REFERRED BY	Т			CLINICIAN ACKNOWLEDGEME	NT (REQUIRED)				
			PROPATH	l attest that I am authorized to order the test(s) and that the ordered test(s) is/are medically necessary for my patient. CLINICIAN SIGNATURE DATE ORDERED					
			Oncology				27.1.2	011021120	
			1355 River Bend Drive	PATIENT INFORMATION - PLEASE PRINT					
			Dallas, TX 75247	PATIENT NAME (LAST)	(FIF	RST)		(M.I.)	
			214-638-2000 214-237-1731 Fax	ADDRESS			4 DT. #		
			800-258-1253	ADDRESS			APT. #	:	
			www.ProPath.com	CITY STATE ZIP					
REFERRING PHYSICIAN		NPI:		PHONE		BIRTHDATE		SEX	
DATE COLLECTED	CASE#			PATIENT S.S.#		PATIENT I.D.#			
CASE #				TATIENT 5.5.#		TAILENT I.D.#			
BLOCK FIXATIVE			BILL TO: ☐ Client/Lab		nt/Lab	☐ Insurance (Attach complete billing information)			
				CHECK ONE: Inpatient (Discharge Dat PLEASE NOTE: Technical component of services for h		•			
SOURCE / NATURE OF SPECIMEN				patients will be b	pilled to the hospital.		medicald, and i	licare	
				INSURANCE COMPANY NAME		EMPLOYER NAME			
DIAGNOSIS CODE FOR TESTS ORDERED (MUST B			E PROVIDED)	NAME OF INSURED					
NOTES / CLINICAL HISTORY				POLICY MEMBER I.D.#		GROUP#			
				RELATIONSHIP TO INSURED: □ Self □ Spouse □ Dependent					
		MAIL CLAIM TO:							
				ADDRESS					
	CAN	ICE	R TREATMENT P	ROFILING REQ	UISITION				
Decalcified? Y/N: Time to Fix			Time to Fixation:	Duration of Fixation:					
			(only NBF validated			n guidelines, 6-72 hrs)			
E DDEACT TOTATMENT DDOCU	_		E COLORECTAL TRE	ATMENT DOOF!! F	E LUNG TO	DE ATMENT DROEH			
☐ BREAST TREATMENT PROFILE Includes:			☐ COLORECTAL TREATMENT PROFILE Includes: BRAF, KRAS, and NRAS mutation analysis		□ LUNG TREATMENT PROFILE Includes:				
Estrogen receptor (ER) IHC					EGFR, KRAS, and BRAF mutation analysis				
Progesterone receptor (PR) IHC			MMR deficiency testin		ALK and ROS1 rearrangement by FISH				
Ki67 proliferative fraction IHC			(Please select one or l	PD-L1 by IHC (clone 22C3)					
HER2: (Please select one):			☐ MMR IHC (MLH ⁻ ☐ Microsatellite in						
☐ HER 2 IHC only ☐ HER2 IHC reflex to FISH if eq	uivocal		Li Microsatellite II	stability (MSI) FCN	T MELANO	DAMA TREATMENT	DDOE!! E		
☐ HER2 FISH only					☐ MELANOMA TREATMENT PROFILE Includes:				
☐ Both HER2 IHC and FISH						d KIT mutation analysis			
			INDIVIDI	AL TESTS	PD-L1 IHC	(clone E1L3N)			
IHC			MOLECULAR		FISH				
IHC ☐ Estrogen receptor (ER) ☐ Progesterone receptor (PR)			■ BRAF mutation analysis ■ EGFR mutation analysis		□ ALK rearra	angement			
					☐ ROS1 rearrangement				
☐ Androgen receptor (AR)			☐ HER2 mutation analys	☐ MET amplification					
☐ HER2, IHC only			☐ KRAS mutation analysis		☐ RET rearrangement				
☐ HER2, reflex to HER2 FISH if equivocal			☐ Microsatellite instability (MSI) PCR		□ NTRK Panel				
☐ Ki-67 proliferative fraction			□ NRAS mutation analy	(NTRK1, NTRK2, NTRK3)					
□ P53			☐ PIK3CA mutation analysis		□ HER2				
□ PD-L1 IHC (clone E1L3N)			☐ Other (indicate below):		☐ Other (inc	licate below):			
□ PD-L1 IHC (clone 22C3)									
□ NTRK (Pan-TRK)									
☐ Mismatch Repair (MMR) (MLH1, MSH2, MSH6, PMS2)									
□ CD30									
☐ Other (indicate below):									
			-						
							0511	2022-10	