siParadigm diagnostic informatics

PR 888-782-5430
PR 866-369-4114
USA 888-599-5227 / 201-599-9044
USA 201-599-9066
888-890-4774 (Toll-free fax)

Requisition Number: _____
Pick-up Confirmation # _____

☐ RUSH
☐ Call Results
☐ Need Results by: ____ /____ /____

LIQUID BIOPSY REQUISITION FORM

PATIENT INFORMATION (REQUIRED)

Name Last _____ First _____
Gender ☐ Male ☐ Female Date of Birth ____ / ____ / ____ (mm / dd / yyyy)
Street _____
City _____ State _____ ZIP _____
MRN / Patient ID# _____
Phone# _____

Fill in Mandatory Data at the Back of the Page

PHYSICIAN INFORMATION (REQUIRED)

Referring MD _____
Attending/Ordering MD _____
Account Information _____

SPECIMEN INFORMATION-LIQUID BIOPSY (REQUIRED)

Specimen ID _____
Collection date ____ / ____ / ____ Time _____ ☐ AM ☐ PM
Sent date ____ / ____ / ____

A pathology report is **required**

PAXgene (blue top) specimen collection tubes and DeepSight collection kits must be utilized. Preferred minimum blood volume: >20-30 ml. For additional details, please visit our website.

MOBILE PHLEBOTOMY REQUEST (ONCOLOGY OFFICE TO COMPLETE IF NEEDED)

Patient Phone (mobile preferred): _____
Patient Email (optional): _____
Patient Home Address: _____
City, ST, ZIP: _____

siParadigm Liquid Biopsy collection and shipping kit was provided to the patient. Please fax this completed requisition, pathology report, and insurance information to 888-890-4774

By completing this section, Client represents it has obtained patient's consent to be contacted by third-party service.

THIRD-PARTY SPECIMEN LOCATION (REQUIRED)

Hospital/Facility _____ Phone # _____
Address _____
Fax # _____

BILLING INFORMATION (BOTH SIDES REQUIRED)

☐ Insurance
☐ Client
☐ Patient

SPECIMEN COLLECTION LOCATION
☐ Non-hospital/office patient
☐ Out-patient hospital
☐ In-patient hospital Discharge Date ____ / ____ / ____

ICD-10 CODE _____

SPECIMEN INFORMATION - TISSUE BIOPSY (OPTIONAL)

Specimen ID _____ Block ID _____
Retrieval date from archive ____ / ____ / ____ Sent date ____ / ____ / ____
Collection date ____ / ____ / ____ Time _____ ☐ AM ☐ PM

☐ Primary ☐ Metastatic If Metastatic, List primary _____
☐ Slides # _____ Unstained _____ Stained _____ ☐ H&E _____
☐ Paraffin Block(s) # _____ ☐ Choose best block
For global molecular/NGS testing only. Submit ≤4 FPPE blocks. Blocks will be combined for molecular testing when necessary.

FFPE block, or 4-10 of unstained slides, 5-micron thickness, shipped at room temperature. Minimum tissue area: at least 5 mm x 5 mm (preferred but not essential).

A pathology report is **required**

DIAGNOSIS (REQUIRED)

Date of Original Diagnosis
____ / ____ / ____ (mm / dd / yyyy)

BREAST
☐ Breast Carcinoma
☐ Other Breast Tumor _____

GENITOURINARY
☐ Prostate Adenocarcinoma
☐ Other Genitourinary Tumor _____

GYNECOLOGIC
☐ Endometrial Carcinoma
☐ Ovarian Carcinoma
☐ Other Gynecologic Tumor

LUNG
☐ Adenocarcinoma (NSCLC)
☐ Large Cell Carcinoma (NSCLC)
☐ Squamous Cell Carcinoma (NSCLC)
☐ Small Cell Lung Carcinoma
☐ Other Lung Tumor _____

GI
☐ Cholangiocarcinoma
☐ Colorectal Adenocarcinoma
☐ Gastric Adenocarcinoma
☐ Esophageal/Gastroesophageal Junction Adenocarcinoma
☐ Pancreatic Ductal Adenocarcinoma
☐ Pancreatic Neuroendocrine Tumor
☐ Other Gastrointestinal Tumor _____

SKIN
☐ Melanoma
☐ Other Skin Tumor _____

BRAIN
☐ Glioblastoma
☐ Other Brain Tumor _____

OTHER
☐ Carcinoma of Unknown Primary (CUP)
☐ Other _____

Attach clinical notes, patient information, and insurance card (REQUIRED)

I am certified to order the test(s) listed below, such that these test(s)are medically necessary and I have obtained informed consent for the requested test(s) when pertinent.

Authorized Signature: _____ **Date:** _____

CONCURRENT LIQUID AND TISSUE TESTING OPTIONS

☐ **DeepSight™ on Liquid + siPortfolio Multi-Omics™ on Tissue** — TAT 7-10 Days
- On Liquid: DeepSight™ Comprehensive Liquid Biopsy (523 genes mutations and fusions)
- On Tissue:
  - NGS (500+ genes, TMB, MSI)
  - HRD for PARPi therapy
  - IHC, FISH (as clinically pertinent and necessary)

☐ **DeepSight™ on Liquid +NGS 500-Genes on Tissue** — TAT 7-10 Days
- On Liquid: DeepSight™ Comprehensive Liquid Biopsy (523 genes mutations and fusions)
- On Tissue:
  - NGS (500+ genes, TMB, MSI)
  - HRD for PARPi therapy

CONCURRENT SOMATIC AND GERMLINE TESTING OPTIONS

☐ **DeepSight™ Comprehensive 523 genes Liquid Biopsy (Somatic) + Neovare Portfolio testing (Germline)**

Concurrent ctDNA and Germline Reporting from Liquid Biopsy
For PARPi treatment: ☐ Breast ☐ Prostate ☐ Ovarian ☐ Pancreatic

LIQUID ONLY TESTING OPTIONS

☐ **DeepSight™ Comprehensive Liquid Biopsy (523 genes mutations and fusions) including TMB and MSI** — TAT 7-10 Days

☐ **DeepSight™ Focused Liquid Biopsy (50 genes mutations and fusions)** — TAT 4-5 Days
Indicated only for lung, colon, and melanoma

REFLEX TESTING OPTIONS

☐ **Reflex Liquid to Tissue**
If liquid biopsy is negative or QNS reflex to siPortfolio Multi-Omics™ 500 genes testing on tissue

☐ **Reflex Tissue to Liquid**
If the tissue is unattainable in 3 working days reflex to DeepSight™ Comprehensive 523 genes liquid biopsy testing on liquid

INDIVIDUAL TESTS

☐ **HRD Germline on Liquid**

Tissue Biopsy Block is REQUIRED
☐ PD-L1, SP263, FDA IMFINZI®
☐ PD-L1, 22C3, FDA (DEFAULT) KEYTRUDA®
☐ PD-L1, SP142, FDA TECENTRIQ®
☐ PD-L1, 28-8, FDA OPDIVO®

PHYSICIAN (REQUIRED FOR GERMLINE TESTING ONLY)

Confirmation of Informed Consent & Statement of Medical Necessity:
I affirm each of the following: 1) I have provided genetic testing information to the patient and the patient has consented to such testing. 2) Testing is medically necessary for the diagnosis of a disease or syndrome. 3) The results will be used in the patient's medical management and treatment decisions. 4) The person listed as the ordering physician is authorized by law to order the test(s) requested herein.

Signature *(**MANDATORY FOR TESTING** – Results will be delayed if consent signature is missing) _____ **Date** _____

PATIENT/LEGAL GUARDIAN (REQUIRED FOR GERMLINE TESTING ONLY)

- Consent: I give permission to Neovare by siParadigm to perform genetic testing as requested by my physician. In the event that one of the following apply.
  1) I do not have health insurance - Attach Check
  2) I do not qualify for testing based on nationally recognized clinical criteria for medical necessity for hereditary cancer testing - Attach Check
  3) I do not qualify for testing based on my insurance company's medical necessity policy for hereditary cancer testing and will be responsible to make payment of $250.00 upon receipt of bill
- I authorize Neovare by siParadigm to perform testing to determine my risk for hereditary cancer AND I understand that I will personally pay $250.00 out of pocket for testing (to include extra shipping and handling) for these services.

***This self pay rate is NOT available to those patients with Medicare/Medicaid due to governmental guidelines.

Signature *(**MANDATORY FOR TESTING** – Results will be delayed if consent signature is missing) _____ **Date** _____

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Requisition Number

Pick-up Confirmation #

ADDITIONAL INFORMATION (REQUIRED)

Gender Identity: ☐ Male ☐ Female

Ethnicity

☐ African-American ☐ Jewish-Ashkenazi ☐ Adopted ☐ Asian ☐ Caucasian/NW European ☐ Jewish-Sephardic ☐ Native American ☐ Hispanic ☐ Middle Eastern
☐ Unknown ☐ Asked but Unknown ☐ Non-Hispanic or Non-Latino ☐ Other _____ ☐ Choose not to disclose

Race:

☐ American Indian or Alaska Native ☐ Black or African American ☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Asian ☐ Unknown ☐ Asked but Unknown
☐ Other _____ ☐ Choose not to disclose

NEOVARE PORTFOLIO

APC, CDH1, MLH1, PALB2, RET, ATM, CDK4, MRE11A, PDGFRA, SDHA, AXIN2, CDKN2A, MSH2, PMS2, SDHB, BAP1, CHEK2, MSH3, POLD1, SDHC, BARD1, EPCAM, MSH6, POLE, SDHD, BMPR1A, HOXB13, MUTYH, PTEN, SMAD4, BRIP1, KIT, NBN, RAD50, STK11, BRCA1, MEN1, NF1, RAD51C, TP53, BRCA2, MITF, NTHL1, RAD51D, VHL.

523 GENE COMPREHENSIVE PANEL (LIQUID BIOPSY)

ABL1, ABL2, ACVR1, ACVR1B, AKT1,* ***AKT2,* *AKT3,* ****ALK,*** *ALOX12B, ANKRD11, ANKRD26, APC,* ***AR,*** *ARAF, ARFRP1, ARID1A, ARID1B, ARID2, ARID5B, ASXL1, ASXL2,* ***ATM,*** *ATR, ATRX, AURKA, AURKB, AXIN1, AXIN2, AXL, B2M, BAP1, BARD1, BBC3, BCL10, BCL2, BCL2L1, BCL2L11, BCL2L2, BCL6, BCOR, BCORL1, *BCR, BIRC3, BLM, BMPR1A,* ****BRAF, BRCA1, BRCA2,*** *BRD4, BRIP1, BTG1, BTK, C11orf30, CALR, CARD11, CASP8, CBFB, CBL,* ***CCND1,*** *CCND2,* ***CCND3, CCNE1,*** *CD274 (PD-L1), CD276, *CD74, CD79A, CD79B, CDC73, CDH1, CDK12,* ***CDK4, CDK6,*** *CDK8, CDKN1A, CDKN1B, CDKN2A, CDKN2B, CDKN2C, CEBPA, CENPA, CHD2, CHD4,* ***CHEK1, CHEK2,*** *CIC, CREBBP, CRKL, CRLF2, CSF1R, CSF3R, CSNK1A1, CTCF, CTLA4, CTNNA1, CTNNB1, CUL3, CUX1, CXCR4, CYLD, DAXX, DCUN1D1, DDR2, DDX41, DHX15, DICER1, DIS3, DNAJB1, DNMT1, DNMT3A, DNMT3B, DOT1L, E2F3, EED, EGFL7, *EGFR, EIF1AX, EIF4A2, EIF4E, EML4, EP300, EPCAM, EPHA3, EPHA5, EPHA7, EPHB1,* ***ERBB2 (HER2), ERBB3,*** *ERBB4,* ***ERCC1, ERCC2,*** *ERCC3, ERCC4, ERCC5, ERG, ERRFI1,* ***ESR1 (ER),*** *ETS1, *ETV1, *ETV4, ETV5, *ETV6, *EWSR1, EZH2, FAM123B (AMER1), FAM175A, FAM46C, FANCA, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, FAS, FAT1, FBXW7,* ***FGF1, FGF10, FGF14, FGF19, FGF2, FGF23, FGF3, FGF4, FGF5, FGF6, FGF7, FGF8, FGF9, FGFR1, *FGFR2, *FGFR3, FGFR4,*** *FH, FLCN, FLI1, FLT1, FLT3, FLT4, FOXA1, FOXL2, FOXO1, FOXP1, FRS2, FUBP1, FYN, GABRA6, GATA1, GATA2, GATA3, GATA4, GATA6, GEN1, GID4, GLI1, GNA11, GNA13, GNAQ, GNAS, GPR124, GPS2, GREM1, GRIN2A, GRM3, GSK3B, H3F3A, H3F3B, H3F3C, HGF, HIST1H1C, HIST1H2BD, HIST1H3A, HIST1H3B, HIST1H3C, HIST1H3D, HIST1H3E, HIST1H3F, HIST1H3G, HIST1H3H, HIST1H3I, HIST1H3J, HIST2H3A, HIST2H3C,HIST2H3D, HIST3H3, HLA-A, HLA-B, HLA-C, HNF1A, HNRNPK, HOXB13, HRAS, HSD3B1, HSP90AA1, ICOSLG, ID3, IDH1, IDH2, IFNGR1, IGF1, IGF1R, IGF2, IKBKE, IKZF1, IL10, IL7R, INHA, INHBA, INPP4A, INPP4B, INSR, IRF2, IRF4, IRS1, IRS2, JAK1,* ***JAK2,*** *JAK3, JUN, KAT6A, KDM5A, KDM5C, KDM6A, KDR, KEAP1, KEL, KIF5B,* ***KIT,*** *KLF4, KLHL6, KMT2B, KMT2C, KMT2D,* ***KRAS, LAMP1,*** *LATS1, LATS2, LMO1, LRP1B, LYN, LZTR1, MAGI2, MALT1, MAP2K1 (MEK1), MAP2K2 (MEK2), MAP2K4, MAP3K1, MAP3K13, MAP3K14, MAP3K4, MAPK1, MAPK3, MAX, MCL1, MDC1,* ***MDM2, MDM4,*** *MED12, MEF2B, MEN1,* ****MET,*** *MGA, MITF, MLH1, MLL (KMT2A), MLLT3, MPL, MRE11A, MSH2, MSH3, MSH6, MST1, MST1R, MTOR, MUTYH, MYB,* ***MYC, MYCL1, MYCN,*** *MYD88, MYOD1, *NAB2, NBN, NCOA3, NCOR1, NEGR1, NF1, NF2, NFE2L2, NFKBIA, NKX2-1, NKX3-1, NOTCH1, NOTCH2, NOTCH3, NOTCH4, NPM1,* ***NRAS, NRG1,*** *NSD1, *NTRK1, *NTRK2, *NTRK3, NUP93, *NUTM1, PAK1, PAK3, PAK7, PALB2, PARK2, PARP1, *PAX3, PAX5, PAX7, *PAX8, PBRM1, PDCD1, PDCD1LG2,* ***PDGFRA, PDGFRB,*** *PDK1, PDPK1, PGR, PHF6, PHOX2B, PIK3C2B, PIK3C2G, PIK3C3,* ***PIK3CA, PIK3CB,*** *PIK3CD, PIK3CG, PIK3R1, PIK3R2, PIK3R3, PIM1, PLCG2, PLK2, PMAIP1, PMS1, PMS2, PNRC1, POLD1, POLE, *PPARG, PPM1D, PPP2R1A, PPP2R2A, PPP6C, PRDM1, PREX2, PRKAR1A, PRKCI, PRKDC, PRSS8, PTCH1,* ***PTEN,*** *PTPN11, PTPRD, PTPRS, PTPRT, QKI, RAB35, RAC1, RAD21, RAD50, RAD51, RAD51B, RAD51C, RAD51D, RAD52, RAD54L,* ***RAF1,*** *RANBP2, RARA, RASA1, RB1, RBM10, RECQL4, REL,* ****RET,*** *RFWD2, RHEB, RHOA,* ***RICTOR,*** *RIT1, RNF43, *ROS1, RPS6KA4,* ***RPS6KB1,*** *RPS6KB2, RPTOR, RUNX1, RUNX1T1, RYBP, SDHA, SDHAF2, SDHB, SDHC, SDHD, SETBP1, SETD2, SF3B1, SH2B3, SH2D1A, SHQ1, SLIT2, SLX4, SMAD2, SMAD3, SMAD4, SMARCA4, SMARCB1, SMARCD1, SMC1A, SMC3, SMO, SNCAIP, SOCS1, SOX10, SOX17, SOX2, SOX9, SPEN, SPOP, SPTA1, SRC, SRSF2, STAG1, STAG2, STAT3, STAT4, STAT5A, STAT5B, STK11, STK40, SUFU, SUZ12, SYK, TAF1, TBX3, TCEB1, TCF3, TCF7L2,* ***TERC,*** *TERT, TET1, TET2, *TFE3, TFRC, TGFBR1, TGFBR2, TMEM127, *TMPRSS2, TNFAIP3, TNFRSF14, TOP1, TOP2A, TP53, TP63, TRAF2, TRAF7, TSC1, TSC2, TSHR, U2AF1, VEGFA, VHL, VTCN1, WISP3, WT1, XIAP, XPO1, XRCC2, YAP1, YES1, ZBTB2, ZBTB7A, ZFHX3, ZNF217, ZNF703, ZRSR2.*

Bold = Copy number variants (59)

******* = Genes targeted for DNA based fusion detection

50 GENE FOCUSED PANEL (LIQUID BIOPSY)

AKT1, AKT2, AKT3, ****ALK, #AR,*** *ARAF, *BRAF,* ***CD274,*** *CDK4,* ***CDKN2A,*** *CHEK2, CTNNB1,* ***#EGFR, ERBB2, ERBB3,*** *ERBB4, *ESR1,* ****FGFR1, *FGFR2, *FGFR3,*** *FGFR4, FLT3, GNA11, GNAQ, GNAS, HRAS, IDH1, IDH2, KIT,* ***KRAS,*** *MAP2K1, MAP2K2,* ****#MET,*** *MTOR, NRAS, *NRG1, *NTRK1, *NTRK2, *NTRK3, *NUTM1, PDGFRA,* ***PIK3CA, PTEN,*** *RAF1, *RET, *ROS1, *RSPO2, *RSPO3, SMO, TP53.*

Bold =Copy number variants (14)

******* = Genes targeted for RNA based inter-genetic fusion

=Genes targeted for RNA based intra-genetic fusion

Please see separate solid tumor requisition for solid tumor NGS test gene lists

25 Riverside Drive, Suite #2, Pine Brook, NJ 07058
www.siparadigm.com

CLIA CERTIFIED

cap ACCREDITED