

LIQUID BIOPSY REQUISITION FORM

PATIENT INFORMATION (REQUIRED)

Name Last _____ First _____

Date of Birth mm / dd / yyyy _____

Street _____

City _____ State _____ ZIP _____ 5 DIGITS

MRN/Pt. ID/SSN # _____ Phone # _____

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 Other _____ Non-Hispanic or Non-Latino
 Choose not to disclose

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

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: _____

SPECIMEN INFORMATION-LIQUID BIOPSY (REQUIRED)

Specimen ID _____

Collection date mm / dd / yyyy _____ Time _____ AM PM

Sent date mm / dd / yyyy _____

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 mm / dd / yyyy _____ Sent date mm / dd / yyyy _____

Collection date mm / dd / yyyy _____ 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>

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 # _____

REQUIRED Pathology report and clinical notes.

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).