



PROPATH

A Sonic Healthcare Anatomic Pathology Practice

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| | | |
|---|------------|---------------|
| PATIENT INFORMATION - PLEASE PRINT: PATIENT NAME (LAST) (FIRST) (M.I.) | | |
| ADDRESS | | APT# |
| CITY | STATE | ZIP |
| (AREA CODE) PHONE | BIRTH DATE | SEX |
| PATIENT S.S. # | | PATIENT I.D.# |

Complete Shaded Box For Patient And Third Party Billing

BILL TO: Account Patient (Self Pay) Medicare Medicaid Insurance *Please submit a copy of ID card (front and back)

CHECK ONE: Inpatient (Discharge Date: _____) Outpatient

Referring Physician: _____ NPI: _____

DATE COLLECTED Send Duplicate Report to: _____

Name: _____

Address: _____

City/State/Zip: _____

NOTE Technical component of services for hospital-registered Medicare, Medicaid, and Tricare patients will be billed to the hospital.

| | |
|--------------------------------------|----------------------|
| INSURANCE COMPANY NAME (attach card) | EMPLOYER NAME |
| NAME OF INSURED | POLICY / MEMBER ID # |
| | GROUP # |

CASE # _____

BLOCK _____ FIXATIVE _____

SOURCE / NATURE OF SPECIMEN _____

RELATIONSHIP TO INSURED: SELF SPOUSE DEPENDENT

MAIL CLAIM TO _____

ADDRESS _____

CITY/STATE/ZIP _____

DIAGNOSIS CODE(S) FOR TESTS ORDERED (MUST BE PROVIDED)

| | | |
|----------------|----------------|----------------|
| DIAGNOSIS CODE | DIAGNOSIS CODE | DIAGNOSIS CODE |
|----------------|----------------|----------------|

PHYSICIAN ACKNOWLEDGEMENT (Required)

Physicians should only order tests that are medically necessary for the diagnosis or treatment of the patient. **Medicare Patients: The Advance Beneficiary Notice, if required, must be completed, signed by the patient and attached.**

Physician's Signature: _____ Date Ordered: _____

NOTES / CLINICAL HISTORY _____

CANCER TREATMENT PROFILING REQUISITION

BREAST TREATMENT PROFILE

Includes:
 Estrogen receptor (ER) IHC
 Progesterone receptor (PR) IHC
 Ki67 proliferative fraction IHC
 HER2: (Please select one):
 HER 2 IHC only
 HER2 IHC reflex to FISH if equivocal
 HER2 FISH only
 Both HER2 IHC and FISH

COLORECTAL TREATMENT PROFILE

Includes:
 BRAF, KRAS, and NRAS mutation analysis
 MMR deficiency testing (Please select one or both):
 MMR IHC (MLH1, MSH2, MSH6, PMS2)
 Microsatellite instability (MSI) PCR

LUNG TREATMENT PROFILE

Includes:
 EGFR, KRAS, and BRAF Mutations
 ALK, ROS1, and RET rearrangement by FISH
 PD-L1 IHC (select one):
 PD-L1 IHC (clone 22C3)
 PD-L1 IHC (clone E1L3N)

MELANOMA TREATMENT PROFILE

Includes:
 BRAF and KIT mutations
 PD-L1 IHC (select one):
 PD-L1 IHC (clone 22C3)
 PD-L1 IHC (clone E1L3N)

INDIVIDUAL TESTS

| IHC | MOLECULAR | FISH |
|---|---|---|
| <input type="checkbox"/> Estrogen receptor (ER) | <input type="checkbox"/> BRAF mutation analysis | <input type="checkbox"/> ALK rearrangement |
| <input type="checkbox"/> Progesterone receptor (PR) | <input type="checkbox"/> EGFR mutation analysis | <input type="checkbox"/> BRAF rearrangement |
| <input type="checkbox"/> Androgen receptor (AR) | <input type="checkbox"/> KRAS mutation analysis | <input type="checkbox"/> ROS1 rearrangement |
| <input type="checkbox"/> HER2, IHC only | <input type="checkbox"/> Microsatellite instability (MSI) PCR | <input type="checkbox"/> MET amplification |
| <input type="checkbox"/> HER2, reflex to HER2 FISH if equivocal | <input type="checkbox"/> NRAS mutation analysis | <input type="checkbox"/> RET rearrangement |
| <input type="checkbox"/> Ki-67 proliferative fraction | <input type="checkbox"/> PIK3CA mutation analysis | <input type="checkbox"/> NTRK Panel (NTRK1, NTRK2, NTRK3) |
| <input type="checkbox"/> P53 | <input type="checkbox"/> Other (indicate below): _____ | <input type="checkbox"/> HER2 |
| <input type="checkbox"/> PD-L1 IHC (clone E1L3N) | _____ | <input type="checkbox"/> PDGFB, PDGFD, and/or COL1A1::PDGFB |
| <input type="checkbox"/> PD-L1 IHC (clone 22C3) | _____ | <input type="checkbox"/> Other (indicate below): _____ |
| <input type="checkbox"/> NTRK (Pan-TRK) | _____ | _____ |
| <input type="checkbox"/> Mismatch Repair (MMR) (MLH1, MSH2, MSH6, PMS2) | _____ | _____ |
| <input type="checkbox"/> CD30 | _____ | _____ |
| <input type="checkbox"/> Other (indicate below): _____ | _____ | _____ |
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