

#### OFFICE

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#### PATHOLOGISTS

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## Additional Testing Request Form

Form available online at [www.aipathology.com](http://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](http://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: \_\_\_\_\_