UP Health System Marquette- A Duke Lifepoint Hospital
Department Of Pathology

Phone: 906-449-3454 Fax: 906-232-3059

Request for Additional Testing

Date:_____

Patient Information:

Name:_____ Specimen Source:_____

DOB:_____ Sex: F / M Date of Service:_____

MRN:_____ UPHS-M Specimen Number(s):

ICD-10:_____ _____

Colorectal Cancer Profile:

□ KRAS □ Micro Satellite Instability (IHC)
□ NRAS (To be performed at MGHS-Marquette)
□ BRAF
□ EGFR □ Micro Satellite Instability (Molecular)

Melanoma:

□ BRAF Mutation Analysis

Glioblastoma:

□ 1p19q □ IDH1/2
□ MGMT Methylation

Non-Small Cell Lung Cancer:

Mutation Analysis	FISH	
□ EGFR	□ EGFR	□ ALK
□ KRAS	□ ROS1	□ RET
□ BRAF	□ cMET	

PD-L1:

□ PD-L1 22C3 (KEYTRUDA®)
□ PD-L1 28-8 (OPDIVO®)
□ PD-L1 SP263 (TECENTRIQ®)
Tumor Type(Required):_____

Additional Tests not Listed Above:_____

_____ Date:_____
Signature of Requesting Physician

_____ NPI:_____
Printed Name

_____ PHONE:_____
Name of Requesting Department/Clinic

FAX:_____

Please Include a Copy of Insurance Coverage