

## CLIENT INFORMATION

Client Name: \_\_\_\_\_  
 Ordering Physician (print): \_\_\_\_\_ NPI #: \_\_\_\_\_  
 Signature (Physician or Authorized Designee)\*\*: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Additional Physicians in Practice: \_\_\_\_\_

\*\*The signatory declares by his signature that he/she is authorized to order the services.

## REFERRING PHYSICIAN (Copy of report will be provided)

Name: \_\_\_\_\_  
 Facility/Office Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## PATIENT INFORMATION

(Please attach patient face sheet, clinical history, prior pathology report along with front and back of primary and secondary insurance card)

Name (Last, First): \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F  
 Patient Status:  Hospital Inpatient  Hospital Outpatient  Non-hospital Patient  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 Medical Record #: \_\_\_\_\_  
 Hospital/Facility Name: \_\_\_\_\_

## BILLING Copies of Insurance Cards Attached

Bill To:  Medicare  Insurance  Client  Patient  
 Insurance Name: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Policy Holder Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Relationship:  Self  Spouse  Child  Other Referral #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Secondary Insurance: \_\_\_\_\_

## CLINICAL/SPECIMEN INFORMATION

ICD-10 Codes - \_\_\_\_\_  
 Specimen Site: \_\_\_\_\_ Date of Collection: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Clinical History: \_\_\_\_\_ Date of Discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Block ID: \_\_\_\_\_ Date Retrieved from Archive: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Permission to Exhaust Block:  Yes  No (If yes, indicate test prioritization)  
 Specimen Type:  Unstained Slides: # \_\_\_\_\_ FFPE Block(s): # \_\_\_\_\_  
 Urine  Bladder Wash  Core Needle Biopsy  Biopsy Site: \_\_\_\_\_  
 Fixative used (10% NBF recommended): \_\_\_\_\_  
 Time to Fixation (Cold Ischemic Time): \_\_\_\_\_ Duration of Fixation: \_\_\_\_\_  
 Treatment Status:  New Diagnosis  Recurrent/Progression/Metastasis  
 Therapy: \_\_\_\_\_

## PATHOLOGY/LAB SPECIMEN REQUEST

Copy of Pathology Report Attached  
 If Pathology Contact information is filled out below, Rosetta will retrieve specimen:  
 Pathology Dept. / Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## TEST OFFERINGS Testing performed as Global unless Tech Only is checked.

Next-Gen, Cancer Origin and miRNA tests marked with \* should be faxed/shipped to East Lab  
 East Coast Lab Fax: 215.382.0815

NOTE: If specimen is limited, indicate test prioritization. See reverse for test descriptions

**ROSETTAGX™ NEXT-GEN**  OncoGxOne™\* - (64 gene NGS profile)  
 OncoGxLung™\* - (Lung-Specific NGS Profile: EGFR, ALK, ROS1, KRAS, BRAF)

**ROSETTAGX™ CANCER ORIGIN™**  RosettaGX Cancer Origin™\* - (microRNA test for diagnosis of primary tumor)  
 RosettaGX Cancer Origin™ + OncoGxOne™ NGS\*  
 Reflex to targeted profile for Lung, Breast, Colon or Melanoma Diagnosis

## ROSETTAGX™ LUNG

Targeted Profile: EGFR Mutation, ALK & ROS1 FISH, PD-L1 IHC  
 NGS Reflex Profile: If EGFR, ALK and ROS1 are negative, reflex to OncoGxOne™\*  
 Expanded Profile: EGFR, KRAS, BRAF, ALK, ROS1, RET, MET, FGFR1, PD-L1  
**Individual Markers:**  
**FISH:**  ALK  ROS1  RET  MET  FGFR1  
**Mutation Analysis:**  EGFR  KRAS  BRAF  
**IHC:**  PD-L1  ALK  
**miRNA:**  mi-LUNG™\* - (miRNA subtyping assay)

Tech Only FISH

## ROSETTAGX™ BREAST

Comprehensive Profile: ER/PR, HER2, Ki-67, p53 by IHC; PathVysion HER2 by FISH  
 Reflex Profile: ER/PR, HER2 by IHC; reflex to PathVysion HER2 FISH:  1+ or 2+  2+ only  
**Individual Markers:**  
**IHC:**  ER/PR  HER2  Ki-67  p53  PD-L1  
**FISH:**  HER2  Reflex HER2:  1+ or 2+  2+ only

Tech Only IHC  
 Tech Only FISH

## ROSETTAGX™ PROSTATE

Prognostic Profile: ERG and PTEN by FISH  
**Individual Markers:**  
**FISH:**  ERG  PTEN  
**IHC:**  Triple Stain (CK5/14, p63, P504S)

Tech Only FISH  
 Tech Only IHC

## ROSETTAGX™ BLADDER

UroVysion  Urine Cytology  Cytology + UroVysion  
 Cytology w/Reflex UroVysion if Negative  
 Cytology w/Reflex UroVysion if Atypical or Suspicious

Tech Only Urine Cytology  
 Tech Only UroVysion

## ROSETTAGX™ KIDNEY

mi-KIDNEY™\* - (miRNA subtyping assay)

## Other Solid Tumor Testing

**MELANOMA:**  BRAF Mutation  PD-L1 IHC  
**COLORECTAL MUTATION:**  KRAS  BRAF  NRAS  
**Other Tumor Type (specify):** \_\_\_\_\_  
 Mutation Analysis (specify): \_\_\_\_\_  
 FISH (specify): \_\_\_\_\_

## Histology (H&E) Tumor Type: \_\_\_\_\_

## Immunohistochemistry (IHC)

PD-L1  ALK  Other markers: \_\_\_\_\_

Tech Only IHC

## ADDITIONAL COMMENTS/TEST REQUESTS:

## Test Descriptions and Specimen Requirements:

### TEST DESCRIPTIONS:

#### RosettaGX Cancer Origin™ - Reflex Test Descriptions:

- Lung Primary, Reflex to EGFR Mutation, ALK FISH, ROS1 FISH, PD-L1 IHC
- Breast Primary, Reflex to HER2 FISH (PathVysion)
- Colorectal Primary, Reflex to KRAS, BRAF and NRAS Mutation Analysis
- Melanoma Primary, Reflex to BRAF Mutation Analysis and PD-L1 IHC

#### RosettaGX™ Next-Gen Test Descriptions:

- **OncoGxOne™ NGS Profile** - A Next-Generation Sequencing profile that provides clinically actionable results to enable tailored treatment options. Detects all currently known, clinically relevant alterations in 64 cancer genes (56 related to targeted cancer therapy and 8 related to chemotherapy).
- **OncoGxLung™ NGS Profile** - Detects all currently known alterations in EGFR, KRAS, ALK, ROS1 and BRAF genes.

### SPECIMEN REQUIREMENTS:

#### RosettaGX Cancer Origin™, OncoGxOne™, OncoGxLung™, mi-LUNG™, mi-KIDNEY™

- FFPE Blocks are the Preferred Specimen Type
- Primary and metastatic tumors are accepted for the RosettaGX Cancer Origin™ and OncoGxOne™.
- Primary tumors only accepted for the OncoGxLung™, mi-LUNG™, and mi-KIDNEY™.
- Minimum tumor cell area is 2.5mm<sup>2</sup> for all Rosetta Cancer Tests.
- Specimens from cytology are accepted only for mi-LUNG™ (primary tumors only).

#### If unstained slides are submitted instead of a tissue block:

- For the RosettaGX Cancer Origin™ prepare twelve (12) 5 µm unstained slides (total tissue needed is 60 µm) and at least one (1) H&E slide at 4-5 µm. 2 H&E slides flanking unstained slides is preferred.
- For OncoGxOne™ prepare ten (10) 5 µm unstained slides (of which a minimum of 20% is confirmed tumor content) and at least one (1) H&E slide at 4-5 µm. The tissue surface area should be ≥ 25mm<sup>2</sup> on each slide.

#### FISH, IHC and Mutation Analysis

- FFPE Tissue block is the preferred specimen type and any unused tumor material is returned to sender.

#### If unstained slides are submitted instead of a tissue block:

- FISH: submit a minimum of 3 unstained slide sections on positively charged slides at 5 µm for each individual test ordered (i.e. 6 total slides if 2 tests/markers are ordered). Or, submit 2 unstained slides per test plus an H&E.
- IHC: submit at least 2 unstained slides at 3 µm per biomarker ordered.
- Mutation Analysis: submit a minimum of 5 slides at 5 µm per test ordered.

#### UroVysion and Urine Cytology

##### Kit contents:

- 1) Collection Cup with Spout (180ml)
- 2) Blue-capped Container (120ml) with 30ml of PreservCyt® Solution

##### Instructions:

- A) Using the collection cup (1), collect the first days urine mid-stream into the collection cup.
- B) Pour at least 35ml of urine into blue-capped cytology jar (2) with PreservCyt® Solution For UroVysion testing only. Ensure that the lid is secure to prevent leakage. (For Combined Urine Cytology and UroVysion FISH testing, there should be a minimum of 90 mls of total volume = 60 ml of urine).
- C) Place the blue-capped cytology container (2) into the foam insert in the appropriate location.
- D) Keep the specimen refrigerated prior to shipping. Ship specimen with ice pack placed on top of shipping container. Specimen should not exceed 45° and needs to be processed within 48 hours.

If there are further questions about requirements when multiple combination of tests are ordered or reflexed, please contact Client Services at 877.429.6643 (Lake Forest, CA), 888.522.7971 (Philadelphia) or 215.382.9000.

Note: Rosetta Genomics and Admera Health do not assume responsibility for any damages occurring to samples in transit.