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 AIP:

***See full listing at aipathology.com; Test Directory; Requests/Forms; IHC/Specialty Stains Form**

- ☐ ER
- ☐ PR
- ☐ HER-2/Neu
- ☐ Mismatch Repair (MMR)
- ☐ Cytomegalovirus (CMV)
- ☐ Other: _____

Outside Sendouts:

- ☐ Specify test and facility: _____

Additional Comments:

_____

_____

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

Physician's Signature: _____