

SOLID TUMOR REQUISITION FORM

PATIENT INFORMATION (REQUIRED)

Name Last _____ First _____
 Date of Birth mm / dd / yyyy Street _____
 City _____ State _____ ZIP _____
 MRN/Pt. ID/SSN # _____ Phone # _____
Gender Identity:
 Male Female Female-to-Male (FTM)/Transgender Male/Trans Man
 Male-to-Female (MTF)/Transgender Female/Trans Woman
 Genderqueer, neither exclusively male nor female
 Additional gender category or other, please specify _____
 Choose not to disclose
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
Sexual Orientation:
 Lesbian, gay, or homosexual Straight or heterosexual Bisexual Don't know
 Something else, please describe _____ 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 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 # _____

SPECIMEN INFORMATION-TISSUE BIOPSY (REQUIRED)

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>

SPECIMEN INFORMATION-LIQUID BIOPSY (OPTIONAL)

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.

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	

ORGAN-BASED SPECIFIC 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.

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).