



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)

Disorder	Gene(s) / Exon(s)
<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"/> Ovarian Cancer	<input type="checkbox"/> <i>BRCA1</i> (CDS completely) <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 %)