UIDL
UI Diagnostic Laboratories

UI Diagnostic Laboratories
Department of Pathology
200 Hawkins Drive, 5231 RCP
Iowa City, Iowa 52242
Toll Free: 866-844-2522
Local: 319-384-7212
Client Services Fax: 319-384-7213
Billing Fax: 319-356-0729

MOLECULAR ONCOLOGY REQUISITION

UIDL CLIENT CODE: Completed by: Accession #:

REQUIRED INFORMATION IN RED

PART A – PATIENT INFORMATION			**PART B – PROVIDER INFORMATION**		
Patient Last Name:			Referring Institution:		
Patient First Name:			Street:		
Street:			City:	St:	Zip:
City:	St:	Zip:	Phone:	Fax:	
Phone:	Fax:		Referring Physician:		
Date of Birth:	Gender: ☐ M ☐ F		Referring Physician Phone:		

PART C - SPECIMEN INFORMATION

ICD-10 codes: 1._____ 2._____ 3._____ 4._____ 5._____

ISSUE SOURCE/SITE: _____ **DATE OF COLLECTION:** _____

CONSULTATION REQUESTED*: *(All consultations include interpretation)* *Please include a copy of your report

☐ WHOLE BLOOD (EDTA) ☐ PLASMA ☐ BONE MARROW ☐ LYMPH NODE ASPIRATE

☐ **TISSUE BLOCKS # of blocks:**_____ **# of slides:**_____ **NOTE: Include 1 H & E stained slide and 10 with each paraffin block.**

☐ **SLIDES** ☐ TISSUE SOURCE:_____ ☐ OTHER **(specify):** _____

☐Acute Myelogenous Leukemia Profile [LAB9075]
☐BRAF/RAS Panel (BRAF, NRAS, KRAS, HRAS) [LAB8062]
☐IGH Gene Clonality by PCR [LAB9865]
☐Iowa Cancer Mutation and RNA Fusion* [LAB8955]
☐Iowa Cancer Mutation Profiling* [LAB8948]
(214 genes including BRAF, KRAS, HRAS, NRAS, EGFR, KIT, PDGFRA etc.)
☐ Lung Panel* [LAB8580]
(Includes Iowa Cancer Mutation Profiling, Pan-Solid RNA Fusion Panel, & anti-PDL1 IHC)
☐ MSI Status Testing: MMR (IHC) with reflex to MSI (DNA) when clinically indicated [LAB8232]
☐ DNA testing for MSI: select only if DNA testing is specifically desired; not required for typical MSI status testing [LAB1980]

☐ NPM1 Mutation Quantitation [LAB8828 - Blood], [LAB8829 – Bone Marrow]
☐ TP53 Gene Analysis [LAB8967]
☐ TRG Gene Clonality by PCR [LAB9866]

☐ Pan-Solid Tumor RNA Fusion Panel (PANST) [LAB9492]

☐ _____

Note: All molecular tests are provided with interpretation
*See website for a comprehensive list of genes in panels - https://uidl.medicine.uiowa.edu/faculty-and-services/diagnostic-molecular-pathology/molecular-pathology-test-menu

PART D – BILLING – REQUIRED

NOTE: Claims can't be submitted to a Medicaid Program Outside of Iowa

On date of collection, was patient: **Admission Date:**_____ **Discharge Date:** _____

☐ **Inpatient** ☐ **Outpatient** ☐**Non-Hospital Patient - Facility name where specimen collected:** _____

☐ **Bill Client**
Email Recipient for Invoicing _____
Name:_____ **Phone:** _____

☐ **Bill Insurance** **PRE-AUTHORIZATION #:**_____ (Required for all cases originating outside of Iowa.)

See website for a comprehensive guide to UIDL Billing -https://uidl.medicine.uiowa.edu/billing

☐ **No Valid Insurance, Self Pay Iowa Resident**

☐ **No Valid Insurance, Self Pay NON Iowa Resident**- Prepayment required before test order can be accepted. Call 866-844-2522 to arrange payment.

Primary Insurance Coverage Information			**Secondary Insurance Coverage Information**		
Insured by:			Insured by:		
Claims Address:			Claims Address:		
City:	St:	Zip:	City:	St:	Zip:
Policy/ID #:	Group #:		Policy/ID #:	Group #:	
Name of Subscriber:		DOB:	Name of Subscriber:		DOB:
Relationship to Patient:			Relationship to Patient:		

The purpose of this form is to obtain information necessary for UIDL Pathology Department to perform consultations and/or testing. Failure to properly complete the form may cause delay in the processing of specimens.

Version 2/4/2026 CG