

SOLID TUMOR REQUISITION FORM

PATIENT INFORMATION (REQUIRED)

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

SPECIMEN INFORMATION-TISSUE BIOPSY (REQUIRED)

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) # _____ ☐ Peripheral Blood _____
☐ Choose best block
For global molecular/NGS testing only. Submit ≤4 FFPE blocks. Blocks will be combined for molecular testing when necessary.

A pathology report is essential

For packaging conditions and the required specimen quantity per test, please check our website:
<https://www.siparadigm.com/physician-support/specimen-requirements>

SPECIMEN INFORMATION-LIQUID BIOPSY (OPTIONAL)

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: _____

CLINICAL INFORMATION (REQUIRED)

CANCER TYPE

☐ Bladder ☐ Colorectal ☐ Lung ☐ Ovarian ☐ Thyroid ☐ Prostate
☐ Brain ☐ Endometrial ☐ GI, Upper ☐ Melanoma ☐ Breast
☐ Others _____

PHYSICIAN INFORMATION (REQUIRED)

Referring MD _____
Attending/Ordering MD _____
Account Information _____

BILLING INFORMATION (BOTH SIDES REQUIRED)

☐ Insurance ☐ Non-hospital/office patient
☐ Client ☐ Out-patient hospital
☐ Patient ☐ In-patient hospital Discharge Date ____ / ____ / ____

ICD-10 CODE _____

THIRD-PARTY SPECIMEN LOCATION (REQUIRED)

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

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.

NOTES

Attach clinical notes, pathology reports and insurance card (s)

SIGNATURE

I certify that the services requested are medically necessary and will assist in treating my patient, and I will make available patient medical records documenting the foregoing. I also understand that an Advance Beneficiary Notice of Non-coverage (ABN) may be required if the ICD-10 codes or the provided medical records may not be supported by Medicare and Medicaid.

AUTHORIZED SIGNATURE _____ DATE _____

CONCURRENT TISSUE AND LIQUID TESTING OPTIONS

siPortfolio Multi-Omics™ on Tissue + DeepSight™ on Liquid

TAT 7-10 Days

- On Tissue:
 - NGS (500+ genes, TMB, MSI)
 - HRD for PARPi therapy
 - IHC, FISH (as clinically pertinent and necessary)
 - On Liquid: DeepSight™ Comprehensive Liquid Biopsy (523 genes mutations and fusions)
- *Please use Liquid Biopsy DeepSight™ kit for blood specimen collection

NGS 500-Genes on Tissue + DeepSight™ on Liquid

TAT 7-10 Days

- On Tissue:
 - NGS (500+ genes, TMB, MSI)
 - HRD for PARPi therapy
 - On Liquid: DeepSight™ Comprehensive Liquid Biopsy (523 genes mutations and fusions)
- *Please use Liquid Biopsy DeepSight™ kit for blood specimen collection

TISSUE ONLY TESTING OPTIONS

siPortfolio, Multi-Omics™

Includes:

- NGS (500+ genes, TMB, MSI)
 - HRD for PARPi therapy
 - IHC, FISH
 - Specimen: FFPE
- ☐ OPTIONAL Blood (lavender tube) for germline HRD testing

TAT ≤ 7-10 Days

LymphoSight™

Complete Consult: Accurately curated by our expert board-certified hematopathologists, this comprehensive offering selects medically necessary tests—Flow, IHC, FISH, and Molecular assays—based on patient diagnosis, prior test findings, and clinical history, ensuring thorough evaluation and consultation for complex lymphoma cases.

TAT 7-10 Days

OncoSwift® 50 → 500 Comprehensive

The analysis is limited to 50 gene set + TMB, MSI, and LOH, in case genomic alterations of strong clinical evidence are detected

OncoSwift® Prelim Report (50 genes): TAT ≤ 4-5 Days

OncoSwift® Final Report (500 genes): TAT ≤ 7-10 Days

Oncoswift® Frontier

Testing is limited to 50 gene set + TMB, MSI, and LOH in the event that Tier 1 (Strong Clinical Significance) genomic alterations are detected. HRR gene coverage is limited, Oncoswift® Frontier is therefore not appropriate for PARPi therapy prediction or testing in gynecologic neoplasms, pancreatic, or prostatic adenocarcinoma

Oncoswift® Frontier Report (50 genes): TAT ≤ 4-5 Days

NGS 500-Genes

Includes:

- NGS (500+ genes, TMB, MSI)
 - HRD for PARPi therapy
 - Specimen: FFPE
- ☐ OPTIONAL Blood (lavender tube) for germline HRD testing

TAT ≤ 7-10 Days

NGS 50-Genes

Includes:

- NYS-approved
- 50 gene, targeted NGS panel inclusive of NTRK1/2/3, for more targeted analysis and rapid results
- Rare mutations, HRD, TMB, MSI, not included
- Specimen: FFPE

TAT 4-5 Days

REFLEX TESTING OPTIONS

Reflex Tissue to Liquid

If the tissue is insufficient or unaffordable in 5 working days reflex to DeepSight™ Comprehensive 523 genes liquid biopsy testing on liquid

Reflex Liquid to Tissue

If liquid biopsy is negative or QNS reflex to siPortfolio Multi-Omics™ 500 genes testing on tissue

INDIVIDUAL GENE TESTING – (ONLY AVAILABLE ON TISSUE)

Immunohistochemistry (IHC)

- ALK, D5F3, FDA
- BRAF
- Breast IHC biomarkers (whole panel)
ER PgR Her2/neu Ki67
- ER
- Folate Receptor Alpha
- Her2/neu, FDA
- Her2 FISH reflex, if Her2 IHC equivocal
- Ki67
- MMR (MLH1, MSH2, MSH6 & PMS2)
- TP53

- PD-L1, 22C3, FDA (KEYTRUDA®)
- PD-L1, 28-8, FDA (OPDIVO®)
- PD-L1, SP263, FDA (IMFINZI®)
- PD-L1, SP142, FDA (TECENTRIQ®)
- PgR
- ROS1

FISH

- 1p/19q Deletion
- ALK, FDA
- HER2/neu FDA
- MET
- PTEN Deletion
- RET
- ROSI
- UroVysion, FDA (use special container)

MOLECULAR

- Androgen Receptor (AR)
- BRAF (incl. V600)
- BRCA1/2 for PARP inhibitors efficacy (FFPE and/or blood required)
- c-ERBB2 (HER-2/neu)
- EGFR
- IDH1/IDH2
- KRAS (12,13,61,117 & 146)
- MGMT Promoter Methylation
- MSI by NGS (TAT 7-10 days)
- NRAS (exons 2,3 & 4)
- PTEN
- RB1
- TP53
- Other

500+ GENE TABLE

The following genes are interrogated for DNA level mutations (SNVs (single nucleotide variants), Indels (insertion-deletion events)), Tumor Mutation Burden (TMB), NGS based tumor-only Microsatellite Instability (MSI), and genome wide Loss of Heterozygosity (LOH). RNA level abnormalities and CNV information also listed below. Gene specific technical details are available upon request, e.g. transcript IDs, mutational hotspots, whole exonic coding regions, etc.

A1CF, ABCB1, ABL1, ABL2, ABRAXAS1, ACSM2B, ACVR1, ACVR1B, ACVR2A, ADAM18, ADAMTS12, ADAMTS2, AKT1, AKT2, AKT3, ALK, AMER1, ANO4, APC, AR, ARAF, ARHGAP35, ARID1A, ARID1B, ARID2, ARID5B, ARMC4, ASXL1, ASXL2, ATM, ATP1A1, ATR, ATRX, AURKA, AURKC, AXIN1, AXIN2, AXL, B2M, BAP1, BARD1, BCL2, BCL2L12, BCL6, BCOR, BCR, BLM, BMP5, BMPR2, BRAF, BRCA1, BRCA2, BRINP3, BRIP1, BTK, C6, C8A, C8B, CACNA1D, CALR, CANX, CARD11, CASP8, CASR, CBFEB, CBL, CCND1, CCND2, CCND3, CCNE1, CD163, CD274, CD276, CD79B, CDC73, CDH1, CDH10, CDK12, CDK4, CDK6, CDKN1A, CDKN1B, CDKN2A, CDKN2B, CDKN2C, CHD4, CHEK1, CHEK2, CIC, CIITA, CNTN6, CNTNAP4, CNTNAP5, COL11A1, CREBBP, CSF1R, CSMD3, CTCF, CTLA4, CTNNB1, CTNND2, CUL1, CUL3, CUL4A, CUL4B, CYLD, CYP2C9, CYP2D6, CYSLTR2, DAXX, DCAF4L2, DCD1, DDR1, DDR2, DDX3X, DGCR8, DICER1, DNMT3A, DOCK3, DPYD, DROSHA, DSC1, DSC3, E2F1, EGFR, EIF1AX, ELF3, EMSY, ENO1, EP300, EPAS1, EPCAM, EPHA2, ERAP1, ERAP2, ERBB2, ERBB3, ERBB4, ERCC2, ERCC4, ERCC5, ERFF1, ESR1, ETV6, EZH2, FAM135B, FANCA, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, FANCM, FAS, FAT1, FBXW7, FGF19, FGF23, FGF3, FGF4, FGF7, FGF9, FGFR1, FGFR2, FGFR3, FGFR4, FLT3, FLT4, FOXA1, FOXL2, FOXO1, FUBP1, FYN, GALNT17, GATA2, GATA3, GLI1, GLI3, GNAI1, GNAI3, GNAQ, GNAS, GPR158, GPS2, GRID2, H3F3A, H3F3B, HCN1, HDAC2, HDAC9, HIF1A, HIST1H2BD, HIST1H3B, HLA-A, HLA-B, HLA-C, HNF1A, HRAS, ID3, IDH1, IDH2, IGF1R, IKBKB, IL6ST, IL7R, INPP4B, IRF4, IRS4, JAK1, JAK2, JAK3, KCND2, KCNH7, KDM5C, KDM6A, KDR, KEAP1, KEL, KIR3DL1, KIT, KLF4, KLF5, KLHL13, KMT2A, KMT2B, KMT2C, KMT2D, KNSTRN, KRAS, KRTAP2-1, KRTAP6-2, LARP4B, LATS1, LATS2, LRRC7, MAGOH, MAP2K1, MAP2K2, MAP2K4, MAP2K7, MAP3K1, MAP3K4, MAPK1, MAPK8, MARCO, MAX, MCL1, MDM2, MDM4, MECOM, MED12, MEF2B, MEN1, MET, MGA, MITF, MLH1, MLH3, MPL, MRE11, MSH2, MSH3, MSH6, MTAP, MTOR, MTUS2, MUTHY, MYC, MYCL, MYCN, MYD88, MYO1, NBN, NCOR1, NF1, NF2, NFE2L2, NLRC5, NOL4, NOTCH1, NOTCH2, NOTCH3, NOTCH4, NRAS, NRXN1, NSD2, NTSC2, NTRK1, NTRK2, NTRK3, NUP93, NYAP2, OR10G8, OR2G6, OR2L13, OR2L2, OR2L8, OR2M3, OR2T3, OR2T33, OR2T4, OR2W3, OR4A15, OR4C15, OR4C6, OR4M1, OR4M2, OR5D18, OR5F1, OR5L1, OR5L2, OR6F1, OR8H2, OR8I2, OR8U1, ORC4, PAK5, PALB2, PARP1, PARP2, PARP3, PARP4, PAX5, PBRM1, PCBP1, PCDH17, PDCD1, PDCD1LG2, PDE1A, PDE1C, PDGFRA, PDGFRB, PDIA3, PGD, PHF6, PIK3C2B, PIK3CA, PIK3CB, PIK3CD, PIK3CG, PIK3R1, PIK3R2, PIM1, PLCG1, PLXDC2, PMS1, PMS2, POLD1, POLE, POM121L12, POT1, PPF1A2, PMS1, PMS2, POLD1, POLE, POM121L12, POT1, PPF1A2, PPMID, PPP2R1A, PPP2R2A, PPP6C, PRDM1, PRDM9, PRKACA, PRKARIA, PSMB10, PSMB8, PSMB9, PTCH1, PTEN, PTPN11, PTPRD, PTPRT, PXDNL, RAC1, RAD50, RAD51, RAD51B, RAD51C, RAD51D, RAD52, RAD54L, RAF1, RARA, RASA1, RASA2, RB1, RBM10, RBP3, RECQL4, REG1A, REG1B, REG3A, REG3G, RET, RGS7, RHEB, RHOA, RICTOR, RITI, RNASEH2A, RNASEH2B, RNASEH2C, RNF43, ROS1, RPA1, RPL10, RPL22, RPL5, RPS6KB1, RPTN, RPTOR, RUNDC3B, RUNX1, RUNX1T1, SDHA, SDHB, SDHC, SDHD, SETBP1, SETD2, SF3B1, SH3RF2, SIX1, SIX2, SLC15A2, SLC8A1, SLC10B3, SLX4, SMAD2, SMAD4, SMARCA4, SMARCB1, SMCA1, SMO, SNCAIP, SOCS1, SOST, SOX2, SOX9, SPEN, SPOP, SRC, SRSF2, STAG2, STAT1, STAT3, STAT5B, STAT6, STK11, SUFU, SYT10, SYT16, TAF1, TAP1, TAP2, TAPBP, TBX3, TCF7L2, TERT, TET2, TGFBR1, TGFBR2, TMEM132D, TNFAIP3, TNFRSF14, TOP1, TP53, TP63, TPMT, TPP2, TPTE, TRHDE, TRIM48, TRIM51, TRRAP, TSC1, TSC2, TSHR, U2AF1, UGT1A1, USP8, USP9X, VHL, WAS, WT1, XPO1, XRCC2, XRCC3, YAP1, YES1, ZBTB20, ZFXH3, ZIM3, ZMYM3, ZNF217, ZNF429, ZNF479, ZNF536, ZRSR2

The following RNA level gene fusions and abnormal splice isoforms are interrogated:

ABL1, ALK, AKT3, AR-V7, AXL, BRAF, EGFR, EGFR viii, ERBB2, ERG, ETV1, ETV4, ETV5, FGFR1, FGFR2, FGFR3, MET, MET exon 14 skipping, NTRK1, NTRK2, NTRK3, PDGFRA, PPARG, RAF1, RET, ROS1

Homologous Recombination Repair (HRR) genes included in 500 gene panel:

A1CF, ABCB1, ABL1, ABL2, ABRAXAS1, ATM, ATR, BAP1, BARD1, BLM, BRCA1, BRCA2, BRIP1, CDK12, CHEK1, CHEK2, FANCA, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, FANCM, MRE11, NBN, PALB2, PARP1, PARP2, PARP3, POLD1, POLE, PPP2R2A, PTEN, RAD50, RAD51, RAD51B, RAD51C, RAD51D, RAD52, RAD54L, RNASEH2A, RNASEH2B, RNASEH2C, RPA1, SLX4, XRCC2, XRCC3

CNV

ALK, AR, CD274, CDKN2A, EGFR, ERBB2, ERBB3, FGFR1, FGFR2, FGFR3, KRAS, MET, PIK3CA, PTEN

50 GENE TABLE

DNA Hotspots

AKT1, AKT2, AKT3, ALK, AR, ARAF, BRAF, CDK4, CDKN2A, CHEK2, CTNNB1, EGFR, ERBB2, ERBB3, ERBB4, ESR1, FGFR1, FGFR2, FGFR3, FGFR4, FLT3, GNAI1, GNAQ, GNAS, HRAS, IDH1, IDH2, KIT, KRAS, MAP2K1, MAP2K2, MET, MTOR, NRAS, NTRK1, NTRK2, NTRK3, PDGFRA, PIK3CA, PTEN, RAF1, RET1, ROS1, SMO, TP53

CNV

ALK, AR, CD274, CDKN2A, EGFR, ERBB2, ERBB3, FGFR1, FGFR2, FGFR3, KRAS, MET, PIK3CA, PTEN

RNA level gene fusions

ALK, BRAF, ESR1,FGFR1, FGFR2, FGFR3, MET, NRG1, NTRK1, NTRK2, NTRK3, NUTM1, RET, ROS1, RSPO2, RSPO3

Abnormal RNA Splice Isoforms

AR-V7, EGFR viii, MET exon 14 skipping