Gemrook Laboratories –Molecular and FISH Testing Requisition

Billing Information	**Patient Information**
Payer Name:	Last Name:
Payer Email:	First Name:
Payer Phone:	DOB (DD/MM/YY):
Payer Address:	Phone:
Requesting Physician:	Email:
Physician Email:	Gender (Male/Female):

Specimen Information		
Specimen ID:	Collection Date (DD/MM/YYY):	Pathology Report Included (Y/N):
Specimen Description: A. B. C.	Specimen Type: □ Paraffin Block □ Unstained Slides □ Other	

TESTING REQUIRED - Molecular			
Single Gene Tests			
□ ABL1 Kinase Domain	□ CALR Exon 9	□ JAK2 Exon 12-13	□ NRAS
□ ASXL1	□ EGFR	□ KRAS	□ PIK3CA
□ BCR-ABL1	□ IDH1	□ MGMT	□ TP53
□ BRAF	□ IDH2	□ MSI	□
□ Others (**please specify**)			
Hereditary Cancer Panels			
□ BRCA 1&2 - GERMLINE (Breast and Ovarian Cancer)			
□ BRCANow - SOMATIC (Breast and Ovarian Cancer)			
□ Fusion Panel			
□ GeneticsNow			
□ LynchNow (Colorectal)			
□ ProstateNow (Prostate)			
□ Others (**please specify**)			
Somatic Sequencing Panels			
□ Myeloid 68			
□ OncoTarget 500			
□ Rapid AML Panel			
□ Others (**please specify**)			
TESTING REQUIRED – In-Situ Hybridization			
□ **CISH** - Epstein Barr Virus (EBER)			
□ **FISH** - HER2/CEN 17			
□ **FISH** - ALK Break Apart			
□ Others (**please specify**)			

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