

Test Requisition Form

ORDERING INSTRUCTIONS

1. Complete all fields below
2. Please include the completed Test Requisition Form, pathology report, & patient insurance card(s) along with the specimen
3. Ship to Biotheranostics via FedEx Priority Overnight

SPECIMEN RETRIEVAL OPTION

I want Biotheranostics to request the specimen from Pathology
(Please complete and fax this form to 800-266-9607)

▶ TESTING SERVICES

CancerTYPE ID®

Molecular diagnosis of tumor type & subtype

- Check here if you would like us to send the sample to our partner laboratory, Ascend Genomics, for tumor-specific biomarker testing based on CancerTYPE ID molecular diagnosis*:
NSCLC, CRC, Breast, Gastric, or Melanoma (if other, no additional testing performed)

*Biomarkers will be reported and billed separately by Ascend Genomics. See page 2 for list of tumor-specific biomarkers

SPECIAL INSTRUCTIONS:

▶ ONCOLOGIST

Name		NPI
<input type="checkbox"/> Please check if you are the ordering physician		
Email		
Practice/Facility Name		
Address		
City	State	Zip
Phone	Fax	

▶ PATHOLOGIST

Name		NPI
<input type="checkbox"/> Please check if you are the ordering physician		
Email		
Practice/Facility Name		
Address		
City	State	Zip
Phone	Fax	

▶ PATIENT INFORMATION Please include a copy of the patient face sheet

Name	
DOB	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Social Security Number	
Address	
City	State Zip
Phone	Medical Record #
Next Appt. Date / /	

▶ SPECIMEN INFORMATION Reminder: Has pathologist reviewed tissue for adequacy? Yes No

Block ID Number	Date Collected
Biopsy Site	Clinical Diagnosis
Fixative Type (Recommended 10% Neutral-Buffered Formalin)	
HER2 neu Testing (Required) Time to fixation (ischemic time) _____	
Duration of fixation _____	
<input type="checkbox"/> Unknown for both	
ICD-10 Codes (Required) - List all codes that may apply (Visit CancerTYPEID.com for ICD-10 Code Reference Guide)	

▶ BILLING INFORMATION (Required) Please include a copy (front and back) of patient insurance card(s)

Bill to: <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare - Part B <input type="checkbox"/> Patient <input type="checkbox"/> Hospital/Facility	Insurance Carrier Name	Policy #
Insurance Address	Group #	Phone
Medicare Status (Required) Check box for patient's hospital status when sample was sent: <input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Non-Hospital Patient <input type="checkbox"/> Hospital Outpatient Date of Discharge _____		

▶ PHYSICIAN/PRACTITIONER CERTIFICATION (Required)

I hereby request and authorize Biotheranostics to utilize the above information to process the tumor specimen for the indicated patient. I certify that the tests ordered above are medically necessary and the results will be used in the management of the patient. I certify that I have obtained appropriate patient consent for the test(s), I am authorized by law to request the test(s) and I agree to provide the necessary information and records needed for billing or reimbursement of the test(s). Please read the reverse side for additional details.

Signature _____ Printed Name _____ Date _____

Block Return Location (if different from a location listed above)

Facility _____ Address _____ Phone _____

Tumor-Specific Biomarkers (Note: Biomarkers will be reported and billed separately by Ascend Genomics)

NSCLC		CRC	Breast		Gastric	Melanoma
EGFR (PCR)	PD-L1 (IHC)	KRAS (PCR)	HER2 (IHC)	ER (IHC)	HER2 (IHC)	BRAF (PCR)
ALK (FISH)	BRAF (PCR)	NRAS (PCR)	HER2 (FISH)	PR (IHC)	HER2 (FISH)	PD-L1 (IHC)
ROS1 (FISH)	RET (FISH)	BRAF (PCR)				
c-MET (FISH)						

Specimen Collection and Handling Procedures

PLEASE NOTE: Laboratory test result quality is highly dependent upon proper specimen collection and handling procedures. The specimen requirements and handling procedures for tests processed in the Biotheranostics laboratory are listed below. All samples must be labeled with the patient name and date of collection. Unlabeled specimens will not be accepted for testing.

<p>FIXATION METHOD Formalin-Fixed Paraffin-Embedded (FFPE) tissue is recommended for all testing services. Recommended fixative is 10% Neutral Buffered Formalin.</p>
<p>SPECIMEN TYPE Testing can be performed on primary tumor or a site of metastasis. The following are acceptable specimen types: <ul style="list-style-type: none"> • Surgical Resections • Excisional Biopsies • Core Needle Biopsies • Fine Needle Aspirations (FNA) • Cell Blocks (pleural effusions, ascites) • Bone Biopsies decalcified in EDTA or Formic Acid (not HCl) </p>
<p>CancerTYPE ID® Minimum Requirement: 300-500 non-necrotic tumor cells. Specimen options: <ul style="list-style-type: none"> • FFPE block (preferred) OR • 3-4 unstained 7 micron sections on Leica Membrane slides and 1 H&E slide. <i>Note: Laser micro-dissection CANNOT be performed on regular glass slides. To request complimentary Leica Membrane slides, please contact Biotheranostics Client Services.</i> </p>
<p>TUMOR-SPECIFIC BIOMARKERS: Minimum Requirement: 0.2cm² piece of tissue. Specimen Options: <ul style="list-style-type: none"> • FFPE block (preferred) OR: <ul style="list-style-type: none"> • IHC: 2 unstained, 3-5 micron sections on charged slides required per assay, and 1 H&E slide • FISH & PCR: 5 unstained, 4 micron sections on charged slides required per assay, and 1 H&E slide </p>
<p>STORAGE CONDITIONS Store specimen at room temperature (15-30°C).</p>
<p>STABILITY OF SPECIMEN Recommend shipping within 1 week of preparation. Do not freeze slides.</p>
<p>TRANSPORTATION Ambient kit. Use cold pack for transport. Do not place cold pack in direct contact with specimen during transport. Place specimen blocks or slides in a plastic slide cassette. Place the cassette and the completed Test Requisition in a FedEx envelope or Biotheranostics Specimen Shipping Kit. Send specimens via FedEx "Priority Overnight" service. A pickup may be scheduled online at www.fedex.com or by calling (800) 463-3339. To obtain FREE specimen shipping kits, Leica membrane slides, and Biotheranostics FedEx account information call Client Services at (877) 886-6739. You may also use your own packaging to ship specimen.</p>
<p>QUESTIONS Medical and scientific staff are available to answer questions about specimen and sample viability prior to sending blocks or slides for testing - call Toll Free (877) 886-6739 between 7am and 4pm Pacific Time.</p>
<p>PATHOLOGY REPORT Please enclose a copy of the pathology report with the specimen.</p>

Please label sample blocks or slides with identifiers that are also written on or affixed to the Test Requisition, such as patient name, case number, and/or sample number. We regret that we cannot accept samples for testing if the identifiers used on the blocks or slides do not match those listed on the Test Requisition submitted with the samples. We are unable to accept sample blocks or slides that are not labeled. Blocks will be returned immediately following test completion.

NOTE: Tumor-specific biomarkers are performed at Ascend Genomics located in Foster City, CA. Ascend Genomics is a CLIA accredited laboratory CLIA ID#05D2006211. Medical Director: Ruben Gamez, MD

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