



PROPATH

A Sonic Healthcare Anatomic Pathology Practice

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**Complete Shaded Box
For Patient And Third
Party Billing**

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.# _____

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

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 # _____

RELATIONSHIP TO INSURED: SELF SPOUSE DEPENDENT

MAIL CLAIM TO ADDRESS _____

CITY/STATE/ZIP _____

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 _____

Referring Physician: _____ NPI: _____

DATE COLLECTED

Send Duplicate Report to: _____

Name: _____
Address: _____
City/State/Zip: _____

CASE # _____

BLOCK _____ FIXATIVE _____

SOURCE / NATURE OF SPECIMEN _____

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

DIAGNOSIS CODE _____ DIAGNOSIS CODE _____ DIAGNOSIS CODE _____

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 mutation analysis
 ALK ROS1, and RET rearrangement by FISH
 PD-L1 IHC (clone 22C3)
 PD-L1 IHC (clone E2L3N)

MELANOMA TREATMENT PROFILE

- Includes:**
 BRAF and KIT mutation analysis
 PD-L1 IHC (clone E1L3N)
 PD-L1 IHC (clone 22C3)

INDIVIDUAL TESTS

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