

Deliver to: Image Cytometry Lab, Rm. #4344 Purple Zone, Duke South Hospital, Durham, N.C. 27710

PATIENT INFORMATION

Required if no Duke Hx #

PATIENT SOC. SEC. _____ PATIENT D.O.B. _____

PATIENT LAST NAME _____ FIRST NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

SEX: M F _____ DUKE HISTORY # _____

PATIENT TELEPHONE #: _____

CLIENT INFORMATION

PAGER # _____ PHYSICIAN TELEPHONE # _____

PHYSICIAN NAME AND ADDRESS:

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

REQUESTING PHYSICIAN (PLEASE PRINT) _____

REQUIRED PHYSICIAN SIGNATURE

BILLING INFORMATION

BILL TO:

CLIENT ACCOUNT

Attach Demographic Information

SPECIMEN COLLECTION

COLLECTION DATE: ____/____/____

DRAW TIME: _____

SPECIMEN TYPE:

Peripheral Blood

Bronchial Lavage

Urine

Paraffin Block (record block # below)

Block #: _____

CIRCULATING TUMOR CELL TEST

Circulating Tumor Cell Test

Collect 10 ml peripheral blood in CellSave® Preservative Tube

Invert tube 8X after draw

TRANSPORT AT ROOM TEMPERATURE

Is this a baseline study? YES NO

Is patient currently on doxorubicin? YES NO

If YES, date of last dose: _____

IMMUNOHISTOCHEMISTRY TESTING

Immunohistochemistry (IHC) Testing:

Estrogen Receptor/Progesterone Receptor (ER/PR)

Proliferation Index – Ki67 (Clone MIB-1)

HER2/neu IHC

HER2/neu FISH if IHC score is 0, 1+, 2+, 3+ (circle)

EGFR IHC (stains WT and variant forms of EGFR)

EGFR FISH if IHC score is 0, 1+, 2+, 3+ (circle)

EGFR VIII IHC (stains variant form of EGFR)

MGMT (0-methylguanine-DNA methyl transferase)

PTEN phosphatase

pS6 (phospho-S6 Ribosomal protein)

CA IX PVR TFE3 IHC

MSI Panel D2C7 MSI PANEL

IDH1 IMP3

PDL-1 GAB-1

FISH TESTING

CISH

HPV 16/18

HPV WIDE SPECTRUM

EBERS

FISH

HER2/neu MET

BRAF FUSION EWSR1

EGFR DDIT3

UroVysion FOXO1

PTEN SS18

1p/19q ALK

CDKN2A MYB

MYCN MDM2

MYCC ROS1

FUS RET

ChRCC Panel Isochromosome 17q

MDM2 TFE3