CLARiENT
A GE Healthcare Company

For Pathologists performing their own PCR microdissection, please check the box below.
❑ **Cell selection for microdissection performed by submitting Pathologist**

Surgical Pathology Requisition

31 Columbia • Aliso Viejo, CA 92656
(888) 443-3311 • Fax (888) 443-3345

Highlighted areas are required billing information.

Client Information

Client:

Address:

Ordering Physician UPIN # NPI#

Phone ( ) Fax ( )

Treating Physician UPIN # NPI#

Phone ( ) Fax ( )

Billing Information (Attach face sheet & front and back of Insurance Card)

Bill: ❑ Insurance ❑ Medicare - Part B ❑ Patient ❑ Hospital/Institution

Patient Status: ❑ Inpatient ❑ Outpatient ❑ Non-Hospital patient

Hospital Discharge Date: ____________________

Pre-Authorization #

Healthplan ❑ See attached billing info

Address

Policy / Cert. # Group / Plan #

Medical Group

Name of Insured Ins. Phone ( )

Relationship to Insured

Secondary Insurance ❑ Yes ❑ No (If Yes, please attach)

Medicare will only reimburse for tests which meet Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient.

Patient Information

Name (Last, First) Social Security # **Sex** ❑ Male ❑ Female **D.O.B.**

Address Med. Rec. No. / Patient No. Phone ( )

Specimen Information

Clinical Information (please attach pathology report, cytology report or any other applicable test report if possible)

ICD-9

Diagnosis ❑ Breast CA ❑ Colorectal CA ❑ Melanoma ❑ Sarcoma ❑ Lung CA ❑ Prostate CA ❑ Other____________________

Tumor ❑ Primary ❑ Metastatic ❑ Reccurence/Residual

Body Site: ____________________

Specimen ID (#)s: ____________ Block(s)__________ Slide(s)__________

❑ Choose best blocks ❑ Perform tests on all blocks

Breast Marker Studies Fixation (CAP/ASCO Requirement)

Cold Ischemic time ≤ 1 hour: ❑ Yes ❑ No
10% neutral buffered formalin: ❑ Yes ❑ No ❑ Unknown
HER2 Fixation duration >6 and <48 hours: ❑ Yes ❑ No ❑ Unknown
ER/PR Fixation duration >6 and <72 hours:* ❑ Yes ❑ No ❑ Unknown

* If ER/PR/HER2 is ordered on same block, proper fixation is 6-48 hours.
If ER/PR is ordered alone, proper fixation is 6-72 hours.

Collection Date & Time ____________ Date of Procedure ____________

Retrieved from Archive Date: ____________

❑ **Permission to Exhaust Block**

❑ Cell Block / FNA
❑ Paraffin Block # of Blocks: ______ ❑ Formalin ❑ Other ________
❑ Slides: Number: ❑ unstained ______ ❑ stained ________
Type of stain: ❑ H&E ❑ Other________
❑ Peripheral Blood _____ green top _____ purple top(s) _____ other ________
❑ Bone Marrow: _____ green top _____ purple top(s) _____ Core Biopsy
_____ Clot _____ other ________
❑ Fluid: _____ CSF _____ pleural _____ other ________
❑ Fresh Tissue
❑ Smears: _____ air dried _____ fixed _____ stained Type of stain: ________

IHC Breast Assays

PROFILES	GLOBAL*	SCOPE IA	STAIN ONLY
If ER(+), Reflex to Mammostrat	❑	N/A	N/A
ER/PR	❑	❑	❑
ER/PR/HER2	❑	❑	❑
ER/PR/HER2/Ki-67	❑	❑	❑
ER/PR/HER2/Ki-67/TP53 (p53)	❑	❑	❑
ER/PR/HER2/EGFR/TP53 (p53)/BCL-2	❑	❑	❑
INDIVIDUAL MARKERS			
BCL-2	❑	❑	❑
BRCA1	❑	N/A	❑
CK5/6	❑	N/A	❑
DNA Ploidy	❑	N/A	N/A
EGFR	❑	❑	❑
ER	❑	❑	❑
HER2	❑	❑	❑
Ki-67	❑	❑	❑
TP53 (p53)	❑	❑	❑
PHH3	❑	N/A	❑
PR	❑	❑	❑
PTEN	❑	N/A	❑

* For all GLOBAL HER2 IHC cases, Clarient will automatically reflex equivocal results based on CAP/ASCO HER2 Guideline recommendations.

HER2 Profiling

❑ HER2 (ERBB2) by FISH ❑ Do not perform HER2 (ERBB2) RT-PCR testing.
❑ Reflex to HER2 (ERBB2) FISH if IHC is: ❑ 0 ❑ 1+ ❑ 3+
❑ Reflex to Topoisomerase IIα (TopoIIα) if HER2 (ERBB2) Amplified or Over Expresses
❑ MYC amplification by FISH (carcinoma)* ❑ DNA Ploidy by FLOW ❑ Topo IIα by FISH
❑ PI3K by PCR

*** MYC for lymphoma use Hematopathology Requisition.**

Clarient Insight®Dx

❑ Mammostrat ❑ Pulmotype Tech Only ❑ Pulmotype Global

UroVysion®

❑ UroVysion® ❑ UroVysion Tech Only

Molar Pregnancy

❑ Molar Pregnancy

Micrometastasis Analysis

❑ Carcinoma Micrometastasis Analysis
❑ Melanoma Micrometastasis Analysis

Gastric Cancer Profile

❑ HER2 by IHC and FISH (Global)
❑ HER2 by IHC (Stain Only)

Pathway Testing

❑ KRAS Mutation Analysis by PCR
❑ KRAS Reflex to BRAF by PCR
❑ KRAS and BRAF Mutation Analysis by PCR
❑ EGFR Mutation Analysis, ALK Rearrangement by FISH
❑ EGFR Mutation Analysis by PCR (TKI Response)
❑ EGFR Mutation Analysis by PCR, Reflex to KRAS if EGFR negative
❑ ALK Rearrangement by FISH
❑ MET by IHC
❑ BRAF V600 Mutation - Melanoma
❑ BRAF Mutation Analysis by PCR
❑ EGFR VIII by RT-PCR
❑ EGFR Amplification by FISH
❑ PTEN by IHC ❑ PI3K by PCR
❑ ERCC1 by IHC ❑ TS by IHC

Mismatch Repair (MMR) / Microsatellite Instability (MSI)

MMR Profile by IHC (MLH1, MSH2, MSH6, PMS2)
❑ ScopeIA ❑ Stain Only ❑ Global

Reflex Options:
❑ MSI if Loss or Borderline MMR
❑ BRAF if MLH-1 Borderline or Loss
❑ MSI if no Loss of MMR

❑ MSI by PCR

Reflex Options:
❑ MMR if MSI
❑ MMR if MSS

Tumor Consultation

❑ Diagnostic Consultation: Clarient pathologist will provide a consultative diagnosis based on a comprehensive consultation.

Differential Diagnosis: ____________________

❑ ScopeIA ❑ Stain Only ❑ Global

Other Testing: ____________________

Authorized Signature: **Date:**

Clarient Use Only: **Date:**