

### REQUIRED ITEMS

1. Pathology Report      2. Clinical Information      3. Face Sheet (Front and Back Copy of the Patient's Insurance Card and Demographic Information)      4. Provider's Signature

### PATIENT INFORMATION

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  Other \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Patient ID \_\_\_\_\_

### PROVIDER INFORMATION

Authorized Provider Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Please Fax Duplicate Report to Additional Provider \_\_\_\_\_ Fax \_\_\_\_\_

### BILLING INFORMATION

Bill to:  Insurance  Medicare  Referring Facility (Hospital/Client)  Split Billing - Client (TC) and Insurance (PC)  Patient  
 Patient Status:  Inpatient (Hospital)  Outpatient (Hospital)  Non-Hospital  ASC Prior Authorization # \_\_\_\_\_

### CLINICAL INFORMATION

Indication(s) for Testing: \_\_\_\_\_  
 ICD-10 Codes: \_\_\_\_\_ Disease:  New Diagnosis  Refractory  Recurrent/Relapsed  Follow-Up

### SPECIMEN INFORMATION

Date Collected \_\_\_\_/\_\_\_\_/\_\_\_\_ Specimen Site \_\_\_\_\_  BREAST BIOPSY, Fixation Time \_\_\_\_\_ : \_\_\_\_\_  
 Specimen ID \_\_\_\_\_  FFPE BLOCK, # of Blocks \_\_\_\_\_  
 Date Retrieved \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Discharged \_\_\_\_/\_\_\_\_/\_\_\_\_  FRESH TISSUE, Media Type \_\_\_\_\_  
 UNSTAINED SLIDES, # of Slides \_\_\_\_\_ Slide Thickness \_\_\_\_\_  H&E  BLOOD FOR MSI ANALYSIS (EDTA ONLY: PURPLE TOP)  
 SPECIMEN PICK UP, I would like CorePath to request block from facility. Facility Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### TEST REQUESTED (FOR MORE TESTING INFORMATION, VISIT COREPATH.US)

**TumorCORE 20/20 EVALUATION**  
 Pathology Consultation w/Morphologic Interpretation and/or Ancillary Studies (IHC, FISH and/or PCR, and NGS); if clinically indicated.

**BREAST CANCER**  
 ER/PR/HER2 (IHC)  PD-L1 (SP142) IHC (for TECENTRIQ®)  
 Reflex to HER2 FISH if HER IHC result is 2+  HER2 Amplification (FISH) (FDA)  
 Ki67 (IHC)  PIK3CA Mutation (for PIQRAY® Therapy) (PCR)  
 TP53 (IHC)  oncotypeDX® (Breast Recurrence Score)  
  oncotypeDX® (Breast DCIS Score)  
 MammaPrint Assay

**BRAIN TUMORS**  
 EGFR Amplification (FISH)  IDH1/IDH2 Mutation (PCR)  
 MYCN Amplification (FISH)  MGMT Promoter Methylation (PCR)  
 BRAF V600E Mutation Analysis (PCR)  TERT Promoter Methylation (PCR)  
 PTEN Mutation Analysis  NTRK & RET Fusion Profile (NGS)

**BLADDER CANCER**  
 PD-L1 IHC 22C3 (FDA) (for KEYTRUDA®)  FGFR 2 & 3 Mutation (for Balversa™) (FDA) (PCR)  
 PD-L1 (SP142) IHC (for TECENTRIQ®)  Urovysion (FISH) (FDA)  
 PD-L1 IHC 28-8 (for OPDIVO®)  PIK3CA Mutation  
 PD-L1 (SP263) IHC (for IMFINZI®)  PTEN Mutation

**COLORECTAL CANCER**  
 Microsatellite Instability (MSI) Analysis\*  KRAS/NRAS/BRAF Mutation  
 MLH1, MSH2, MSH6, PMS2 (IHC)  KRAS Mutation (exons 2, 3 & 4)  
 BRAF V600E Mutation  NRAS Mutation (exons 2 & 3)  
 If negative, reflex to MLH1 Promoter Methylation  PIK3CA Mutation (PCR)

*\*Normal tissue is required.*  
**GASTRIC CANCER**  
 PD-L1 IHC 22C3 (FDA) (for KEYTRUDA®)  HER2 Amplification (FISH)

**GASTROINTESTINAL STROMAL TUMORS (GIST)**  
 PDGFRA Mutation  KIT Mutation

**MELANOMA**  
 BRAF V600E/K Mutation  NRAS Mutation  
 KIT Mutation  PD-L1 IHC 28-8 (for OPDIVO®)

**GYNECOLOGICAL TUMORS (UTERUS/OVARY/FALLOPIAN TUBE/PERITONEUM)**  
 PD-L1 IHC 22C3 for Cervical Cancer (FDA) (for KEYTRUDA®)  MSI Analysis (PCR)\*  
 BRAF V600E Mutation (PCR)  MLH1 Promoter Methylation (PCR)  
 KRAS Mutation (exons 2, 3 & 4) (PCR)  PIK3CA Mutation  
 PTEN Mutation  
*\*Normal tissue is required.*

**LUNG CANCER**  
 PD-L1 IHC 22C3 (FDA) (for KEYTRUDA®)  ROS1 Rearrangement (FISH)  
 PD-L1 (SP142) IHC (for TECENTRIQ®)  MET Amplification (FISH)  
 PD-L1 IHC 28-8 (for OPDIVO®)  MET exon 14 Deletion (PCR)  
 PD-L1 (SP263) IHC (for IMFINZI®)  FGFR1 Amplification (FISH)  
 EGFR Mutation (PCR)  KRAS Mutation (exons 2, 3 & 4) (PCR)  
 If negative, reflex to ALK/ROS1 Rearrangement  BRAF V600E Mutation (PCR)  
 ALK Rearrangement (FDA) (FISH)  NTRK NGS Fusion Profile  
 Oncomine Dx Test (FDA)

**PROSTATE CANCER**  
 PTEN Deletion (FISH)  ERG Rearrangement (FISH)  oncotypeDX® (Genomic Prostate Score)  
 PTEN Sequence Analysis  Androgen Receptor (AR) Mutation

**THYROID CANCER**  
 KRAS/NRAS/HRAS Mutation (PCR)  HRAS Mutation (exons 2 & 3) (PCR)  
 KRAS Mutation (exons 2, 3 & 4) (PCR)  BRAF V600E Mutation (PCR)  
 NRAS Mutation (exons 2 & 3) (PCR)  PIK3CA Mutation  
 NTRK & RET Fusion Profile (NGS)

**SARCOMAS**  
 FOXO1 (13q16) Rearrangement (FISH)  SS18 (SYT) (18q11) Rearrangement (FISH)  
 EWSR1 (22q12) Rearrangement (FISH)  MDM2 Amplification (FISH)  
 DDIT3 (12q13) Rearrangement (FISH)

**NEXT-GENERATION SEQUENCING (NGS)**  
 Solid Tumor Profile (DNA)\*\*  Solid Tumor Profile Plus Fusion (DNA and RNA)  
 Solid Tumor Fusion Profile (RNA)\*\*\*  Liquid Biopsy Profile (Blood; EDTA Only)  
*\*\* 434 genes \*\*\* 55 genes*

**OTHER** \_\_\_\_\_

### LABORATORY USE ONLY