SBMF
South Bend Medical Foundation
3355 Douglas Road, South Bend, IN 46635

Solid Tumor Requisition

FAX COMPLETED FORM TO:
(574) 807-3312

CLIENT INFORMATION (REQUIRED)

Client/Institution Name: _____

Ordering Physician: _____

NPI #: _____

Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Phone: _____ **Fax:** _____

PATIENT INFORMATION (REQUIRED)

Last Name: _____

First Name: _____ **MI:** _____

Gender: ☐ Male ☐ Female **Date of Birth (mm/dd/yyyy)** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____

BILLING INFORMATION (REQUIRED)

BILL TO: ☐ Client/Institution ☐ Insurance ☐ Patient

Please attach complete demographic and insurance information

Place of Service: ☐ Non-Hospital ☐ Outpatient

☐ Inpatient Discharge Date: _____

Primary Insurance: _____ ICD-10 Code: _____

Secondary Insurance: _____ Clinical History: _____

SPECIMEN INFORMATION (REQUIRED)

Specimen ID _____ **Block ID** _____ **Tissue Type/Body Site** _____

Retrieved Date (mm/dd/yyyy) _____ **Collection Date** (mm/dd/yyyy) _____ **Collection Time** _____ ☐ AM ☐ PM

If ER PR or HER2 ordered: Was the specimen placed in formalin within one hour of collection? ☐ Yes ☐ No
Was the formalin fixation time between 6 and 72 hours? ☐ Yes ☐ No

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LEVEL OF SERVICE (REQUIRED): ☐ Global (With Interpretation) ☐ Tech-Only (Without Interpretation)

Brain Cancer
☐ **1p/19q Deletion (FISH)**
☐ **IDH1/IDH2 (Mol.)**
☐ **MGMT Methylation (Mol.)**

Breast Cancer
☐ ER/ PgR/ HER2**
☐ ER/ PgR/ HER2**/ Ki67
☐ Individual Stains
☐ ER ☐ PgR ☐ HER2** ☐ Ki67
☐ Reflex to **global PD-L1 22C3 FDA (KEYTRUDA®)** for TNBC if global ER/PgR/HER2 panel is negative
**For global HER2 IHC with result 2+, SBMF will add global HER2 Fish unless marked below:*
  ☐ Do not reflex 2+
☐ **HER2 (FISH)**
☐ **Reflex to HER2 IHC if HER2 FISH result is Group 2, 3 or 4**
  For global HER2 FISH: Send path report. If HER2 IHC has been interpreted elsewhere: Send IHC report and also send HER2 IHC slide if result is 2+.
☐ p53
☐ **PD-L1 22C3 FDA (KEYTRUDA®)**

Colorectal Cancer
☐ MMR IHC
  ☐ Reflex to **BRAF** if MLH1 IHC is not expressed
  ☐ Reflex MMR to _____ if MMR _____
☐ **Microsatellite Instability (MSI) Non-tumor tissue is required**
  ☐ Reflex to MMR if MSI high
  ☐ Reflex to **BRAF** if MLH1 IHC is not expressed
  ☐ **BRAF (mol.)**
  ☐ Reflex to **MLH1 Promoter Methylation** if BRAF neg.

GI Cancer
☐ **KIT (Mol.)**
☐ **PD-L1 22C3 FDA (KEYTRUDA®) for ESCC (Esophageal)**
☐ **PD-L1 22C3 FDA (KEYTRUDA®) for Gastric/GEA**
☐ **PD-L1 28-8 (OPDIVO®) for Gastric/GEJ/EAC**
☐ **PDGFRa (Mol.)**

Head and Neck Cancer
☐ **PD-L1 22C3 FDA (KEYTRUDA®) for HNSCC**

HER2 (Except Breast)
☐ HER2 (IHC)
Reflex to **HER2 FISH** if global HER2 IHC is:
  ☐ 0 ☐ 1+ ☐ 2+** ☐ 3+
☐ **HER2 (FISH)**
**For global HER2 IHC with result 2+, SBMF will add global HER2 Fish unless marked below:*
  ☐ Do not reflex 2+

Lung Cancer
☐ **PD-L1 22C3 FDA for NSCLC**   ☐ ALK (FISH)
☐ **PD-L1 28.8 FDA for NSCLC**   ☐ EGFR (Mol.)
☐ **PD-L1 SP142 FDA (TECENTRIQ®)** ☐ RET (FISH)
☐ **PD-L1 SP263 FDA (TECENTRIQ®)** ☐ ROS1 (FISH)
☐ **MET (FISH), MET EXON 14 Deletion (Mol.)** ☐ KRAS

Lynch Syndrome
☐ MMR 1HC
☐ Reflex to **BRAF** if MLH1 IHC is not expressed
☐ Reflex to **MLH1 Promoter Methylation**
☐ **BRAF (Mol.)**
☐ Reflex to **MLH1 Promoter Methylation** if BRAF neg.
☐ **MLH1 Promoter Methylation (Mol.)**

Melanoma
☐ **BRAF (Mol.)**
☐ **KIT (Mol.)**
☐ **NRAS (Mol.)**

Prostate Cancer
☐ **Androgen Receptor (Mol.)**
☐ **PTEN (FISH)**

Sarcoma
☐ **MYC AMP for Angiosarcoma (FISH)**
☐ **DDIT3 (CHOP) (FISH)**
☐ **EWSR1 (FISH)**
☐ **SS18 (SYT) (FISH)**
☐ **MDM2 (FISH)**
☐ **PDGFB (FISH)**

Other Testing
☐ **BRAF (Mol.)**
☐ **FOLR1 (IHC)**
☐ **HPV DNA (Mol.)**
☐ **KIT (Mol.)**
☐ **KRAS (Mol.)**
☐ **MLH1 Promoter Methylation (Mol.)**
☐ **NRAS (Mol.)**
☐ **Ploidy FISH for Molar Preg.**
Other Molecular _____
Other FISH _____
Other IHC _____

Please note that the tests indicated in **bold** will be sent to our reference lab, and turnaround times may vary.