



888-599-5227 / 201-599-9044
 201-599-9066
 888-890-4774 (Toll-free fax)

888-782-5430
 866-369-4114

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 ____/____/____
 Street _____
 City _____ State _____ ZIP _____
 MRN / Patient ID# _____
 Phone# _____

SPECIMEN INFORMATION-LIQUID BIOPSY (REQUIRED)

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

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.

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.

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).
 For packaging conditions, please check our website: <https://www.siparadigm.com/physician-support/specimen-requirements>

REQUIRED Pathology report and clinical notes.

PHYSICIAN INFORMATION (REQUIRED)

Referring MD _____
 Attending/Ordering MD _____
 Account Information _____

BILLING INFORMATION (BOTH SIDES REQUIRED)

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

Please attach an Advance Beneficiary Notice (ABN) for all Medicare patients Available at www.siparadigm.com

ICD-10 Code (REQUIRED)

Notes: _____

MOBILE PHLEBOTOMY REQUEST

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 # _____

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

ORGANS (REQUIRED)

- | | | |
|--------------------------------------|-----------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Gastric/GIST | <input type="checkbox"/> Pancreatic |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Hepatocellular and Biliary tract | <input type="checkbox"/> Prostate |
| <input type="checkbox"/> Breast | <input type="checkbox"/> Head and Neck | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Colorectal | <input type="checkbox"/> Lung | <input type="checkbox"/> Unknown Origin |
| <input type="checkbox"/> Endometrial | <input type="checkbox"/> Skin | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> Esophageal | <input type="checkbox"/> Ovarian | |

LIQUID BIOPSY TESTS (REQUIRED)

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

Note: Any additional genomic alterations outside the specific gene list with strong clinical significance will also be reported.

LIQUID BIOPSY

- DeepSight™ Liquid Biopsy (Mutations + TMB + MSI) Gene mutations, amplifications, and fusions including TMB and MSI **TAT 7Days** DeepSight™ Liquid Biopsy (Mutations Only) Gene mutations, amplifications, and fusions **TAT 7Days**

ADDITIONAL TISSUE TESTING OPTIONS

- Reflex Liquid to Tissue If liquid biopsy is negative or QNS reflex to Multi-Omics™ testing on tissue (*) Concurrent Liquid and Tissue Perform DeepSight™ liquid biopsy testing on liquid biopsy and Multi-Omics testing on tissue (*) Tissue to Liquid If the tissue is unattainable in 3 working days reflex to DeepSight™ liquid biopsy testing

(*) Multi-Omics testing on tissue includes NGS mutation panel, TMB, MSI, and HRD, plus all required FISH and/or IHC studies as determined by our pathologists

PREDICTIVE TESTING OPTIONS

- BRCA1/2 HRD (blood) for PARPi therapy, LTD Breast Pancreatic **Tissue Biopsy Block is REQUIRED** PD-L1, SP263, FDA IMFINZI® PD-L1, SP142, FDA TECENTRIQ® PD-L1, 28-8, FDA OPDIVO®

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 _____

PATIENT/LEGAL GUARDIAN (REQUIRED FOR GERMLINE TESTING ONLY)

Consent: I give permission to siParadigm to perform genetic testing as requested by my physician.

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



TEST DESCRIPTIONS: (BIOMARKERS ANALYZED BY TUMOR TYPE)

*Gene is also included in fusion detection.

Note: A tissue block is required for HIC and FISH tests.

BLADDER CANCERS Bladder Multi-Omics™ 37 Genes MSI and TMB



*ALK, AKT1, AR, ATM, BAP1, *BRAF, BRCA1, BRCA2, CDKN2A, CCND1, CREBBP, *EGFR, ERBB2, ERBB3, ERBB4, FANCA, FBXW7, FGFR1, *FGFR2, *FGFR3, HRAS, KDM6A, KMT2A, KMT2C, KMT2D, KRAS, MAP2K1, NF1, NRAS, PIK3CA, PTEN, RB1, *RET, SMARCA4, STAG2, TERT, TP53.

IHC Tests: MMR, PD-L1 (22C3).

BRAIN/CNS CANCERS Brain Multi-Omics™ 34 Genes MSI and TMB



APC, ATRX, *BRAF, CDK4, CTNNB1, CDKN2A, *EGFR, ERBB2, ERBB4, FGFR1, *FGFR2, *FGFR3, HRAS, IDH1, IDH2, NRG1, KIT, KRAS, MET, MTOR, MYCN, MYD88, NRAS, *NTRK1, *NTRK2, NTRK3, PDGFRA

FISH Tests: 1p36/19q13, PTEN/CEN10. IHC Tests: MMR, PD-L1 (22C3).

BREAST CANCERS Breast Multi-Omics™ 43 Genes TMB, MSI and HRD for PARPi efficacy



AR, AKT1, ATM, *BRAF, BRCA1, BRCA2, CCNE1, CDH1, CDK12, CHEK1, CHEK2, *EGFR, ERBB2, ERBB3, ERBB4, ESR1, FANCA, FANCL, FGFR1, FGFR2, FGFR3, KRAS, MLH1, MRE11A, MSH2, MSH6, MUTYH, MYC, NBN, *NTRK1, *NTRK2, NTRK3, PALB2, PIK3CA, PMS2, PTEN, RAD50, RAD51, RB1, *RET, STK11, TERT, TP53.

FISH Tests: HER-2/neu. IHC Tests: ER, HER-2/neu, Ki-67, MMR, PD-L1 (22C3), PR.

COLORECTAL CANCERS Colorectal Multi-Omics™ 38 Genes MSI and TMB



AKT1, APC, ATM, AXIN2, *BRAF, CHEK1, CHEK2, ERBB2, ERBB3, ERBB4, *EGFR, FANCA, FBXW7, HRAS, KRAS, MAP2K1, MET, MLH1, MSH2, MSH6, MUTYH, *NTRK1, *NTRK2, NTRK3, NRAS, PIK3CA, PMS2, POLD1, POLE, PTEN, *RET, SMAD4, STK11, TERT, TP53.

FISH Tests: HER-2/neu. IHC Tests: BRAF, MMR, PD-L1 (22C3).

ENDOMETRIAL CANCERS Endometrial Multi-Omics™ 39 Genes MSI and TMB



AKT1, APC, ARID1A, ARID2, ATM, *BRAF, BRCA1, BRCA2, CDK12, CDK4, CHEK2, CTNNB1, EPCAM, ERBB2, ESR1, FBXW7, KRAS, MDM2, MLH1, MSH2, MSH6, NBN, NRAS, *NTRK1, *NTRK2, NTRK3, PALB2, PIK3CA, PMS2, POLE, POLD1, PPP2R1A, PTEN, *RET, RNF43, SAMD4, STK11, TP53.

FISH Tests: HER-2/neu. IHC Tests: BRAF, MMR, PD-L1 (22C3).

ESOPHAGEAL CANCERS Esophagus Multi-Omics™ 34 Genes MSI and TMB



AKT1, AR, ARAF, ARID1A, *BRAF, CDK12, CDK6, CCNE1, CCND1, CDKN2A, *EGFR, ERBB2, ERBB3, FGFR1, *FGFR2, *FGFR3, KIT, KRAS, MCL1, MAP2K1, MET, MLH1, MSH2, MSH6, MTOR, *NTRK1, *NTRK2, NTRK3, NRG1, NRAS, PMS2, PIK3CA, *RET, TP53.

FISH Tests: HER-2/neu. IHC Tests: HER-2/neu, MMR, PD-L1 (22C3).

GASTRIC/GIST CANCERS Gastric/GIST Multi-Omics™ 40 Genes MSI and TMB



AR, APC, ATM, *BRAF, CD274, CDH1, CCNE1, CTNNB1, ERBB2, ERBB4, *EGFR, FBXW7, FGFR1, *FGFR2, *FGFR3, KRAS, MET, MDM2, MEN1, MLH1, MSH2, MSH6, NF1, NRG1, NRAS, *NTRK1, *NTRK2, NTRK3, PDGFRA, PIK3CA, PMS2, PTEN, *RET, RB1, SAMD4, SDHA, SDHB, SDHC, SDHD, TP53.

FISH Tests: HER-2/neu. IHC Tests: HER-2/neu, MMR, PD-L1 (22C3).

HEAD AND NECK CANCERS Head and Neck Multi-Omics™ 34 Genes MSI and TMB



AR, ATM, ARAF, *BRAF, CD274, CDKN2A, *EGFR, ERBB2, ERBB3, FGFR1, *FGFR2, *FGFR3, HRAS, IDH1, IDH2, KRAS, MET, MTOR, MLH1, MSH2, MSH6, NOTCH1, NRAS, NRG1, *NTRK1, *NTRK2, NTRK3, PIK3CA, PMS2, PTEN, *RET, TERT, TP53.

IHC Tests: MMR, PD-L1 (22C3).

HEPATOCELLULAR & BILIARY TRACT CANCERS Liver Multi-Omics™ 43 Genes MSI and TMB



AKT1, ARAF, ARID1A, ATM, *BRAF, BAP1, BRCA1, BRCA2, CTNNB1, *EGFR, ERBB2, ERBB3, ERBB4, ESR1, FGFR1, *FGFR2, *FGFR3, FGFR4, GNA11, IDH1, IDH2, KIT, KRAS, MAP2K1, MAP2K2, MET, MLH1, MSH2, MSH6, MTOR, NRAS, NRG1, *NTRK1, *NTRK2, NTRK3, PALB2, PIK3CA, PMS2, PTEN, *RET, RAD51D, TERT, TP53.

IHC Tests: MMR, PD-L1 (22C3).

LUNG CANCERS Lung Multi-Omics™ 38 Genes MSI and TMB



AKT1, *ALK, ARAF, ATM, *BRAF, ARID2, CCND1, CD274, CDK4, CDKN2A, CHEK2, ERBB2, ERBB3, *EGFR, FGFR1, *FGFR2, *FGFR3, HRAS, KEAP1, KRAS, MAP2K1, MET, MYCL, MTOR, NFE2L2, NRG1, NRAS, *NTRK1, *NTRK2, NTRK3, *NUTM1, PIK3CA, *RET, RICTOR, *ROSI, RB1, STK11, TP53.

FISH Tests: ALK, MET/CEN7, RET, ROS1. IHC Tests: ALK, BRAF, MMR, PD-L1 (22C3), ROS1.

MELANOMA Melanoma Multi-Omics™ 37 Genes MSI and TMB



APC, ARID2, ATM, *BRAF, BAP1, BRCA2, CCND1, CDK4, CDKN2A, CHEK2, CTNNB1, EIF1AX, FBXW7, GNA11, GNAQ, GNAS, IDH1, KIT, MAP2K1, MAP2K2, NF1, NRAS, *NTRK1, *NTRK2, NTRK3, PALB2, PDGFRA, PIK3CA, PTEN, RB1, *RET, *ROSI, SF3B1, SMO, SRC, TERT, TP53.

IHC Tests: BRAF, MMR, PD-L1 (22C3).

OVARIAN CANCERS Ovarian Multi-Omics™ 43 Genes TMB, MSI and HRD for PARPi efficacy



AKT1, ARAF, ATM, ARID1A, BARD1, *BRAF, BRCA1, BRCA2, BRIP1, CCNE1, CDK12, CHEK1, CHEK2, CTNNB1, ERBB2, *ESR1, FANCA, FANCL, FGFR1, *FGFR2, *FGFR3, FOLR1, KIT, MAP2K1, MET, MLH1, MSH2, MSH6, MTOR, *NTRK1, *NTRK2, *NTRK3, NF1, NRG1, PALB2, PIK3CA, PMS2, PPP2R1A, PTEN, RAD51C, RAD51D, RAD54L, RET, TP53.

FISH Tests: HER-2/neu. IHC Tests: FOLR1, MMR, PD-L1 (22C3).

PANCREATIC CANCERS Pancreas Multi-Omics™ 29 Genes TMB, MSI and HRD for PARPi efficacy



*ALK, ATM, *BRAF, BRCA1, BRCA2, CDKN2A, ERBB2, FGFR1, *FGFR2, *FGFR3, FANCL, IDH1, IDH2, KRAS, MLH1, MSH2, MSH6, NRG1, *NTRK1, *NTRK2, NTRK3, PALB2, PMS2, PIK3CA, *RET, *ROSI, SMAD4, STK11, TP53.

IHC Tests: MMR, PD-L1 (22C3).

PROSTATE CANCERS Prostate Multi-Omics™ 42 Genes TMB, MSI and HRD for PARPi efficacy



AKT1, AR, ARID1A, ATM, ATR, BARD1, *BRAF, BRCA1, BRCA2, BRIP1, CCND1, CDK12, CHEK1, CHEK2, CTNNB1, FANCA, FANCD2, FANCL, HRAS, IDH1, MLH1, MRE11A, MSH2, MSH6, MUTYH, NBN, *NTRK1, *NTRK2, NTRK3, PALB2, PIK3CA, PMS2, PPP2R2A, PTEN, RAD51B, RAD51C, RAD51D, RB1, *RET, SPOP, TERT, TP53.

FISH Tests: PTEN/CEN10. IHC Tests: MMR, PD-L1 (22C3).

THYROID CANCERS Thyroid Multi-Omics™ 28 Genes MSI and TMB



*ALK, AKT1, *BRAF, BRCA1, BRCA2, CDKN2A, CTNNB1, FGFR1, *FGFR2, *FGFR3, HRAS, IDH1, IDH2, KRAS, MET, *NTRK1, *NTRK2, NTRK3, NRAS, *RET, MLH1, MSH2, MSH6, PMS2, PALB2, PIK3CA, PTEN, TERT.

IHC Tests: BRAF, MMR, PD-L1 (22C3).

TUMOR OF UNKNOWN ORIGIN AND OTHERS Unknown Origin Multi-Omics™ 48 Genes MSI and TMB



AKT1, *ALK, AR, ARAF, *BRAF, CD274, CDK4, CDKN2A, CHEK2, CTNNB1, *EGFR, ERBB2, ERBB3, ERBB4, ERG, ESR1, *ETV1, 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, *ROSI, SMO, TP53

IHC Tests: MMR, PD-L1 (22C3).