Oncology/Solid Tumor Requisition

6918 Camp Bullis Rd.
San Antonio, TX 78256
www.corepath.us
P 1.877.617.4445 | **F** 210.617.4457

REQUIRED ITEMS

1. Pathology Report
2. Clinical Information
3. Face Sheet (Front and Back Copy of the Patient's Insurance Card and Demographic Information)
4. Provider's Signature
5. Name of Person Who Completed Requisition Form

PATIENT INFORMATION

Last Name _____

First Name _____ M.I. _____

DOB ____/____/____ (MM/DD/YYYY) Gender: ☐ Male ☐ Female ☐ Other _____

Address _____

City _____ State _____ Zip _____

Phone _____ Patient ID _____

PROVIDER INFORMATION

The undersigned certifies by completion of this section, that he/she is authorized to order the test(s) listed below and that such test(s) are medically necessary for the care and/or treatment of this patient.

Authorized Provider Signature _____ Date ____/____/____ (MM/DD/YYYY)

Please Fax Duplicate Report to Additional Provider _____ Fax _____

BILLING INFORMATION

Bill to: ☐ Insurance ☐ Medicare ☐ Referring Facility (Hospital/Client) ☐ Split Billing - Client (TC) and Insurance (PC) ☐ Patient

Patient Status: ☐ Inpatient (Hospital) ☐ Outpatient (Hospital) ☐ Non-Hospital ☐ ASC Prior Authorization # _____

CLINICAL INFORMATION

Indication(s) for Testing: _____

ICD-10 Codes: _____

Disease: ☐ New Diagnosis ☐ Refractory ☐ Recurrent/Relapsed ☐ Follow-Up (Monitoring) ☐ Metastatic

SPECIMEN INFORMATION

☐ Copy of pathology report provided Time Collected ____:____ (HH:MM) ☐ AM ☐ PM

Date Collected ____/____/____ (MM/DD/YYYY) Specimen ID _____

Specimen Site _____

Date Retrieved ____/____/____ (MM/DD/YYYY) Date Discharged ____/____/____ (MM/DD/YYYY)

☐ *UNSTAINED SLIDES,* # of Slides _____ Slide Thickness _____ ☐ H&E

☐ *ALL TUMOR TYPES INCLUDING BREAST BIOPSY*
Fixation duration 6 to 72 hours ____:____ (HH:MM)
Cold ischemic time < 1 hour? ☐ Yes ☐ No

☐ *FFPE BLOCK,* # of Blocks _____

☐ *FRESH TISSUE,* Media Type _____

☐ *BLOOD FOR LIQUID BIOPSY,* EDTA Tubes (2 recommended) _____

☐ *SPECIMEN PICK UP: I would like CorePath to request the block(s) from the facility.*

Facility Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

TEST REQUESTED (FOR MORE TESTING INFORMATION, VISIT COREPATH.US)

20/20 TumorCORE EVALUATION REPORT

☐ Request that CorePath's Board Certified Pathologists review the patient's pathology report along with their clinical history and all materials submitted with this order to select the medically necessary tests for a comprehensive analysis and efficient patient care with the end goal of timely guidance for treatment, staging, prognosis and risk stratification by the treating providers. This includes any assays/panels as outlined here, if clinically indicated.

TYPES OF TUMOR

☐ Biliary/Pancreatic ☐ Bladder (Urinary) ☐ Brain ☐ Bone ☐ Breast
☐ Colorectal ☐ Esophageal ☐ Gastric ☐ Genitourinary ☐ GIST
☐ Gynecologic ☐ Head/Neck ☐ Hepatocellular ☐ Lung ☐ Melanoma (Metastatic)
☐ Prostate ☐ Renal ☐ Salivary Glands ☐ Soft Tissue Sarcomas ☐ Thyroid
☐ Unknown Primary ☐ Other: _____

NEXT GENERATION SEQUENCING (NGS) PROFILES (BLOCKS/SLIDES)

☐ CORE Solid Tumor Expression Profile (DNA and RNA)

NEXT GENERATION SEQUENCING (NGS) PROFILES (LIQUID BIOPSY)

☐ CORE Liquid Biopsy Solid Tumor Profile (DNA and RNA)*
**2 EDTA Tubes, Peripheral Blood Only*

MOLECULAR ASSAYS

☐ KRAS/NRAS/BRAF Mutation ☐ BRAF V600E Mutation ☐ EGFR Mutation ☐ IDH1/IDH2 Mutation ☐ KIT Mutation ☐ KRAS Mutation ☐ MET Exon 14 Deletion
☐ MGMT Promoter Methylation ☐ Microsatellite Instability (MSI) Analysis ☐ MLH1 Promoter Methylation ☐ OncotypeDX® ☐ Breast ☐ Prostate ☐ Colon ☐ PDGFRA Mutation ☐ PIK3CA Mutation
☐ TERT Promoter Methylation ☐ TP53 Mutation ☐ Other: _____

IMMUNOHISTOCHEMISTRY Please select service: ☐ Global ☐ TC

☐ ER/PR/HER2/Ki-67 ☐ MMR (MLH1, MSH2, MSH6, PMS2) ☐ TP53 ☐ P16
☐ HER2 (Breast) ☐ HER2 (Gastric) ☐ HER2 (Other): _____ ☐ Other: _____

OTHER INSTRUCTIONS

Requisition Completed by _____

LABORATORY USE ONLY

PD-L1 Please select service: ☐ Global ☐ TC

☐ PD-L1 22C3 (for KEYTRUDA®) Please specify cancer type: _____
☐ PD-L1 SP142 (for TECENTRIQ®) Please specify cancer type: _____
☐ PD-L1 28-8 (for OPDIVO®) Please specify cancer type: _____
☐ PD-L1 SP263 (for IMFINZI®, LIBTAYO® and TECENTRIQ®) Please specify cancer type: _____
☐ Other: _____

FISH Please select service: ☐ Global ☐ TC

☐ ALK Rearrangement
☐ DDIT3 (12q13) Rearrangement
☐ EGFR Amplification
☐ ERG Rearrangement
☐ EWSR1 (22q12) Rearrangement
☐ FGFR1 Amplification
☐ FOXO1 (13q16) Rearrangement
☐ HER2 Amplification
☐ MDM2 Amplification
☐ MET Amplification
☐ MYCN Amplification
☐ PTEN Deletion
☐ ROS1 Rearrangement
☐ SS18 (SYT) (18q11) Rearrangement
☐ UroVysion™
☐ Other: _____

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PREFERRED SPECIMEN REQUIREMENTS

Specimen Type	Bone Marrow Morphology	Flow Cytometry	Routine Chromosome Analysis[1]	FISH[1]	PCR[1]	NGS	IHC/Immunostains
Peripheral Blood[2]	Two (2) smears/slides	2 mL sodium heparin[4] or EDTA[3]	5 mL sodium heparin[4] preferred, EDTA[3] acceptable	5 mL sodium heparin[4] preferred, EDTA[3] acceptable	4 mL EDTA[3]	5 mL EDTA[3] **Liquid Biopsy:** 10 mL minimum EDTA[3] or 30-50 ng/µl DNA/RNA in microfuge tube	N/A
Bone Marrow Aspirate	Five (5) smears/slides	2 mL EDTA[3] preferred, sodium heparin[4] acceptable	1-2 mL sodium heparin[4] preferred, EDTA[3] acceptable	1-2 mL sodium heparin[4] preferred, EDTA[3] acceptable	2 mL EDTA[3]	2 mL EDTA[3]	N/A
Bone Marrow Clot	2 mL clot (volume) in 10% NBF*. Two (2) touch prints.	N/A					N/A
Bone Marrow Core Biopsy & Touch Imprints	1 cm core (length) in 10% NBF*. Five (5) touch prints.	1-2 cm core (length) in RPMI	1-2 cm core (length) in RPMI	0.5 cm core (length) in RPMI	1-2 cm core (length) in RPMI	1-2 cm core (length) in RPMI	N/A
Lymph Node/Tissue (Fresh)	N/A	0.5 cm^3 in RPMI. Other fixatives not acceptable.			0.5 cm^3 in RNA fixative or 10% NBF*	0.5 cm^3 tissue in normal saline	FFPE tissue block preferred. 0.5 cm^3 in 10% NBF*.
Formalin Fixed Paraffin Embedded (FFPE) Block or Cut Slides	N/A	N/A	N/A	FFPE tissue block preferred. One (1) H&E stained slide and five (5) unstained slides.	FFPE tissue block preferred[5]. One (1) H&E stained slide and five (5) unstained slides.	One (1) H&E stained slide and six (6) to eight (8) unstained slides.	Four (4) to five (5) micron thick tissue sections on positively charges slides. Provide at least three (3) slides per requested antibody.
Fine Needle Aspirate (FNA)	N/A	RPMI				RPMI/Cell block	Cell block
Body Fluids	N/A	**CSF:** 5 mL in sterile container **Pleural:** 20 mL in ratio of 1 mL sodium heparin or ACD to 100 mL fluid				5 mL fluid/Cell block	Cell block

*NBF = Neutral Buffered Formalin

[1] Decalcified samples not acceptable | [2] Please provide copy of CBC if available | [3] EDTA = Lavender Top | [4] Sodium Heparin = Green Top | [5] Only for some tests; contact us for details or go to www.corepath.us

TEST NOTATIONS

IMFINZI® is a registered trademark of the AstraZeneca group of companies.
KEYTRUDA® is a registered trademark of Merck Sharp & Dohme LLC, a subsidiary of Merck & Co.
LIBTAYO® is a registered trademark of Sanofi Biotechnology.
OncotypeDX® is a registered trademark of Exact Sciences Corporation.
OPDIVO® is a registered trademark of Bristol-Myers Squibb Company.
TECENTRIQ® is a registered trademark of Genentech, a member of the Roche Group.
UroVysion™ is a registered trademark of Abbott Laboratories.

SPECIMEN HANDLING AND TRANSPORTATION

Storage & Transport: Specimens should be received at CorePath within 72 hours from collection to ensure sample integrity and acceptable cell viability. Ship same day as drawn whenever possible. Peripheral blood and bone marrow should be shipped at room temperature. In hot weather, use cold pack for transport, making sure cold pack is not in direct contact with specimen. Body fluids and tissue should be shipped at 4°C.

Schedule a Pick-Up: Call CorePath Laboratories at 1.877.617.4445 to schedule a pick-up. In the San Antonio area, call 210.617.4445 to schedule a courier pick-up.

**FOR MORE INFORMATION ON TESTING,
VISIT WWW.COREPATH.US**