



Institute of Immunology and Genetics, P.O. box 2565, 67613 Kaiserslautern | Pfaffplatz 10, 67655 Kaiserslautern

**Requesting physician:**

**Patient information:**

(Check all that apply)

- Previous tumors of other entity – where? \_\_\_\_\_
- Family members affected – who? \_\_\_\_\_
- No previous molecular genetic examinations existent
- The following previous molecular genetic examinations have been done \_\_\_\_\_

**Request Form Molecular Pathology**

(Check all that apply)

<b>Disorder</b>	<b>Gene(s) / Exon(s)</b>
<input type="checkbox"/> Gastrointestinal stromal tumors (GIST)	<input type="checkbox"/> <i>KIT</i> Exon 9, 11,13,17 <input type="checkbox"/> <i>PDGFRA</i> Exon 12, 14, 18
<input type="checkbox"/> Bladder cancer	<input type="checkbox"/> <i>FGFR3</i> Exon 7, 10, 15
<input type="checkbox"/> Colorectal carcinoma	<input type="checkbox"/> <i>BRAF</i> Exon 15 <input type="checkbox"/> <i>KRAS</i> Exon 2, 3, 4 <input type="checkbox"/> <i>NRAS</i> Exon 2, 3, 4 <input type="checkbox"/> <i>PIK3CA</i> Exon 10, 21
<input type="checkbox"/> Non-small-cell lung carcinoma (NSCLC)	<input type="checkbox"/> <i>BRAF</i> Exon 15 <input type="checkbox"/> <i>EGFR</i> Exon 18, 19, 20, 21 <input type="checkbox"/> <i>KRAS</i> Exon 2, 3, 4 <input type="checkbox"/> <i>MET</i> Exon 2, 14, 16, 19
<input type="checkbox"/> Malignant melanoma	<input type="checkbox"/> <i>BRAF</i> Exon 15 <input type="checkbox"/> <i>KIT</i> Exon 9, 11, 13, 17 <input type="checkbox"/> <i>NRAS</i> Exon 2, 3, 4
<input type="checkbox"/> Breast cancer	<input type="checkbox"/> <i>BRCA1</i> (CDS completely)
<input type="checkbox"/> Ovarian cancer	<input type="checkbox"/> <i>BRCA2</i> (CDS completely)
<input type="checkbox"/> Pancreatic cancer	<input type="checkbox"/> <i>GNAS</i> Exon 8, 9 <input type="checkbox"/> <i>KRAS</i> Exon 2, 3, 4
<input type="checkbox"/> Thyroid cancer	<input type="checkbox"/> <i>BRAF</i> Exon 15 <input type="checkbox"/> <i>HRAS</i> Exon 2, 3, 4 <input type="checkbox"/> <i>KRAS</i> Exon 2, 3, 4 <input type="checkbox"/> <i>NRAS</i> Exon 2, 3, 4 <input type="checkbox"/> <i>RET</i> (CDS completely)

**Date / Signature:**

**Specimen requirements and logistics:**

- Request Form
- Billing information (Insurance-, Institutional- or Selfpay-Billing)
- FFPE-Tissue as block or in the form of 5-10 x 10 µm slides (tumor content ≥ 30 %)