

Please fax form to 615-255-1330 or provide with accompanying sample.

2 International Plaza Drive, Suite 510
Nashville TN 37217
Phone 615-255-8880
www.insightmdx.com



For Insight Molecular Labs Use Only

Accession # _____
Date Received _____ Time Received _____
Technician _____ Total Volume _____

Ordering Client Information

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____
Email (optional) _____
NPI# _____

Results:

- Fax _____
- Phone _____
- Attach a copy of the Pathology Report

ADDITIONAL COMMENTS:

Patient Information - Laboratory

Name _____
Patient/Specimen I.D.# _____
Social Security # _____
Date of Birth _____ Age _____ Sex M / F
Date of Collection _____
Stage at Collection _____
Primary Tumor Site _____
Specimen Type _____
ICD-9 Diagnosis (*must be provided*) _____

BLOCK RETURN ADDRESS IF NOT ON PATH REPORT:

Address must be provided for block return. Insight Molecular Labs is not responsible for block storage beyond 30 days if return is not requested.

Billing Information

- Bill Client Directly

Available Assays

For additional testing needs, please call Client Services

- 118 KRAS Mutation Detection DNA by Real-time PCR (Qualitative)
- 719 EGFR Mutation Detection DNA by Real-time PCR (Qualitative)

Ordering Physician or Non-Physician Practitioner Certification

Print Name _____ Signature _____ Date ___/___/___

Does this patient give consent to the use of his/her sample for research? Yes No Consent is implied if a box is not marked.