

Oncodetect™ and OncoExtra® test order requisition form

All fields are required unless stated otherwise. | Incomplete orders may cause testing delays. | **Fill out form and fax back to 602-682-5077.**

**EXACT
SCIENCES®**

Patient name

Patient date of birth (MM/DD/YYYY)

Test selection: Choose one or more tests

Patients with allogenic (donor) stem cell or bone marrow transplant are not eligible for testing

Oncodetect Molecular Residual Disease Test: Inform treatment, monitor for recurrence, or monitor response to therapy

OncoExtra Tissue Genomic Profiling Test (DNA/RNA): Identify targeted therapy or clinical trial options for advanced solid tumors

Select one or more IHC options to add on to your OncoExtra test (optional):

Exact Sciences-selected IHC panel: An Exact Sciences pathologist will select a panel of IHC stains based on tumor type. Visit our OncoExtra product page online at oncoextra.com/ihc for a full list of the IHCs on each panel.

Provider-selected individual IHC stains: Select one or more IHC stains to test individually or in addition to an Exact Sciences-selected panel.

ALK AR ER HER2 MET MLH1 MSH2 MSH6 PD-1 PD-L1 (22C3) PD-L1 (SP142) PD-L1 (SP263) PMS2 PR PTEN TRKpan

IHC tests are not available for specimen collected in New York State. If multiple tests are ordered and the tumor sample is limited, sequencing will be prioritized over IHC.

Patient clinical history and test information

If ordering an Oncodetect test: Has the patient had an Oncodetect test performed previously for this cancer?

No, start testing this cancer

Yes, continue monitoring this cancer

(Blood and tumor required)

(Only blood required)

If ordering an Oncodetect test: Select the test frequency

One time

Recurring - choose default frequency: Every 3 months Every 6 months

Specific frequency may be modified at the provider's discretion. Recurring test orders expire after 1 year.

Will either blood or tumor specimen be collected in New York State?

Yes (if yes, IHC tests are not available)

No

Primary cancer diagnosis

Stage at diagnosis

I

II

III

IV

Other: _____

Is the patient on or planning to be on immune checkpoint inhibitor therapy?

No

Yes

If yes, provide the drug name: _____

Is the patient receiving or planning to receive treatment for active cancer?

No evidence of disease

Yes

Does the patient have cancer that is advanced, metastatic, recurrent (returned after treatment) or refractory (not responding to treatment)?

No

Yes

Has the patient completed surgery or therapy aimed to definitively treat (cure) their cancer, not just to ease symptoms?

No

Yes

If yes, provide the completion date: _____

Specimen collection information required for your test selections

Blood collection: Required for OncoExtra and all Oncodetect tests

How do you want blood draws to be managed? If you select "Managed by Exact Sciences" we will use our phlebotomy network to perform blood collections at a location convenient to the patient. We will send a collection kit to the patient's home and contact them to schedule a collection date.

Managed by ordering provider's office

Managed by Exact Sciences

First draw managed by ordering provider's office. Subsequent draws managed by Exact Sciences (only applicable for recurring Oncodetect orders).

Tumor collection: Required for OncoExtra and first Oncodetect test

How do you want the tumor specimen to be retrieved?

Ordering provider to request tumor specimen from pathology

Exact Sciences to request tumor specimen from pathology

Pathology lab name	Primary lab contact (optional)	Phone	Fax
Address	City	State	ZIP code
Specimen ID (recommended)	Date of collection (recommended)		

Hospitalization status: Required for Medicare only

Medicare only: Hospitalization status at **tumor sample** collection

Inpatient (> 24 hour stay) If inpatient, provide discharge date: _____

Outpatient

Non-hospital

Medicare only: Hospitalization status at **blood sample** collection

Inpatient (> 24 hour stay) If inpatient, provide discharge date: _____

Outpatient

Non-hospital

Patient information

First name		Middle initial (optional)	Last name		Date of birth
Sex assigned at birth Female Male	Medical record number (optional)		Phone	Email (recommended)	
Address			City	State	ZIP code


Billing information

Select your patient's method of billing					
Insurance	Self-pay / Uninsured	Bill to health care office (contracted accounts)	Clinical study	Study code:	
Primary insurance		Subscriber ID	Relationship to policyholder Self Spouse Child		
Policyholder name (if not patient)		Policyholder date of birth (if not patient)	Primary ICD-10 code		

Ordering provider information

First name		Last name		NPI number	Health care office
Primary office contact (optional)		Contact phone		Contact email (recommended)	Fax (for results)
Address		City		State	ZIP code
Additional report recipient (optional)				Additional report recipient fax (optional)	

Shipping instructions

 The following must be attached: Pathology report Clinical progress note Copy of insurance card (insurance billing only)	<ul style="list-style-type: none">When multiple products are ordered, you can use a single Oncodetect kitFor an initial order, blood is recommended to be sent the same day as the order is placed. Testing will begin when both blood and tumor samples arrive	<ul style="list-style-type: none">Specimens accepted Monday – SaturdayPlease do not ship the day before a holidayShipping and specimen requirements can be found in the test kit	Ship samples overnight to: ATTN: Accessioning Genomic Health, Inc. 445 N 5th St Suite 100/300 Phoenix, AZ 85004
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Ordering provider attestation

With my signature below, I certify that: (1) I am the treating provider, and this testing is medically necessary and appropriate for this patient and the results will be used to determine the patient's treatment plan; (2) I have educated the patient and have received the patient's informed consent to proceed with testing; (3) I have received the patient's consent for your laboratory to release test results and to submit all necessary information to insurance for payment; (4) I understand that this testing will be based on the most updated requisition and test description available.		
By providing the patient's email and/or phone number and submitting this order I represent and warrant that the patient has consented to receiving text messages, voice calls, automated voice calls (if phone number is provided), and/or emails from Genomic Health, Inc. or its affiliates (if email is provided) concerning healthcare information (including, but not limited to, order, account and result information, and reminders for future monitoring tests). Patients may update their communication preferences at any time by contacting 1-866-662-6897.		
Ordering provider signature	Printed name	Date

Need help? Call Customer Care at 1-866–662–6897 or send an email to oncodetect@exactsciences.com or oncoextra@exactsciences.com