

LIQUID BIOPSY REQUISITION FORM

PATIENT INFORMATION (REQUIRED)

Name Last _____ First _____
Date of Birth ____/____/____
Street _____
City _____ State _____ ZIP _____
MRN / Patient ID# _____
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 ☐ Non-hospital/office patient
☐ Client ☐ Out-patient hospital
☐ Patient ☐ In-patient hospital Discharge Date ____/____/____
☐ Independent ambulatory clinic/surgical centerPlease 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 ____/____/____ Time _____ ☐ AM ☐ PM
Sent date ____/____/____

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 ____/____/____ Sent date ____/____/____
Collection date ____/____/____ 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>

REQUIRED Pathology report and clinical 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 # _____

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 _____

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 (CT-DNA)

☐ DeepSight™ Comprehensive NGS Liquid Biopsy Panel (Mutations+TMB+MSI)
Gene mutations, amplifications, and fusions including TMB, MSITAT
7Days☐ DeepSight™ Focused NGS Liquid Biopsy Panel (Mutations only)
Gene mutations, amplifications, and fusionsTAT
7Days

ADDITIONAL TISSUE TESTING OPTIONS

☐ Multi-Omics includes NGS Comprehensive panel, TMB, MSI, and HRD* plus all required FISH and IHC (PD-L1 22C3) as determined by pathologist☐ PD-L1 SP263 FDA☐ PD-L1 SP142 FDA☐ PD-L1 S8-8 FDA

PREDICTIVE TESTING OPTIONS

☐ BRCA1/BRCA2 and HRD* Germline Blood Test (LDT), For PARP Inhibitor Therapy; applicable for breast, pancreatic, prostate and ovarian cancers only

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: (COMPREHENSIVE NGS AND OTHER BIOMARKERS ANALYSED BY TUMOR TYPE)

***Gene is also included in fusion detection.** **Note: A tissue block is required for IHC 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, 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, *ROS1, 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, GNAI1, GNAQ, GNAS, IDH1, KIT, MAP2K1, MAP2K2, NF1, NRAS, *NTRK1, *NTRK2, NTRK3, PALB2, PDGFRA, PIK3CA, PTEN, RB1, *RET, *ROS1, 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, *ROS1, 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, 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).