UCSF Clinical Cancer Genomics Laboratory

2340 Sutter Street, Room S151
San Francisco, CA 94143, Box 1389
Phone: (415) 502-3252
Fax: (415) 502-2773
CCGL@ucsf.edu **(PLEASE SEND EMAIL NOTIFICATION WHEN FAXING A REQUISITION FOR TESTING.)**

Patient Name:_____

MRN#:_____

DOB (MM/DD/YY):_____ **Sex:**_____

UCSF Clinical Cancer Genomics Laboratory Requisition for Outside Institution

Ordering Date:		Ordering Provider:	NPI:
Phone:	Fax:	Email:	Address:

Specimen Information

Case:	Block:	Tissue Type:	Collection Date:
Clinical Information:			ICD10:

ICD-10 code(s) is/are necessary for all test requests to indicate medical necessity, and for billing purposes. Complete the entire requisition to ensure prompt processing of test. Incomplete requisitions will NOT be processed.

Test Menu

Interpretation of each test by a laboratory physician will automatically be performed and billed for.

☐ BRAF Mutation	☐ IDH1 Mutation	☐ FISH: 1p/19q Deletion
☐ EGFR Mutation	☐ IDH2 Mutation	☐ FISH: ALK Gene Rearrangement
☐ KRAS Mutation	☐ KIT Mutation	☐ FISH: BRAF Gene Rearrangement
☐ HRAS Mutation	☐ TERT Promoter Mutation	☐ FISH: ETV6 Gene Rearrangement
☐ NRAS Mutation	☐ Microsatellite Instability (MSI)	☐ FISH: EWSR1 Gene Rearrangement
☐ FOXL2 Mutation	☐ MLH1 Promoter Methylation	☐ FISH: HER2 Gene Amplification
☐ GNAQ Mutation	☐ FISH: MDM2 Gene Amplification	**Cold ischemia time:** _____
☐ GNA11 Mutation	☐ FISH: SS18 (SYT) Gene Rearrangement	**10% neutral phosphate-buffered fixation time:** _____

☐ JMML: https://genomics.ucsf.edu/content/ucsf-juvenile-myelomonocytic-leukemia-associated-exon-panel-jmml

☐ Common Hereditary Cancer Panel. Requires signed patient consent or documentation in clinic note. Download consent form from: https://genomics.ucsf.edu/content/ucsf-common-hereditary-cancer-panel

If sending outside pathology materials, CCGL requires:

1) For mutation or other PCR testing: 5 unstained slides, at 10 microns on uncharged slides.
2) For FISH: 3 unstained slides per test (probe), cut at 4-5 microns on positively charged slides.
3) An adjacent H&E stained slide.
4) A copy of the pathology report.
5) We only accept isolated or extracted nucleic acids that are extracted or isolated in a CLIA-certified laboratory or a laboratory meeting equivalent requirements as determined by the CAP and/or the CMS.
6) PLEASE SHIP MONDAY THRU THURSDAY ONLY

Billing Information for UCSF (Check One Box)

❑ UCSF outpatient within 30 days of outpatient procedure or UCSF inpatient within 14 days of inpatient discharge.	❑ Bill patient's insurance, authorization approved ❑ No authorization required	❑ Self-pay, patient informed Patient Phone:

Billing Information for outside Institution

❑ Institutional Billing Phone: Address:	❑ Self-pay, patient informed Patient Phone: