



Oncology Requisition

17661 Cowan
Irvine, CA USA 92614
1-855-DX4LUNG (1-855-394-5864)
Fax: 1-949-752-7224



Lab Use Only

0123456

CLIENT INFORMATION

Signature: _____

NPI #: _____ Fax: _____

PATHOLOGY INFORMATION

Hospital/Institution: _____

Facility/Office Contact: _____ Pathology Acct. #: _____

Phone: _____ Fax: _____

REFERRING/ADDITIONAL PHYSICIANS

Name: _____

Facility/Office Contact: _____

Phone: _____ Fax: _____

PATIENT INFORMATION

(Please attach patient note/clinical history, prior pathology report and front and back of primary and secondary insurance card)

Name (Last, First): _____

Date of Birth: ____/____/____ Sex: M F

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Medical Record #: _____

Date of Discharge: ____/____/____

Patient Status: Hospital Inpatient: Hospital Out-Patient: Non-Hospital Patient: _____

BILLING INFORMATION

Primary Insurance: Medicare Insurance Patient

Insurance Name: _____

Policy #: _____ Group #: _____

Policy Holder Name: _____ DOB: _____

Relationship to Policy Holder: Self Spouse Child Other Referral #: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

Secondary Insurance: _____

CLINICAL/SPECIMEN INFORMATION

ICD-9 Codes - Please provide as many diagnostic codes as appropriate: 162.3 162.4 162.5 162.8 162.9 Other: _____

Specimen Site: _____ Specimen Site: _____ Date of Collection: ____/____/____

Clinical History/Pathology Diagnosis: _____

Primary Tumor Type: Lung Unknown Other: _____ Block ID#: _____ Date Retrieved From Archive: ____/____/____

Specimen Type: Unstained Slides: # _____ Formalin-Fixed Paraffin Embedded (FFPE) Block(s): # _____ Fine Needle Aspirate - Site: _____

TREATMENT STATUS

Treatment Status: New Diagnosis Recurrent/Progression/Metastasis Current Therapy: _____

First Line: _____ Second Line: _____ Third Line: _____

TESTS REQUESTED (Specimen Requirements on reverse)

Profile	Individual Tests	Special Instructions:
<input type="checkbox"/> Non-Small Cell Lung Cancer (NSCLC) Profile: FISH: FDA approved Vysis ALK* RT-PCR: EGFR** and KRAS**	FISH <input type="checkbox"/> ALK* - ALK gene rearrangement with the FDA approved Vysis ALK Break Apart FISH Probe Kit. <input type="checkbox"/> EGFR** <input type="checkbox"/> c-MET**	_____ _____ _____
<input type="checkbox"/> Comprehensive Profile: FISH: FDA approved Vysis ALK*, EGFR** and c-MET** RT-PCR: EGFR**, KRAS**, BRAF** and PIK3CA**	RT-PCR Mutation Analysis <input type="checkbox"/> EGFR** <input type="checkbox"/> KRAS** <input type="checkbox"/> BRAF** <input type="checkbox"/> PIK3CA**	
<input type="checkbox"/> Diagnostic Consultation of Profile	*Test performed by CYNODEN **Test performed by PLUS	

PLEASE ATTACH THE FOLLOWING

- Copy of recent pathology/cytology report(s)
- Report to follow
- Block to follow
- Copy of face sheet and/or insurance card
- Copy of most recent patient note/clinical history including prior therapies

ADDITIONAL COMMENTS:

PLEASE SEE REVERSE FOR SPECIMEN REQUIREMENTS

Top Copy (White) – CYNODEN/PLUS Diagnostics Bottom Copy (Yellow) – Client

Please Discard Extra Labels



An Abbott Company



1-Complete all requested information on requisition. 2-Use appropriate number of labels provided. 3-Place one label on each specimen and dispose of the remaining labels.

A1 Pt. Name _____ DOB ____/____/____	B2 Pt. Name _____ DOB ____/____/____	C3 Pt. Name _____ DOB ____/____/____	D4 Pt. Name _____ DOB ____/____/____
E5 Pt. Name _____ DOB ____/____/____	F6 Pt. Name _____ DOB ____/____/____	G7 Pt. Name _____ DOB ____/____/____	H8 Pt. Name _____ DOB ____/____/____
I9 Pt. Name _____ DOB ____/____/____	J10 Pt. Name _____ DOB ____/____/____	K11 Pt. Name _____ DOB ____/____/____	L12 Pt. Name _____ DOB ____/____/____

Accurate Results Begin with Proper Specimen Collection and Transport

1. Complete the requisition:
 - a. Include a copy of the patient note and/or prior pathology report.
 - b. Provide contact information (name and phone #) for coordination of the block/slide procurement through pathology or the appropriate area.
2. Place a barcode label (including at least one patient identifier) on each slide mailer or block cassette.
 - a. A formalin fixed, paraffin embedded (FFPE) tissue block from the patient's lung cancer tissue is preferred.
 - i. Preferred fixation duration for tissue samples is 6 to 48 hours.
 - b. **ALTERNATIVE:** If the lung cancer tissue block is not available:
 - i. Submit at least 3 unstained slide sections on positively charged slides cut to a thickness of at least 4-6 microns (for Vysis ALK) plus 7 unstained slide sections on positively charged slides cut to a thickness of 10 microns (for Mutation testing).
3. Place specimen container into CYNOGEN/PLUS box. Include refrigerated cold pack in warm weather (>80°F).
4. Place CYNOGEN/PLUS box and requisition into FedEx® Clinical Pak®.
5. Adhere FedEx label to the outside of the envelope.
6. Call CYNOGEN/PLUS toll-free at 1-855-DX4LUNG (1-855-394-5864) for a pick-up.

For specimen collection or transport questions please call 1-855-DX4LUNG (1-855-394-5864).

Clinical Pak® is a registered trademark of FedEx.