

## SOLID TUMOR 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 MD \_\_\_\_\_

Account Information \_\_\_\_\_

### 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

Please attach an Advance Beneficiary Notice (ABN) for all Medicare patients Available at [www.siparadigm.com](http://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 # \_\_\_\_\_

### SPECIMEN INFORMATION-TISSUE BIOPSY (REQUIRED)

Specimen ID \_\_\_\_\_ Block ID \_\_\_\_\_

Retrieval date from archive \_\_\_\_/\_\_\_\_/\_\_\_\_ Sent date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy mm dd yyyy

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_  AM  PM  
mm dd yyyy mm dd yyyy

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>

### SPECIMEN INFORMATION-LIQUID BIOPSY (OPTIONAL)

Specimen ID \_\_\_\_\_

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_  AM  PM  
mm dd yyyy mm dd yyyy

Sent date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy 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.

### REQUIRED Pathology report and clinical notes.

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

### ORGANS (REQUIRED)

Bladder

Brain

Breast

Colorectal

Endometrial

Esophageal

Gastric/GIST

Hepatocellular and Biliary tract

Head and Neck

Lung

Skin

Ovarian

Pancreatic

Prostate

Thyroid

Unknown Origin

Others \_\_\_\_\_

### ORGAN-BASED SPECIFIC TESTS (REQUIRED)

See website [www.siparadigm.com/compendium/](http://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.

#### Multi-Omics

Includes NGS mutation panel, TMB, MSI, and HRD, plus all required FISH and/or IHC studies as determined by our pathologists in light of NCCN guidelines.

PD-L1 (22C3 - KEYTRUDA®) (CDx) will be performed by default unless an alternative is specifically requested from below:

PD-L1 (28-8 - OPDIVO®), FDA  
 PD-L1 (SPI42 - TECENTRIQ®), FDA  
 PD-L1 (SP263 - IMFINZI®), FDA

#### INDIVIDUAL TESTS

(If you select Multi-Omics, do not select INDIVIDUAL TEST below)

##### Molecular Tests

Mutation panel only

Mutation + TMB and MSI

HRD for selected organs: Breast, Pancreatic, Prostatic and Ovarian Cancers.

Others \_\_\_\_\_

##### IHC Tests

ALK  HER-2/neu

BRAF  Ki-67

c-MET  MMR

CLDN18  PD-L1 (22C3)

ER  PR

FOLR1  ROS1

Others \_\_\_\_\_

##### FISH Tests

1p36/19q13  RET

ALK  ROS1

HER-2/neu

MET/CEN7

PTEN/CEN10

Others \_\_\_\_\_

### ADDITIONAL TISSUE TESTING OPTIONS

Concurrent Tissue and Liquid Testing

### 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 SIGNATURE: (REQUIRED)

I, the undersigned, authorize the holding facility to release my pathology material (paraffin blocks, slides, pathology report, etc.) to siParadigm Diagnostic Informatics Laboratory for additional testing.

Patient's signature: \_\_\_\_\_

**TEST DESCRIPTIONS: (BIOMARKERS ANALYZED BY TUMOR TYPE)**

\*Gene is also included in the RNA gene-fusion panel.

**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, CDKN2B, EGFR, ERBB2, ERBB4, FGFR1, FGFR2, FGFR3, H3F3A, HRAS, IDH1, IDH2, NRG1, KIT, KRAS, MET, MTOR, MYCN, MYD88, NRAS, NTRK1, NTRK2, NTRK3, PDGFRA, TP53, TSC1, TSC2.

**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, \*RSPO2, \*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, GNAI1, 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, EIFIAX, FBXW7, GNAI1, 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, FANCL, 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, GNAI1, GNAQ, GNAS, HRAS, IDH1, IDH2, KIT, KRAS, MAP2K1, MAP2K2, MET, MTOR, NRAS, NRG1, NTRK1, NTRK2, NTRK3, NUTM1, PDGFRA, PIK3CA, PTEN, RAF1, RET, ROS1, SMO, TP53

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