

**BUSINESS OFFICE**

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# Additional Testing Request Form

Form also available online at [www.aipathology.com](http://www.aipathology.com)

Today's Date: \_\_\_\_\_

Requesting Physician: \_\_\_\_\_

Patient's Name and DOB: \_\_\_\_\_

AIP Accession #: \_\_\_\_\_

Please check the requested test(s):

**ARUP:**

- |   |         |        |
|---|---------|--------|
| <input type="checkbox"/> ALK Gene Rearrangements by FISH    | 3001302 | ALKGRZ |
| <input type="checkbox"/> MET Gene Amplification by FISH     | 3001313 |        |
| <input type="checkbox"/> Mismatch Repair by IHC (MMR)       | 2002327 | MRIHCZ |
| <input type="checkbox"/> PD-L1 28-8 pharmDx by IHC (OPDIVO) | 2013684 |        |
| <input type="checkbox"/> PD-L1 22C3 IHC (KEYTRUDA)          | 2013284 | P22C3  |
| <input type="checkbox"/> ROS1 by FISH                       | 3001308 | ROS1FZ |
| <input type="checkbox"/> ROS1 by IHC w/ Reflex to FISH      | 2008414 | ROS1PZ |
| <input type="checkbox"/> Other: _____                       |         |        |

**AIP:**

- BRAF Codon 600 mutation Detection
- EGFR Mutation Detection
- KRAS Mutation Detection
- NRAS Mutation Detection
- Microsatellite Instability (MSI)

**Other Molecular Tests:**

- Decipher by Genome Dx
- Foundation Medicine
- NantOmics GPS Cancer
- Oncotype Dx
- Other: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

By checking this box, I understand any charges associated with these additional tests may be billed to my facility.

Physician's Signature: \_\_\_\_\_