

### 1. PATIENT INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

MR# \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_-\_\_\_\_-\_\_\_\_  MALE  FEMALE

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_  AM  PM

E-MAIL \_\_\_\_\_

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Patient Informed Consent: My signature above indicates that I have received information about, and agree to undergo, this testing. I have been given a full opportunity to ask questions about the testing procedure and results. I understand that I may be responsible for amounts not covered by my insurer, and/or authorize processing of any payment provided directly to you for this testing including credit card or insurance payments that were sent to me that I will forward on to you.

### 2. SPECIMEN INFORMATION

COLLECTION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

### 3. DIAGNOSIS INFORMATION

DIAGNOSIS \_\_\_\_\_

- INDICATION:  LUNG  COLORECTAL  PANCREATIC  BREAST  
 OVARIAN  GIST  LIVER  PROSTATE  
 CERVICAL  GASTRIC  BILIARY  BLADDER  
 ENDOMETRIAL  ESOPHAGEAL  THYROID  MELANOMA  
 OTHER/UNSPECIFIED

### SOMATIC DNA TEST MENU:

- NGS GENE PANEL**  
 AKT1, ALK, AR, ARAF, ARID1A, ATM, ATR, AXL, BAP1, BARD1, BRAF, BRCA1, BRCA2, CCND1, CCNE1, CDH1, CDK12, CDK4, CDK6, CDKN2A, CHEK1, CHEK2, CRKL, CSF1R, CTNNA1, DDR2, EGFR, ERBB2, ERBB4, ESR1, EZH2, FBXW7, FGFR1, FGFR2, FGFR3, FOXL2, GNAI1, GNAQ, GNAS, HNF1A, HRAS, IDH1, IDH2, IGF1R, JAK2, JAK3, KDR, KEAP1, KIT, KRAS, MAP2K1, MAP2K2, MAPK3, MET, MLH1, MTOR, MYC, NF1, NOTCH1, NRAS, NTRK1, NTRK2, NTRK3, PALB2, PDGFRA, PIK3CA, POLD1, POLE, PTEN, PTPN11, RAF1, RB1, RET, ROS1, SETD2, SMAD4, SMARCA4, SMARCB1, SMO, SRC, STAT3, STK11, TERT, TOP1, TP53, TSC1, TSC2, VHL

RNA TEST MENU:  ALK GENE FUSION  ROS1 GENE FUSION  NTRK

IMMUNOTHERAPY TEST MENU:  MSI  PD-L1 GENE EXPRESSION

### HEREDITARY CANCER PANELS:

- HEREDITARY BREAST CANCER**  
 BRCA1, BRCA2
- HEREDITARY BREAST/OVARIAN/ENDOMETRIAL CANCER**  
 ATM, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, EPCAM, MLH1, MSH2, MSH6, PALB2, PMS2, PTEN, RAD51C, RAD51D, STK11, TP53
- HEREDITARY COLON CANCER/ LYNCH SYNDROME**  
 APC, BMPRIACDH1, CHEK2, EPCAM, MLH1, MSH2, MSH6, MUTYH, PMS2, POLD1, POLE, PTEN, SMAD4, STK11, TP53
- HEREDITARY PAN-CANCER**  
 APC, ATM, BMPRIA, BRCA1, BRCA2, BRIP1, CDK4, CDH1, CDKN2A, CHEK2, EPCAM, MLH1, MSH2, MSH6, MUTYH, PALB2, PMS2, POLD1, POLE, PTEN, RAD51C, RAD51D, SMAD4, STK11, TP53, VHL

**PHYSICIAN AUTHORIZING SIGNATURE REQUIRED**  
 These ordered tests are medically necessary, and I hereby authorize CIRCULOGENE to perform testing for this patient as indicated on this requisition.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### 4. CLIENT INFORMATION / ORDERING PHYSICIAN

CLIENT ID \_\_\_\_\_ NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

INDICATE ORDERING PHYSICIAN: \_\_\_\_\_

### BLOOD SPECIMEN REQUIREMENTS AND PROCEDURES

- Standard EDTA lavender sample tube
- Volume 10 mL
- Gently invert tube 5 times
- Refrigerate immediately after inverting (do not freeze)
- Specimen viability is 7 days NOT including collection date (if kept refrigerated)
- Tube must include one label, patient name and phlebotomist signature.
- Apply Label Correctly
- Follow packing instructions on the provided shipper box when ready to ship. Keep refrigerated until ready to ship.

- If using own shipper box:
- Place one tube inside a biohazard bag and seal/close the bag
  - Insert the corresponding requisition in the pocket on the outside of the biohazard bag
  - Place one frozen ice brick at the bottom of the empty styrofoam container
  - Place layer of biohazard bag(s) on top of frozen ice brick
  - Add second frozen ice brick on the layer specimens in the biohazard bag(s)
  - Put lid on Styrofoam container
  - Close and seal the box

