

# 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):
- Cancer diagnosis-based IHC panel:** See IHC Panels below for IHC stains in each panel, or visit our OncoExtra product page online at [oncoextra.com/ihc](http://oncoextra.com/ihc).
- Individual IHC stains:** Select one or more IHC stains to test individually or in addition to a cancer diagnosis-based IHC panel.
- ALK  AR  HER2  MLH1  MSH2  MSH6  PD-L1 (22C3)  PD-L1 (SP263)  PMS2  PTEN

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

<b>If ordering an Oncodetect test:</b> Has the patient had an Oncodetect test performed previously for this cancer? <input type="checkbox"/> No, start testing this cancer (Blood and tumor required) <input type="checkbox"/> Yes, continue monitoring this cancer (Only blood required)		<b>If ordering an Oncodetect test:</b> Select the test frequency <input type="checkbox"/> One time <input type="checkbox"/> Recurring - choose default frequency: <input type="checkbox"/> Every 3 months <input type="checkbox"/> Every 6 months <i>Specific frequency may be modified at the provider's discretion. Recurring test orders expire after 1 year.</i>	
Will either blood or tumor specimen be collected in New York State? <input type="checkbox"/> Yes (if yes, IHC tests are not available) <input type="checkbox"/> No	Primary cancer diagnosis	Stage at diagnosis <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Other: _____	
Is the patient on or planning to be on immune checkpoint inhibitor therapy? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the drug name: _____	Is the patient receiving or planning to receive treatment for active cancer? <input type="checkbox"/> No evidence of disease <input type="checkbox"/> Yes		
Does the patient have cancer that is advanced, metastatic, recurrent (returned after treatment) or refractory (not responding to treatment)? <input type="checkbox"/> No <input type="checkbox"/> Yes	Has the patient completed surgery or therapy aimed to definitively treat (cure) their cancer, not just to ease symptoms? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the completion date: _____		

## Specimen collection information required for your test selections

<b>Blood collection: Required for OncoExtra and all Oncodetect tests</b>			
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.			
<input type="checkbox"/> Managed by ordering provider's office <input type="checkbox"/> Managed by Exact Sciences <input type="checkbox"/> First draw managed by ordering provider's office. Subsequent draws managed by Exact Sciences (only applicable for recurring Oncodetect orders).			
<b>Tumor collection: Required for OncoExtra and first Oncodetect test</b>			
How do you want the tumor specimen to be retrieved? <input type="checkbox"/> Ordering provider to request tumor specimen from pathology <input type="checkbox"/> 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

<b>Medicare only:</b> Hospitalization status at <b>tumor sample</b> collection <input type="checkbox"/> Inpatient (> 24 hour stay) If inpatient, provide discharge date: _____ <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-hospital	<b>Medicare only:</b> Hospitalization status at <b>blood sample</b> collection <input type="checkbox"/> Inpatient (> 24 hour stay) If inpatient, provide discharge date: _____ <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-hospital
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## Patient information

First name		Middle initial (optional)	Last name		Date of birth
Sex assigned at birth <input type="checkbox"/> Female <input type="checkbox"/> Male	Medical record number (optional)		Phone	Email (recommended)	
Address			City	State	ZIP code


## Billing information

Select your patient's method of billing <input type="checkbox"/> Insurance <input type="checkbox"/> Self-pay / Uninsured <input type="checkbox"/> Bill to health care office (contracted accounts) <input type="checkbox"/> Clinical study Study code: _____					
Primary insurance		Subscriber ID		Relationship to policyholder <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> 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

 <b>The following must be attached:</b> <input type="checkbox"/> Pathology report <input type="checkbox"/> Clinical progress note <input type="checkbox"/> Copy of insurance card (insurance billing only)	<ul style="list-style-type: none"><li>When multiple products are ordered, you can use a single Oncodetect kit</li><li>For 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</li></ul>	<ul style="list-style-type: none"><li>Specimens accepted Monday – Saturday</li><li>Please do not ship the day before a holiday</li><li>Shipping and specimen requirements can be found in the test kit</li></ul>	<b>Ship samples overnight to:</b> 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 a) your laboratory to release test results and b) 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

## IHC Panels

<b>Anal:</b> PD-L1 (22C3), MMR <sup>1</sup> <b>Appendix:</b> HER2, PTEN, MMR <sup>1</sup> <b>Bladder:</b> PD-L1 (22C3), MMR <sup>1</sup> <b>Bone:</b> MMR <sup>1</sup> <b>Breast 1 (no ER/ PR/ HER2 status):</b> HER2, PD-L1 (22C3), MSH6, PMS2 <b>Breast 2 (previously tested ER/ PR/ HER2 status):</b> AR, PD-L1 (22C3), MMR <sup>1</sup> <b>Cervical:</b> PD-L1 (22C3), MMR <sup>1</sup> <b>Cholangiocarcinoma:</b> HER2, PD-L1 (22C3), MMR <sup>1</sup> <b>CNS/Brain:</b> MMR <sup>1</sup> <b>Colorectal:</b> HER2, PTEN, MMR <sup>1</sup> <b>Esophagus:</b> HER2, PD-L1 (22C3), MMR <sup>1</sup>	<b>Gallbladder:</b> HER2, PD-L1 (22C3), MMR <sup>1</sup> <b>Gastric:</b> HER2, PD-L1 (22C3), MMR <sup>1</sup> <b>GIST:</b> PD-L1 (22C3), MMR <sup>1</sup> <b>Head and neck, salivary gland:</b> HER2, AR, MMR <sup>1</sup> <b>Head and neck, squamous:</b> PD-L1 (22C3), MMR <sup>1</sup> <b>Hepatocellular:</b> HER2, PD-L1 (22C3), MMR <sup>1</sup> <b>Kidney:</b> PD-L1 (22C3), MMR <sup>1</sup> <b>Melanoma:</b> PD-L1 (22C3), PTEN, MMR <sup>1</sup> <b>Mesothelioma:</b> PD-L1 (22C3), MMR <sup>1</sup> <b>Neuroendocrine:</b> PD-L1 (22C3), PTEN, MMR <sup>1</sup> <b>NSCLC:</b> PD-L1 (22C3), ALK, MSH6, PMS2 <b>Other solid tumors:</b> PD-L1 (22C3), HER2, MMR <sup>1</sup> <b>Ovarian:</b> HER2, MMR <sup>1</sup>	<b>Pancreatic:</b> MMR <sup>1</sup> , PTEN <b>Penile:</b> PD-L1 (22C3), MMR <sup>1</sup> <b>Prostate:</b> AR, PD-L1 (22C3), MMR <sup>1</sup> <b>Skin, non-melanoma:</b> PD-L1 (22C3), MMR <sup>1</sup> <b>Small bowel:</b> HER2, PTEN, MMR <sup>1</sup> <b>Soft tissue:</b> MMR <sup>1</sup> <b>Testicular:</b> PD-L1 (22C3), MMR <sup>1</sup> <b>Thymus:</b> PD-L1 (22C3), MMR <sup>1</sup> <b>Thyroid:</b> PD-L1 (22C3), ALK, MMR <sup>1</sup> <b>Uterine:</b> HER2, MMR <sup>1</sup> <b>Vulvar:</b> PD-L1 (22C3), MMR <sup>1</sup>
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\*ASCO/CAP Guidelines: Breast specimens that will be subject to HER2 testing should be fixed in 10% neutral buffered formalin for a minimum of six hours and a maximum of 72 hours. This fixation time begins when the specimen is initially placed in formalin (not when the specimen is sectioned during gross examination) and ends when the cassettes are no longer in formalin.

<sup>1</sup> Panel of 4 IHC stains: MLH1, MSH2, MSH6, PMS2

**Need help? Call Customer Care at 1-866-662-6897 or send an email to [oncodetect@exactsciences.com](mailto:oncodetect@exactsciences.com) or [oncoextra@exactsciences.com](mailto:oncoextra@exactsciences.com)**

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