Contact Person Name:

Additional Testing Request Form

Date								
Test				Location	Turnaroun	Turnaround Time (TAT)		
	Her 2 neu by IHC			in house	3 days			
	Her 2 neu by FISH			in house	6 days (All I	FISH tests, app	rox. 6 day TAT)	
	EGFR by IHC	EGFR by IHC			3 days			
	EGFR mutation analysis	EGFR mutation analysis			1 week			
	KRAS	KRAS			1 week			
	BRAF-PCR	BRAF-PCR			1 week			
	BRAF - Melanoma (V600)	BRAF - Melanoma (V600K)			1 week			
	BRAF by IHC (V600E)			Dermpath	3 days			
	ER/PR			in house	3 days			
	EML4 ALK mutation (order in CoPath as FISH ALK-BA for NSCLC)			in house	6 days			
	P16			in house	next day			
	MSI (microsatellite instability) MLH1, MSH2, PMS2, MSH6			6 Мауо	3 weeks			
	PD-1 by IHC: (CD279) with interpretation			Per:				
	PD-1: without interpretation			Per:				
	PD-1: (PHENOPATH with	າ interpretation)		Per:				
	PD-L1: Clone EIL3N (gen	<u> </u>		Per:				
	PD-L1: Clone 22C3 (pem	brolizumab KEYTRUDA)		Per:				
	PD-L1: Keytruda Clone 22C3 (PHENOPATH with interpretation)			Per:				
	PD-L1: Clone28-8 (nivolu	ımab OPDIVO)		Per:				
	PD-L1: Opdivo, Clone28-interpretation)	-8 (PHENOPATH with		Per:				
Oth	Other Molecular Tests							
	B-cell & T-cell rearranger	ment	Her2 m	nutation analysis		HR	AS	
	IDH1/IDH2 mutation ana	alysis	KIT		MLH1 hypern	nutation		
	MET	MGMT	MYD88		NRAS	PD	GFRA	
	PTEN	RET						
	Other:							
Pati	ient Name:			Patient DOB:				
Acce	Accession #:							
Requesting Physician Name:				Phone:		NPI#:		

Please email this form to cso@path.wustl.edu to initiate the request. For additional testing requests for BJH accession numbers with an S prefix, please contact 314-362-0101.

Phone: