkbox"/> MET exon 14 Skipping Mutation Detection
<input type="checkbox"/> MET Gene Amplification Detection by FISH
<input type="checkbox"/> MGMT Promoter Methylation by Methylation Specific PCR
<input type="checkbox"/> Microsatellite Instability Test
<input type="checkbox"/> MMR Immunohistochemistry
<input type="checkbox"/> NRAS Gene Hotspot Mutation Detection (exon 2-4)
<input type="checkbox"/> p53 Immunohistochemistry
<input type="checkbox"/> PALB2 Gene Comprehensive Study
<input type="checkbox"/> PDGFRA Gene Hotspot Mutation Detection (exon 12 & 18)
<input type="checkbox"/> PDL1 Immunohistochemistry <input type="checkbox"/> 22C3 <input type="checkbox"/> 28-8 <input type="checkbox"/> SP263 <input type="checkbox"/> SP142

**Oncology Testing (Cont.)**

<input type="checkbox"/> PIK3CA Gene Hotspot Mutation Detection (exon 10 & 21)
<input type="checkbox"/> PIK3CA Gene Hotspot Mutation Detection [Extended] (exon 2, 3, 5, 8, 10 & 21)
<input type="checkbox"/> POLE Gene Hotspot Mutation Detection (exon 9-14)
<input type="checkbox"/> RET Gene Rearrangement Detection by FISH
<input type="checkbox"/> RET Gene Hotspot Mutation Detection (exon 5, 8, 10, 11, 13-16)
<input type="checkbox"/> ROS1 Gene Rearrangement Detection by FISH
<input type="checkbox"/> TERT Gene Promoter Mutation Detection

**Foundation Medicine / Oncotype**

<input type="checkbox"/> FOUNDATIONONE CDx (324 cancer-related genes)
<input type="checkbox"/> FOUNDATIONONE LIQUID CDx (311 cancer-related genes)
<input type="checkbox"/> FOUNDATIONONE HEME Tissue (406 (DNA) & 265 (RNA) cancer-related genes)
<input type="checkbox"/> Oncotype DX Breast Recurrence Score test
<input type="checkbox"/> Oncotype DX Colon Recurrence Score test

**Hereditary Cancer Screening**

<input type="checkbox"/> APC Gene Comprehensive Study
<input type="checkbox"/> BRCA1 & BRCA2 Gene Comprehensive Study
<input type="checkbox"/> BMPR1A Gene Comprehensive Study
<input type="checkbox"/> CDH1 Gene Mutation Detection
<input type="checkbox"/> CHEK2 1100delC Mutation Detection
<input type="checkbox"/> EPCAM Gene Deletion Study
<input type="checkbox"/> MLH1 Gene Comprehensive Study
<input type="checkbox"/> MMR Genes Promoter Methylation Detection
<input type="checkbox"/> MSH2 Gene Comprehensive Study
<input type="checkbox"/> MSH6 Gene Comprehensive Study
<input type="checkbox"/> MUTYH Gene Comprehensive Study
<input type="checkbox"/> PMS2 Gene Comprehensive Study
<input type="checkbox"/> PTEN Gene Comprehensive Study
<input type="checkbox"/> RET Gene Hotspot Mutation Detection
<input type="checkbox"/> SLC25A13 Gene Mutation Detection
<input type="checkbox"/> STK11 Gene Comprehensive Study
<input type="checkbox"/> SMAD4 Gene Comprehensive Study
<input type="checkbox"/> TP53 Gene Comprehensive Study
<input type="checkbox"/> VHL Gene Comprehensive Study
<input type="checkbox"/> Specific Gene Known Mutation Screening (Point Mutation, Small Deletion and Insertion)
<input type="checkbox"/> Hereditary Cancer Panel (84 cancer-related genes)

**Pharmacogenomics**

<input type="checkbox"/> CYP2C9 & VKORC1 Genotyping for Warfarin Treatment
<input type="checkbox"/> CYP2C19 Genotyping for Clopidogrel Treatment
<input type="checkbox"/> DPYD Genotyping for 5-FU Responsiveness
<input type="checkbox"/> HLA-B*1301 Genotyping for Dapsone, Baktar or Phenytoin Treatment
<input type="checkbox"/> HLA-B*1502 Genotyping for Carbamazepine Treatment
<input type="checkbox"/> HLA-B27 Genotyping
<input type="checkbox"/> HLA-B*5801 Genotyping for Allopurinol Treatment
<input type="checkbox"/> NUDT15 Genotyping for Thiopurine Drugs Treatment
<input type="checkbox"/> TPMT Genotyping for Thiopurine Drugs Treatment
<input type="checkbox"/> UGT1A1 Genotyping for Irinotecan Toxicity

**Others** ☐ Please Specify: \_\_\_\_\_

