



# Knight Diagnostic Laboratories

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 Shipping: 2525 SW 3rd Ave, Ste 350, Portland, OR 97201  
 Questions? (855) 535-1522

## Molecular Oncology - Solid Tumor Test Requisition

### Patient Information

Patient Last Name

Patient First Name

Street Address

City, State, Zip

Phone  DOB  /  /

Fax  Male  Female

ID/MRN #

Hospital In-Patient Yes  No

### Ordering Healthcare Provider Information

Full Name

NPI

Office/Facility Name

Address

City, State, Zip

Phone  Fax

Account #

Notes

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

### Send additional copies of test results to:

Healthcare Provider Name

Healthcare Provider

Provider Phone  Fax

Provider Phone  Fax

### Billing Information - Select One Billing Method

Self Pay

Bill Insurance

Attach Copy of Insurance Card or Billing Face Sheet

Bill Referring Provider or Institution

Invoice will be sent to Client Account and Address Listed Above

Primary Insurance Name

Primary Policy #

Primary Group #

Preauthorization #

Relation to Insured Medicaid Medicare  
 Self Child Spouse Other \_\_\_\_\_

Secondary Insurance Name

Secondary Policy #

Secondary Group #

Preauthorization #

Relation to Insured Medicaid Medicare  
 Self Child Spouse Other \_\_\_\_\_

### Clinical Information

**Specimen Type**

DNA from\* \_\_\_\_\_

RNA from\* \_\_\_\_\_

Whole Blood

Other \_\_\_\_\_

Paraffin Block/Slide Sections (10-15)  
 Paraffin Block/Slides ID \_\_\_\_\_

Tissue Source \_\_\_\_\_

Contact Phone \_\_\_\_\_

Contact Fax \_\_\_\_\_

ICD-10 (required)

Diagnosis Description

Current Medications

Date of Specimen Collection  /  /

Time of Specimen Collection  :  :

## Molecular Consultation

Assays selected by an expert molecular pathologist based on tumor type, using a tiered, cost-effective approach. When this option is selected for panels, KDL Pathologists will prioritize testing. Only the tests performed will be billed. *No extra charges applied.*

**\*\*\*\*\*GeneTrails Testing (codes 5541, 5440, 4480) Require Insurance Pre-authorization\*\*\*\*\***  
**Pre-authorization ID**

## Solid Tumors

Code	Test Name	Code	Test Name
5441	GeneTrails® Comprehensive Solid Tumor Panel This test includes and runs concurrently with the Fusion Gene Panel. This Comprehensive panel is covered by Medicare and Medicare Advantage.  Add PD-L1 immunohistochemistry stain?    Yes    No	4820	RNA Transcriptome
5440	GeneTrails® Solid Tumor Panel W/ Reflex to Fusion Negative results for the GeneTrails Solid Tumor Panel will reflex to GeneTrails Solid Tumor Fusion Gene Panel. This GeneTrails Solid Tumor Panel is not covered by Medicare or Medicare Advantage.  Add PD-L1 immunohistochemistry stain?    Yes    No	4023	ALK Mutation Analysis (Exons 22-25 only) (For crizotinib resistance)
4480	GeneTrails® Solid Tumor Fusion Gene Panel This test is covered by Medicare and Medicare Advantage.	6515	Oncology Microarray - Targeted Gene and Region Panel

## GIST

Code	Test Name	Code	Test Name
4110	BRAF Mutation Analysis (exon 15)		SDHB Immunohistochemistry
5441	GeneTrails® Comprehensive Solid Tumor Panel (SDH genes, RAS genes, NF1) with reflex to GeneTrails® Solid Tumor Fusion Gene panel for NTRK fusions	5441	GeneTrails® Comprehensive Solid Tumor Panel (SDH genes, RAS genes, NF1) with reflex to GeneTrails® Solid Tumor Fusion Gene panel for NTRK fusions

## Gliomas

Code	Test Name	Code	Test Name
4650	IDH1 & IDH2 Mutation Analysis	7270	Glioma FISH Panel - Deletion 1p/19q (FISH) - EGFR amplification (FISH) - Deletion 10q, monosomy 10 (FISH)
5005	MGMT Methylation		

## Melanoma

Code	Test Name	Code	Test Name
4900	Melanoma Panel (BRAF, NRAS, and cKIT Mutation Analysis)	4525	GNAQ and GNA11 Mutation Analysis
4110	BRAF Mutation Analysis (exon 15)	5100	NRAS Mutation Analysis (exons 1, 2)

**Solid Tumor FISH Tests**

<b>Code</b>	<b>Test Name</b>	<b>Code</b>	<b>Test Name</b>	<b>Code</b>	<b>Test Name</b>
8018	ALK fusion	8115	CCND1 amplification	8616	CDKN2A (p16) loss
8105	CSF1R	8100	COL1A/PDGFB t(17;22)	8274	Deletion 1p/19q
8180	EGFR amplification	8200	EWSR1 fusion	8218	FGFR1 amplification
8338	FGFR3 t(4;14) fusion	8250	FUS	8300	HER2 (ERBB2) amplification
8498	MDM2 amplification	8500	MET amplification	8098	MYC amplification
8580	N-MYC amplification	8642	PTEN (Del 10q, monosomy 10)	8692	RB1
8700	RET fusion	8720	ROS1 fusion	8774	SS18 (SYT);TX:18 fusion

**Custom Sequencing Tests**

<b>Code</b>	<b>Test Name</b>
	Contact Client Services (855) 535-1522

**Result Release**

**Results will be immediately available to the patient unless you mark the box below**

Do not release (I reasonably believe that an Information Blocking exception applies)

Comments / Requests: