



CLIENT INFORMATION

Client Name: _____
 Street: _____ City: _____ St: _____ Zip: _____
 Phone #: _____ Fax: _____
 Additional Physicians in Practice: _____

 Ordering Physician (print): _____
 NPI #: _____
 Signature (Physician or Authorized Designee)**: _____
 **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: _____
 ADDITIONAL COMMENTS/TEST REQUESTS: _____

SPECIMEN INFORMATION

Specimen/Block ID: _____ Number of Specimens: _____
 Specimen Type: Voided Urine Bladder Wash Ileal Conduit
 FFPE Tissue Block Core Needle Biopsy # of Slides: _____
 Biopsy Other: _____
 Collection Date: ____/____/____ Collection Time: _____
 Date retrieved from archive: ____/____/____
 Specimen Holding Facility/Contact: _____
 Phone: _____ Fax: _____
 CHECK HERE - to request that PersonalizeDx retrieves specimen

CLINICAL INFORMATION

Please attach clinical history/diagnosis Report Enclosed
 Clinical History: _____
 DRE: Normal Abnormal
 Last PSA: _____ ng/mL Date: ____/____/____
 Clinical Stage: T1c T2a T2b T2c

BLADDER ICD-10 CODES (REQUIRED)

R31.9 Hematuria, Unspecified Microscopic Hematuria (two options):
 R31.0 Gross Hematuria R31.1 Benign Essential R31.2 Other
 C67.9 Malignant Neoplasm of Bladder, Unspecified Other: _____

PROSTATE ICD-10 CODES (REQUIRED)

R97.2 Elevated PSA C61 Malignant Neoplasm of Prostate
 Z85.46 History of Malignant Neoplasm of Prostate N41.0 Acute Prostatitis
 N40.0 Enlarged Prostate w/o lower urinary tract symptoms N41.1 Chronic Prostatitis
 N40.1 Enlarged Prostate w/ lower urinary tract symptoms Other: _____

Bladder Cancer Testing Services

(Testing performed as a Global service unless Tech Only is checked)

Urine Tests

UroVysion FGFR3 Mutation Analysis Urine Cytology
 UroVysion + FGFR3
 Cytology + UroVysion + FGFR3
 Cytology w/Reflex to UroVysion if Atypical
 Cytology w/Reflex to UroVysion + FGFR3 if Atypical
 UroVysion w/Reflex to FGFR3 if Negative

Tissue Tests

Bladder Histology
 PDx Pro-Bladder - Molecular Grading (FGFR3 + Ki-67)
 Histology w/Reflex to Molecular Grading (FGFR3 + Ki-67) if NMIBC

Check Below for Tech Only:

UroVysion
 Cytology
 Histology

Prostate Cancer Test Services

ERG and PTEN by FISH
 ERG by FISH PTEN by FISH
 Prostate Histology
 Reflex to ERG/PTEN FISH on PCa
 Reflex only on Gleason 6 and 7 (3+4)

Check Here for Tech Only

Rosetta Kidney Cancer Test™*
 (microRNA for subtyping of primary kidney tumor)

Histology: Vas Deferens Other: _____

PLEASE SEE REVERSE FOR SPECIMEN REQUIREMENTS • Top Copy (White) – PersonalizeDx Bottom Copy (Yellow) – Client

1-Complete all requested information on requisition. 2-Use appropriate number of labels provided. 3-Place one label on each specimen and dispose of the remaining labels.

*The Rosetta Cancer tests are performed at our Philadelphia, PA laboratory. All other tests are processed at our Lake Forest, CA laboratory.

SPECIMEN REQUIREMENTS:

Collection Kit for UroVysion® FISH, FGFR3 Mutation Analysis, and Urine Cytology Testing

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 urine (preferred mid stream into the collection cup).
- B) Urine Minimum Volume Requirements (PreservCyt® Solution required):
 - a) UroVysion, FGFR3 and Cytology – 70ml
 - b) UroVysion and Cytology – 60ml
 - c) UroVysion and FGFR3 – 40ml
 - d) UroVysion **or** Cytology **only** - 30ml
 - e) FGFR3 **only**: 10ml minimum requirement, 30ml preferred
- C) Pour urine into blue-capped cytology jar (2) with PreservCyt® Solution.
- D) Ensure that the lid is secure to prevent leakage.
- E) Place the blue capped cytology container (2) into the foam insert in the appropriate location.
- F) Keep the specimen refrigerated prior to shipping. Ship specimen with ice pack. Specimen should not exceed 45° and needs to be processed within 72 hours.
- G) **Please contact Client Services at 1.877.429.6643 for help with any shipping questions.**

For Solid Tumor Testing (PTEN/ERG in Prostate and FGFR3/Ki67 in Bladder)

- Place a barcode label (including at least two patient identifiers) on each slide mailer or block cassette. A Formalin fixed, paraffin embedded (FFPE) tissue from a block or slides, is required.
- Required fixation duration for tissue samples is 6 to 48 hours.
- Tissue block is preferred and any unused tumor material is returned to sender.
- For PTEN and ERG on slides, submit a minimum of 3 unstained slide sections on positively charged slides cut to a thickness of at least 4-6 microns for each individual test ordered (i.e. 6 total slides if both PTEN and ERG are ordered).
- For FGFR3/Ki67 on slides, submit a minimum of 6 unstained positively charged slides (minimum of 5 microns).

Rosetta Kidney Cancer Test™

- FFPE Blocks are the Preferred Specimen Type
- Primary tumors only accepted for the Rosetta Kidney Cancer Test™.
- Minimum tumor cell area is 2.5mm²

If unstained slides are submitted instead of a tissue block:

- 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.

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) or 888.522.7971 (Philadelphia).

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