

Referring Client: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

(505) 938-8888  
(800) 245-3296  
www.tricore.org

FORM# 0000-12000

**SOLID TUMOR**

**PATIENT INFORMATION (YELLOW AREAS MUST BE FILLED IN)**

PATIENT LAST NAME		FIRST NAME		MI	PATIENT ID		DATE OF BIRTH		SEX	FASTING	
									M	F	YES NO
MAILING ADDRESS				ORDERING PHYSICIAN (FULL NAME)			COMMENTS OR ADDITIONAL COPY OF REPORT TO:				
CITY		STATE	ZIP	PATIENT PHONE							
<b>SOCIAL SECURITY #</b>				DATE COLLECTED		TIME COLLECTED		AM		PM BY	
<b>PATIENT ONLY</b>											

**WHEN MEDICARE PAYMENT WILL BE SOUGHT, ONLY TESTS WHICH ARE MEDICALLY NECESSARY SHOULD BE ORDERED.**

<b>B</b>	<input type="checkbox"/> PHYSICIAN/PROVIDER	<input type="checkbox"/> PATIENT	RESPONSIBLE PARTY (ONLY IF PATIENT IS A MINOR)	
<b>I</b>	<b>SEE ATTACHED COPY OF CARD</b>			
<b>L</b>	<input type="checkbox"/> PHILADELPHIA (PHIP)	<input type="checkbox"/> BLUE CROSS (BCBS)	<input type="checkbox"/> SALUD (Indicate Plan)	
<b>L</b>	<input type="checkbox"/> MEDICARE	<input type="checkbox"/> MEDICAID (NON SALUD)		
<b>T</b>	INSURANCE ADDRESS: _____			
<b>O</b>	MEMBER # ON INSURANCE CARD: _____		PLAN NAME: _____ MEMBER ID NUMBER: _____	
	GROUP NUMBER: _____		EMPLOYER OF PRIMARY CARDHOLDER: _____	

**CALL** Phone ( ) **STAT** Specify STAT TESTS: **Note:** Only critical values will be called

**SPECIMEN INFORMATION**

Referring Institution Case #: _____	Collection Date Time: _____	Dx CODE or Narrative: _____
Slides(s) / Block(s) designation (ID): _____	Retrieved from Archive Date: _____	Anatomic site: _____
<b>Diagnosis:</b> <input type="checkbox"/> Breast Cancer <input type="checkbox"/> Lung Cancer <input type="checkbox"/> Colorectal Cancer <input type="checkbox"/> Other _____		

**SOLID TUMOR TEST MENU**

<p><b>General Consultation</b></p> <input type="checkbox"/> Morphologic Consultation Please provide differential diagnosis and clinical history. Attach additional documents as necessary. <input type="checkbox"/> Cytogenetic chromosome analysis/karyotype <input type="checkbox"/> Targeted Cancer 50 Gene Panel by NGS	<p><b>Gastric Cancer Panels:</b></p> <input type="checkbox"/> HER2 IHC with reflex to HER2 FISH <input type="checkbox"/> HER2 FISH with reflex to HER2 IHC <p><b>Individual Tests:</b></p> <input type="checkbox"/> HER2 IHC <input type="checkbox"/> HER2 FISH
<p><b>Colorectal Cancer Panels:</b></p> <input type="checkbox"/> Colorectal Cancer Mutation Panel by NGS (KRAS, BRAF, NRAS, PIK3CA) <input type="checkbox"/> KRAS mutation PCR with reflex to BRAF mutation <p><b>Individual Tests:</b></p> <input type="checkbox"/> KRAS mutation <input type="checkbox"/> BRAF mutation	<p><b>Breast Cancer Panels:</b></p> <input type="checkbox"/> HER2 IHC with reflex to HER2 FISH <input type="checkbox"/> HER2 FISH with reflex to HER2 IHC <p><b>Individual Tests:</b></p> <input type="checkbox"/> HER2 IHC <input type="checkbox"/> ER by IHC <input type="checkbox"/> HER2 FISH <input type="checkbox"/> PR by IHC <input type="checkbox"/> PD-L1 by IHC (SP142)
<p><b>Lynch Syndrome Panels:</b></p> <input type="checkbox"/> Microsatellite instability (MSI) PCR with reflex to MLH1 promoter methylation PCR with reflex to IHC (TriCore Recommended) <input type="checkbox"/> Microsatellite instability (MSI) PCR with reflex to BRAF mutation / reflex to IHC <input type="checkbox"/> Microsatellite instability (MSI) PCR / reflex to MLH1 promoter methylation PCR <input type="checkbox"/> Microsatellite instability (MSI) PCR with reflex to BRAF mutation <p><b>Individual Tests:</b></p> <input type="checkbox"/> Microsatellite instability (MSI) PCR <input type="checkbox"/> MLH1 PCR <input type="checkbox"/> Mismatch repair protein (MLH1, MSH2, MSH6, PMS2) IHC <input type="checkbox"/> BRAF mutation	<p><b>Glial Neoplasms (CNS) Panels:</b></p> <input type="checkbox"/> 1p/19q deletion FISH and EGFR amplification FISH <input type="checkbox"/> MGMT promoter methylation PCR and IDH1/IDH2 mutation <p><b>Individual Tests:</b></p> <input type="checkbox"/> 1p/19q deletion FISH <input type="checkbox"/> EGFR amplification FISH <input type="checkbox"/> MGMT promoter methylation PCR <input type="checkbox"/> IDH1/IDH2 mutation
<p><b>Lung Cancer Panels:</b></p> <input type="checkbox"/> EGFR mutation and ALK (FISH) with reflex to ROS1 (FISH) RET (FISH) MET (FISH) (TriCore Recommended) <input type="checkbox"/> EGFR mutation and ALK (FISH) with reflex to ROS1 FISH <input type="checkbox"/> EGFR mutation and ALK (FISH) <p><b>Individual Tests:</b></p> <input type="checkbox"/> EGFR mutation <input type="checkbox"/> ALK FISH <input type="checkbox"/> ROS1 FISH <input type="checkbox"/> MET FISH <input type="checkbox"/> KRAS mutation <input type="checkbox"/> BRAF mutation <input type="checkbox"/> RET FISH <input type="checkbox"/> MET by IHC	<p><b>Melanoma Panel:</b></p> <input type="checkbox"/> BRAF mutation with reflex to KIT mutation <p><b>Individual Tests:</b></p> <input type="checkbox"/> BRAF mutation <input type="checkbox"/> KIT mutation
<p><b>Other Solid Tumors</b></p> <input type="checkbox"/> UroVysion FISH (urothelial cancer) <input type="checkbox"/> EWSR1 rearrangement FISH (Ewing sarcoma, others)	<p><b>Gastrointestinal stromal tumor (GIST)</b></p> <input type="checkbox"/> KIT mutation analysis for GIST