

**UCLA MOLECULAR DIAGNOSTICS
LABORATORIES
MOLECULAR ONCOLOGY REQUISITION**

PATIENT NAME LAST FIRST
 MEDICAL RECORD NUMBER LOCATION
 DATE OF BIRTH SEX M F

Ordering MD: _____ Pager # _____
 (Last name), (First Name)
 Copy To: _____ Pager # _____
 (Last name), (First Name)

SPECIMEN INFORMATION

COLLECTION DTE:	COLLECTION TIME:	COLLECTED BY:	ICD-10 / DIAGNOSIS:	FOR LAB USE ONLY
				REQUISITION # _____

FFPE tissue (unstained slides): FFPE tissue (paraffin block):

PATIENT INFORMATION / HISTORY

Patient Ethnicity:
 Pertinent Family History:
 Other Information:

NEXT GENERATION SEQUENCING

Lung Cancer Mutation Analysis
 Panel includes: *KRAS, BRAF, NRAS, EGFR, ERBB2, PIK3CA*

Colorectal Cancer Mutation Analysis
 Panel includes: *KRAS, BRAF, NRAS, PIK3CA, AKT1*

Thyroid Cancer Mutation Analysis
 Panel includes: *KRAS, BRAF, NRAS, HRAS, PIK3CA, AKT1, CTNNB1, PTEN, TP53, RET*

SINGLE GENE TESTS

Lung:	<input type="checkbox"/> KRAS	<input type="checkbox"/> BRAF	<input type="checkbox"/> NRAS	<input type="checkbox"/> EGFR	<input type="checkbox"/> ERB2	<input type="checkbox"/> PIK3CA				
Colorectal:	<input type="checkbox"/> KRAS, with reflex for Colorectal Cancer Panel				<input type="checkbox"/> BRAF	<input type="checkbox"/> NRAS	<input type="checkbox"/> PIK3CA	<input type="checkbox"/> AKT1		
Thyroid:	<input type="checkbox"/> KRAS	<input type="checkbox"/> BRAF	<input type="checkbox"/> NRAS	<input type="checkbox"/> HRAS	<input type="checkbox"/> PIK3CA	<input type="checkbox"/> AKT1	<input type="checkbox"/> CTNNB1	<input type="checkbox"/> PTEN	<input type="checkbox"/> TP53	<input type="checkbox"/> RET

Deliver Samples To:

UCLA Molecular Diagnostics Laboratories
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 Los Angeles, CA 90095-1732
 Phone: 310-206-3945 Fax: 310-825-3570