

ORDERING PHYSICIAN TO COMPLETE

PATHOLOGY TO COMPLETE

### SECTION 1. SUBMISSION STATUS

First Submission  Resubmission  Send and Hold  Agendia to request specimen from pathology  Ordering physician to request specimen from pathology

### SECTION 2. GENE EXPRESSION PROFILES

#### Breast Cancer

**SYMPHONY™ Personalized Breast Cancer Genomic Profile**  
Comprehensive Analysis of Gene Expression

MammaPrint® Breast Cancer Recurrence Assay  
 Blueprint™ Molecular Subtyping Assay  
 TargetPrint® ER/PR/HER2 Expression Assay

#### Individual Markers

BRAF Mutation Analysis  KRAS Mutation Analysis  
 EGFR Mutation Analysis  PIK3CA Mutation Analysis

TargetPrint Genes:  ER  PR  HER2

#### Colon Cancer

**SYMPHONY™ Personalized Colon Cancer Genomic Profile**  
Comprehensive Analysis of Gene Expression

ColoPrint (Fresh)

#### Genomic Profiling for Therapy Options

TheraPrint for Breast Cancer  
 TheraPrint for Colorectal Cancer

### SECTION 3. CLIENT INFORMATION

#### ACCOUNT DETAILS:

Ordering Physician Name (Name will appear on report fax/email)

Contact Name  Contact Phone

Contact Fax  Contact Email

Additional physician reports/recipient (Email or Fax)

Ordering Physician NPI

### SECTION 6. STANDING ORDERS

Agendia will perform any test(s) indicated by standing orders on file from the ordering physician unless otherwise requested (check immediately below):

Perform test(s) marked on requisition only

### SECTION 7. PATIENT INFORMATION

Patient Name: First, Middle, Last

Address

City  St  Zip  Country

Date of Birth  Patient Phone

Gender:  Female  Male SSN:

### SECTION 4. SPECIMEN INFORMATION

Collection Date:  Specimen Type:  Block/Slide  Fresh

Tumor Type:  Invasive Breast Cancer:

Right Breast  Left Breast

Colon Cancer:

Stage II  Stage III

Other (Specify):

### SECTION 5. PHYSICIAN AUTHORIZATION

I am treating this patient and have concluded that the test(s) I have ordered are medically necessary for treatment of this patient because I anticipate that this test(s) will provide prognostic and predictive information which has not been obtained already. This order form is part of the medical record, is consistent with other entries in the record and accurately describes the reason(s) I am ordering this test(s).

Signature of Ordering Physician (See General Terms and Conditions)  Date

### SECTION 8. BILLING INFORMATION

Complete the following & attach copy of face sheet and front and back of insurance card

Billing Type:  Private Insurance  Medicare  Patient

Submitting Diagnosis:

i.e. 174.0 (see reverse side)

ICD-9 Code:

Primary Insurance Name:  Member ID:

### SECTION 9. PATHOLOGY INFORMATION (SLIDE OR BLOCK SPECIMENS)

Facility  Submitting Pathologist Name  NPI

Address

City  St  Zip  Country

Phone  Fax  Email

Multiple Primaries:  Yes  No  Choose Best  Other

Fax a Copy of Results Report to Pathology

Surgical / Pathology Block Number:

1:  3:

2:  4:

Block Return Address: (if different than the Pathology Account listed to the left)

City  St  Zip  Country

Phone

M-USA-008-V1



Please fax completed Test Request Form along with any histopathology results to **02 6584 0539** to facilitate urgent processing.



<b>BREAST</b> <i>Malignant neoplasm of:</i>	<b>COLON</b> <i>Malignant neoplasm of:</i>	<b>LUNG</b> <i>Malignant neoplasm of:</i>	<b>MELANOMA</b> <i>Malignant neoplasm of skin of:</i>
<p>174.0 Nipple and Areola  174.1 Central portion  174.2 Upper-inner quadrant  174.3 Lower-inner quadrant  174.4 Upper-outer quadrant  174.5 Lower-outer quadrant  174.6 Axillary tail  174.8 Other specified site  174.9 Female Breast, unspecified</p> <p>175.0 Malignant neoplasm of nipple and areola of male breast  175.9 Malignant neoplasm of other and unspecified sites of male breast</p>	<p>153.0 Hepatic flexure  153.1 Transverse colon  153.2 Descending colon  153.3 Sigmoid colon  153.4 Cecum  153.5 Appendix  153.6 Ascending colon  153.7 Splenic flexure  153.8 other specified site of large intestine  153.9 Colon, unspecified</p>	<p>162.0 Trachea  162.2 Main bronchus  162.3 Upper lobe, bronchus or lung  162.4 Middle lobe, bronchus or lung  162.5 Lower lobe, bronchus or lung  162.8 Other parts of bronchus or lung (includes malignant neoplasm of contiguous or overlapping sites of bronchus or lung whose point of origin cannot be determined)  162.9 Bronchus and lung, unspecified</p> <p><b>METASTATIC</b>  <i>Secondary malignant neoplasm of:</i>  197.0 Lung  197.7 Liver  197.8 Other digestive organs and spleen  198.3 Brain and spinal cord  198.5 Bone and bone marrow  198.89 Other specified sites</p>	<p>172.0 lip  172.1 eyelid, including canthus  172.2 ear and external auditory canal  172.3 other and unspecified parts of face  172.4 scalp and neck  172.5 trunk, except scrotum  172.6 upper limb, including shoulder  172.7 lower limb, including hip  172.8 Malignant melanoma of other specified sites of skin  172.9 Melanoma of skin, site unspecified</p>