BUSINESS OFFICE

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PATHOLOGISTS

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Additional Testing Request Form

Form available online at www.aipathology.com, Test Directory, Request & Forms

Today's Date:	
Requesting Physician:	
Patient's Name and DOB:	
AIP accession #:	
Please check the requested test(s):	
AIP Molecular Tests: BRAF Codon 600 mutation Detection (334498)* EGFR Mutation Detection (334496)* KRAS Mutation Detection (334500)* NRAS Mutation Detection (334499)* Microsatellite Instability (MSI) (334497)*	* Prior authorization must be completed on these tests before the request is submitted to AIP and a corresponding order should be placed in EPIC.
Additional Immunostains performed at All	<u>P:</u>
HER-2/Neu Mismatch Repair (MMR) Other:	
Outside Sendouts: Specify test and facility:	
Additional Comments:	
By checking this box, I understand any charge may be billed to my facility.	ges associated with these additional tests
Physician's Signature:	