

HEMATOPATHOLOGY TEST REQUISITION FORM

For Solid Tumor and Liquid Biopsy testing, kindly complete and return the Solid Tumor and Liquid Biopsy requisition forms.

PATIENT INFORMATION (REQUIRED)

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

For Bone Marrow Transplant Patients Only: Donor Gender Male Female

PHYSICIAN INFORMATION (REQUIRED)

Referring MD _____
Attending/Ordering MD _____
Account Information _____

SPECIMEN INFORMATION (REQUIRED)

Collection date ____/____/____ Time _____ AM PM
Sent date ____/____/____ Perform CBC in house
 CBC results attached (required for Blood and Bone Marrow)
 Bone Marrow, [tube(s)] # _____ Peripheral Blood, [tube(s)] # _____
 Fresh Tissue/Fluid, [tube(s)] # _____ Slide(s): _____
 Formalin Container(s) # _____ Paraffin Block (s) # _____
 Other Container(s) # _____ Other # _____ Specify: _____

BILLING INFORMATION (BOTH SIDES REQUIRED)

Insurance Non-hospital/office patient
 Client Out-patient hospital
 Patient In-patient hospital Discharge Date ____/____/____
 Independent ambulatory clinic/surgical center

ICD-10 Code (REQUIRED) _____

Notes: _____

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.

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

LEVEL OF SERVICE (REQUIRED)

siPortfolio™
Hematopathologist will select FLOW, IHC, FISH, Karyotype and/or Molecular testing as clinically needed for diagnosis, prognosis and therapeutics.
DO NOT mark any individual test(s)

Perform Marked Test(s) Only
Only check if you DO NOT choose siPortfolio

TAT varies according to test(s) chosen. Please see back for details

STAGE OF DISEASE (REQUIRED)

New Diagnosis Staging Evaluation Remission Relapse Measurable Residual Disease (MRD) Follow-up/Monitoring

LIST OF DISEASES & FINDINGS

DISEASES	FINDINGS	DISEASES TO BE RULED OUT
<input type="checkbox"/> ALL <input type="checkbox"/> AML <input type="checkbox"/> CLL <input type="checkbox"/> CML, Follow-up <input type="checkbox"/> CML, New diagnosis <input type="checkbox"/> LPD <input type="checkbox"/> Lymphoma, Hodgkin <input type="checkbox"/> Lymphoma, non-Hodgkin <input type="checkbox"/> Marrow infiltration <input type="checkbox"/> MDS <input type="checkbox"/> MGUS <input type="checkbox"/> MPN <input type="checkbox"/> Myeloma (□MRD) <input type="checkbox"/> PNH <input type="checkbox"/> Other: _____	<input type="checkbox"/> Anemia <input type="checkbox"/> Eosinophilia <input type="checkbox"/> Erythrocytosis <input type="checkbox"/> Leukocytes, Atypical <input type="checkbox"/> Leukocytosis <input type="checkbox"/> Leukopenia <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Lymphocytosis <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Thrombocytosis	<input type="checkbox"/> Rule out MDS <input type="checkbox"/> Rule out MPN <input type="checkbox"/> Rule out LPD <input type="checkbox"/> Rule out Leukemia <input type="checkbox"/> Rule out Myeloma <input type="checkbox"/> Others: _____

LIST OF INDIVIDUAL TESTS

(See website www.siparadigm.com/compendium/ for detailed panel content)

MORPHOLOGY siPortfolio™
 Perform CBC
 Peripheral smear review
 Bone marrow biopsy and aspirate, including special and immunostains

FLOW CYTOMETRY siPortfolio™ Required: Please specify the level of service
 (G) Global (T) Tech-Only (P) Professional Only
 Leukemia/Lymphoma screen panel with reflex to disease-specific panels
 Myeloma (□MRD)
 CLL (□MRD)
 PNH
 Other (specify): _____

CYTOGENETICS KARYOTYPE siPortfolio™
 Myeloid T-Lymphoid B-Lymphoid

CYTOGENETICS FISH siPortfolio™
 (G) Global (T) Tech-Only
 ALL AML APL Burkitt CLL
 CML DLBCL Eosinophilia Follicular High Grade B-cell
 Lymphoma Mantle MDS MPN Myeloma
 MZL Waldenström
 Other: _____
Specimen Hold Option: Direct Harvest and Hold (see details at the back)

MOLECULAR siPortfolio™ (See detailed panels content at the back)
 Myeloid Focused, DNA
 Myeloid Comprehensive, DNA
 AML/Eosinophilia, DNA/RNA
 Lymphoid
Specimen Hold Options: Extract and hold DNA/RNA (see details at the back)

Individual Genes (See website under physician tab for a complete list) *Tests performed by PCR
 ABL Kinase Mutation (CML) BRAF (HCL)* FLT3 ITD & TKD* JAK2 Exons 13 & 15* MYD88 (WM)* STAT3 and STAT5B (clonal LGL)
 B-cell clonality study (IGH)* CALR* IDH1/IDH2 JAK2 V617F* NPM1 TP53
 BCR-ABL, Major (CML)* CSF3R IGHV hypermutation KIT D816X* PML-RARA, Quant T-cell clonality study (gamma with reflex to beta)
 BCR-ABL, Minor (ALL)* CXCR4 (WM) JAK2 Exon 12* MPL* SF3B1 Other: _____

Reflexes (as clinically indicated) *Tests performed by PCR
 JAK2 V617F* with reflex to:
 Polycythemia vera panel (JAK2 exon 12, 13 & 15)
 CALR*/MPL* with or without the entire myeloid panel as clinically indicated
 Major BCR-ABL Quantitative (p210 M-bcr)* with reflex to:
 Minor BCR-ABL Quantitative (p190 m-bcr)*
 ABL kinase domain resistance mutations panel

PHYSICIAN SIGNATURE (REQUIRED)

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

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

Signature *(MANDATORY FOR TESTING) _____ Date _____

Billing Information:



Terms and Conditions of Requisition Form

Any organization ("Client") referring specimens for testing services pursuant to this Requisition Form agrees to the following terms and conditions:

- Binding Agreement:** This Requisition Form constitutes a contractually binding order for the services and/or tests requested. The Client acknowledges and agrees that it is financially responsible for all tests designated as billable to the Client herein.
- Third-Party Billing and Client Financial Responsibility:**
The Client must accurately indicate on the front of this Requisition Form whether:
 - The Client should be billed directly (e.g., when services are provided under non-fee-for-service models such as capitated agreements, Diagnosis-Related Groups [DRGs], or any bundled or consolidated payment arrangements), **or**
 - The services should be billed to a federal, state, or commercial health insurer, or other third party (collectively referred to as "Payers").

For all services intended to be billed to Payers, the Client agrees to provide complete and accurate billing information necessary for siParadigm to process such claims.

siParadigm reserves the right to bill the Client directly under the following circumstances:

- Required billing information is not provided within ten (10) days of the date the services are reported,
- The patient lacks valid Payer coverage, or
- The Payer denies financial responsibility for the services and indicates that the Client is responsible.

Specimen Requirements:



Specimens should be refrigerated if they are not shipped immediately. During transport, please ensure the use of a cold pack to maintain proper temperature.

For inquiries regarding specimen requirements or shipping instructions within the United States, please contact our Client Services team at ☎ 201-599-9044 or 888-599-5227, or via email at ✉ cs@siparadigm.com. For clients in Puerto Rico, please contact us at ☎ 888-782-5430 or email ✉ cs.pr@siparadigm.com.

Detailed information on specimen-specific requirements can be found on our website 🌐 <https://www.siparadigm.com>

For packaging conditions and the required specimen quantity per test, please check our website:

🌐 <https://www.siparadigm.com/physician-support/specimen-requirements>

siParadigm is not responsible for any difference in quantity of specimen if it is not indicated

Specimen Hold Option Descriptions



To preserve the integrity of samples and avoid unnecessary testing, siParadigm Laboratory offers the option of processing samples to maintain specimen integrity for extended periods, without a test order. Specimen Hold Options include:

FISH:

Direct Harvest and Hold: Sample should be received at siParadigm Laboratory within 120 hours of collection. Specimens will be minimally processed and directly harvested while the cells are still viable. Analysis is not performed until the client test order is received. Processed samples will be retained for 28 days.

Molecular Testing: Extract Nucleic Acid and Hold: Nucleic acid (DNA or RNA or TNA) will be isolated from viable cells and stored in a freezer. Use this option when it is known which test(s) may be added. Analysis is not performed until the client test order is received. Processed samples will be retained for 28 days.

Add-Ons:

To request add-ons to existing cases, please complete the form on our website/webportal or reach out to our Customer Service team:

- United States:** ☎ 201-599-9044 or 888-599-5227, ☎ 201-599-9066 | ✉ cs@siparadigm.com
- Puerto Rico:** ☎ 888-782-5430, ☎ 866-369-4114 | ✉ cs.pr@siparadigm.com
- The form is available at:** 🌐 www.siparadigm.com/physician-support/physician-requisition-forms

Pick-Ups:

To arrange a pickup, please contact our Customer Service department:

- United States:** ☎ 201-599-9044 or 888-599-5227 | ✉ cs@siparadigm.com
- Puerto Rico:** ☎ 888-782-5430 | ✉ cs.pr@siparadigm.com

Detailed Molecular Panels

Myeloid Focused, DNA			Myeloid Comprehensive, DNA				AML/Eosinophilia, DNA/RNA				Lymphoid		
ABL1	△IKZF1	SRSF2	ABL1	FBXW7	NPM1	STAT3	*ABL1	FLT3	*MYH11	SMC1A	△ATM	GNA13	△SOCS1
△ASXL1	JAK2	△STAG2	ANKRD26	FLT3	NRAS	STAT5B	*ALK	*FUS	NF1	SMC3	B2M	ID3	STAT3
△BCOR	KIT	STAT3	△ASXL1	GATA1	PAX5	△TET2	ANKRD26	GATA2	NPM1	SRSF2	BCL2	△IDH2	STAT5B
BCORL1	KRAS	STAT5B	△BCOR	GATA2	△PHF6	△TP53	ASXL1	*HMGA2	NRAS	STAG2	△BCL6	△IRF4	STAT6
BRAF	MPL	△TET2	BCORL1	GNAS	PIGA	U2AF1	*BCL2	HRAS	*NTRK3	*TCF3	BIRC3	△KMT2D	△TENT5C
△CALR	MYD88	△TP53	BRAF	GNB1	PPM1D	U2AF2	BCOR	IDH1	*NUP214	TET2	BRAF	MAP2K1	△TET2
CBL	△NF1	U2AF1	△CALR	HRAS	△PRPF8	UBA1	*BRAF	IDH2	*NUP98	*TFE3	BTK	MYC	TNFAIP3
△CEBPA	NOTCH1	WT1	CBL	IDH1	PTEN	WT1	CALR	IKZF1	*PDGFRA	TP53	CARD11	MYD88	TNFRSF14
CSF3R	NPM1	△ZRSR2	CBLB	IDH2	PTPN11	XPO1	CBL	*JAK2	*PDGFRB	U2AF1	CCND1	NFKBIE	△TP53
CXCR4	NRAS		CBLC	△IKZF1	△RB1	△ZRSR2	*CCND1	KIT	PHF6	WT1	△CCND3	NOTCH1	XPO1
DDX41	△PHF6		CDKN2A	IL7R	△RUNX1		CEBPA	*KMT2A	PPM1D	ZRSR2	CD79B	NOTCH2	
DNMT3A	PIGA		△CEBPA	JAK1	SETBP1		*CREBBP	(MLL)	PRPF8		CREBBP	△PAX5	
△ETV6	PPM1D		CSF3R	JAK2	SF3A1		CSF3R	KRAS	PTPN11		CXCR4	△PIM1	
△EZH2	△PRPF8		CUX1	JAK3	SF3B1		DDX41	*MET	*RARA		DNMT3A	△PLCG2	
FLT3	PTPN11		CXCR4	KIT	△SH2B3		DNMT3A	*MECOM	RB1		EP300	PRDM1	
GATA1	△RB1		DDX41	KRAS	SMARCB1		*EGFR	*MLLT10	*RBM15		△EZH2	△PTEN	
GATA2	△RUNX1		DNMT3A	MPL	SMC1A		*ETV6	*MLLT3	*RUNX1		ETV6	△RHOA	
HRAS	SETBP1		ETNK1	MYD88	SMC3		EZH2	MPL	SETBP1		FAS	RPS15	
IDH1	SF3B1		△ETV6	△NF1	SRSF2		*FGFR1	*MYBL1	SF3B1		FBXW7	△SAMHD1	
IDH2	△SH2B3		△EZH2	NOTCH1	△STAG2		*FGFR2	MYD88	SH2B3		FOXO1	△SF3B1	

△ Indicates full genes (17)

△ Indicates full genes (17)

* Indicates fusion driver genes (30)

△ Indicates genes covered full coding sequences (19)