

BUSINESS OFFICE

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# Afirma Request

Form available online at [www.aipathology.com](http://www.aipathology.com), Test Directory, Request & Forms

Request Date: \_\_\_\_\_

Referring/Treating Physician: \_\_\_\_\_

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

AIP Accession Number or Date of Service: \_\_\_\_\_

Specimen Source (Ex: A, B, or C): \_\_\_\_\_

Test Requested:

- Unified Afirma GSC (Afirma GSC, XA and GRID)
- Afirma TERT

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referring/Treating Physician Signature: \_\_\_\_\_

Please fax completed Afirma request form to AIP clerical staff at (715) 847-2133.