

Solid Tumor

Highlighted fields are required information

PATIENT INFORMATION			CLIENT INFORMATION	
Last Name	First Name	MI	Client Name	
Address			Client ID	
City	State	Zip	Ordering Physician	
Phone	Date of Birth (MM/DD/YYYY)	Sex Assigned at Birth <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown	Ordering Physician NPI #	
Patient MR#			Treating Physician	

X _____

ORDERING PHYSICIAN/PRACTITIONER SIGNATURE **PHONE NUMBER FOR STAT CASES**

BILLING INFORMATION REQUIRED: Please include face sheet and front/back of patient's insurance card

Attach a copy of the patient's demographic sheet, both sides of the patient's insurance card(s) and all secondary insurance information (if applicable).

BILL TO MediCare MediCal Insurance Patient/Self Pay Client Billing

IPA/MED GROUP AFFILIATION _____ PRIOR AUTHORIZATION # _____

SPECIMEN INFORMATION

Pathology Accession/Specimen #: _____

Block ID(s): _____ Pathologist to choose best block(s)

Slides _____ Stained _____ Unstained _____ Touch Preps

Tissue (type) _____ FNA (type) _____ Body fluid (type) _____

HOSPITAL STATUS WHEN SPECIMEN COLLECTED (must choose one):
 Hospital Inpatient Hospital Outpatient Non-Hospital Outreach/Clinic Patient

COLLECTION DATE _____ TIME _____ MOST RECENT SPECIMEN Yes No

BODY SITE _____ FORMALIN FIXED Yes No Other fixation: _____

SPECIMEN PROCUREMENT INFORMATION **AUTHORIZATION FOR SAMPLE RELEASE**

BLOCK LOCATION
 Do you have possession of the block? Yes No
 If no, indicate the location and fax completed requisition to Fulgent. **INDICATE LOCATION HERE**

FACILITY NAME _____ PATHOLOGIST NAME/CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER _____ EMAIL _____

PATIENT AUTHORIZATION FOR SAMPLE RELEASE
 I authorize the release of my surgical pathology slide(s), block(s), and/or report to Fulgent.

X _____

SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO CONSENT

CLINICAL INFORMATION **CLINICAL INDICATIONS** Please provide relevant results

ICD-10 CODE(S)

ICD-10 information is required
 Physician Notice: Only tests or diagnostic services that are medically necessary should be ordered. Appropriate ICD-10 information must be in the specified area above. Payers, including Medicare and Medicaid, generally do not pay for screening tests. ABN is required for Medicare patients if ICD-10 codes provided do not support reasoning for testing.

Pathology Report
 CBC Report
 Additional Chart Notes

CLINICAL HISTORY AND/OR NARRATIVE DIAGNOSIS/CLINICAL DATA

Please attach copy of recent CBC, copy of doctor's notes/clinical history, pathology reports, and any relevant test results

LABORATORY TESTS REQUESTED Please select a test option below

LUMERA™ XPANDED PROFILE **RECOMMENDED** **PD-L1* INCLUDED**
 Comprehensive diagnosis and consultation with medical staff to include additional testing as needed, in communication with the referring physician(s). Includes all analysis covered in our standard Lumera™ NGS Profile (DNA/RNA sequencing with Copy Number Variation(CNV) analysis, TMB, MSI). *Patient history is required.*

Primary Dx Pathology Review - Second opinion requested

LUMERA™ NGS PROFILE
 Analysis of 500+ genes for DNA and RNA variants implicated across various solid tumor types. Includes CNV, Tumor Mutational Burden (TMB), and Microsatellite Instability (MSI).

* The PD-L1 clone (22C3, SP142, SP263, 28.8) most appropriate for the tumor type will be determined by the reviewing pathologist unless specifically requested.

INDIVIDUAL DIAGNOSTIC/PROGNOSTIC TESTS Please select from test options below

Note: The PD-L1 clone (22C3, SP142, SP263, 28.8) most appropriate for the tumor type will be determined by the reviewing pathologist unless specifically requested.

BRAIN/GLIOMA

<input type="checkbox"/> IHC	<input type="checkbox"/> FISH (select to perform all tests)	MOLECULAR
<input type="checkbox"/> Ki-67	<input type="checkbox"/> 1p/19q Deletion	<input type="checkbox"/> NMYC
<input type="checkbox"/> MMR	<input type="checkbox"/> CDKN2A (p16)	<input type="checkbox"/> PTEN
<input type="checkbox"/> PD-L1*	<input type="checkbox"/> EGFR Amplification	<input type="checkbox"/> IDH1/IDH2
		<input type="checkbox"/> MGMT Promoter Methylation
		<input type="checkbox"/> PTEN
		<input type="checkbox"/> EGFRVIII

BREAST

IHC	<input type="checkbox"/> Individual Stains
<input type="checkbox"/> ER/PgR/HER2	<input type="checkbox"/> ER <input type="checkbox"/> PgR <input type="checkbox"/> HER2 <input type="checkbox"/> AR <input type="checkbox"/> Ki-67 <input type="checkbox"/> p53
<input type="checkbox"/> ER/PR/HER2/Ki-67	Reflex to HER2 FISH if HER2 IHC is: <input type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+
<input type="checkbox"/> ER/PR/HER2/Ki-67/p53	
<input type="checkbox"/> AR,ER,HER2,Ki-67,p53,PR	<input type="checkbox"/> TS

COLORECTAL

IHC	MOLECULAR
<input type="checkbox"/> HER2; Reflex to HER2 FISH if HER2 IHC is: <input type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+	<input type="checkbox"/> BRAF (Molecular)
<input type="checkbox"/> Reflex MMR to _____	<input type="checkbox"/> Reflex to MLH1 Promoter Methylation if BRAF is negative
if MMR _____	<input type="checkbox"/> MLH1 Promoter Methylation
<input type="checkbox"/> TS	<input type="checkbox"/> Reflex to BRAF molecular if MLH1 IHC is not expressed

ESOPHAGEAL

IHC
<input type="checkbox"/> MMR <input type="checkbox"/> PD-L1* <input type="checkbox"/> HER2 <input type="checkbox"/> HER2; Reflex to HER2 FISH if HER2 IHC is: <input type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+

ENDOMETRIAL

IHC
<input type="checkbox"/> ER <input type="checkbox"/> MMR <input type="checkbox"/> PR <input type="checkbox"/> HER2; Reflex to HER2 FISH if HER2 IHC is: <input type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+
<input type="checkbox"/> FOLR1 <input type="checkbox"/> PD-L1* <input type="checkbox"/> p53

HEAD & NECK

IHC	ISH	MOLECULAR
<input type="checkbox"/> MMR <input type="checkbox"/> PD-L1* <input type="checkbox"/> p16	<input type="checkbox"/> EBER	<input type="checkbox"/> HPV DNA

GASTROESOPHAGEAL

IHC
<input type="checkbox"/> MMR <input type="checkbox"/> PD-L1* <input type="checkbox"/> HER2 <input type="checkbox"/> HER2; Reflex to HER2 FISH if HER2 IHC is: <input type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+

HEPATOCELLULAR/BILIARY

IHC
<input type="checkbox"/> HER2 <input type="checkbox"/> MMR <input type="checkbox"/> PD-L1*

LUNG

IHC
<input type="checkbox"/> ALK, D5F3 IHC (lung, FDA) <input type="checkbox"/> MMR <input type="checkbox"/> HER2; Reflex to HER2 FISH if HER2 IHC is: <input type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+
<input type="checkbox"/> FOLR1 <input type="checkbox"/> PD-L1* <input type="checkbox"/> ROS1
<input type="checkbox"/> HER2
<input type="checkbox"/> FISH (select to perform all tests)
<input type="checkbox"/> ALK Lung <input type="checkbox"/> CDKN2A (p16) <input type="checkbox"/> MET <input type="checkbox"/> ROS1 <input type="checkbox"/> RET
MOLECULAR
<input type="checkbox"/> BRAF <input type="checkbox"/> MET Exon 14 Deletion <input type="checkbox"/> EGFR (includes T790M)

OVARIAN

IHC
<input type="checkbox"/> ER <input type="checkbox"/> FOLR1 <input type="checkbox"/> MMR <input type="checkbox"/> PD-L1* <input type="checkbox"/> PR <input type="checkbox"/> PTEN
<input type="checkbox"/> HER2; Reflex to HER2 FISH if HER2 IHC is: <input type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+

PANCREAS

IHC
<input type="checkbox"/> ALK <input type="checkbox"/> HER2 <input type="checkbox"/> MMR <input type="checkbox"/> PD-L1* <input type="checkbox"/> ROS <input type="checkbox"/> TS

CERVICAL/VULVAL

IHC	MOLECULAR
<input type="checkbox"/> MMR <input type="checkbox"/> PD-L1* <input type="checkbox"/> ER <input type="checkbox"/> PR <input type="checkbox"/> p16	<input type="checkbox"/> HPV DNA

OTHER/PAN-CANCER

IHC	ISH
<input type="checkbox"/> FOLR1 <input type="checkbox"/> MMR <input type="checkbox"/> PD-L1* <input type="checkbox"/> p53 <input type="checkbox"/> RB <input type="checkbox"/> HER2; Reflex to HER2 FISH if HER2 IHC is: <input type="checkbox"/> Other: _____ <input type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+	<input type="checkbox"/> EBER

PD-L1 IHC

PD-L1 22C3 FDA (KEYTRUDA®)

TNBC (Breast) Gastric/GEA NSCLC Cervical HNSCC (Head & Neck) Urothelial Carcinoma

PD-L1 28-8 FDA (OPDIVO®) PD-L1 SP142 FDA (TECENTRIQ®) PD-L1 SP263 FDA (IMFINZI®)

NSCLC NSCLC Urothelial Carcinoma Lung Carcinoma Urothelial

NOTES FOR FISH REFLEXING

ADDITIONAL TEST REQUESTS