

Patient Information

Name (Last, First, MI) DOB (MM/DD/YYYY) Medical Record # Sex at Birth [] Female [] Male
Phone (Primary) Street Address City State ZIP
Email Primary Cancer Diagnosis Primary ICD-10 Code

Does the patient have any of the following: recurrent, relapsed, refractory, advanced (Stage III/IV) or metastatic cancer? [] Yes [] No (If No, you may be contacted)

Billing Information

[] Insurance/Medicare/Medicaid [] Patient Self-pay [] Account Bill Primary Insurance Member ID
Patient Status (at sample collection) Discharge Date (inpatient only) Group # Primary Policy Holder DOB (MM/DD/YYYY)
[] Non-hospital [] Outpatient [] Inpatient

IF PRIMARY INSURANCE IS LEFT BLANK, OR IF SECONDARY INSURANCE IS AVAILABLE, ENSURE A FACE SHEET AND COPY OF INSURANCE CARD ARE ATTACHED, OR YOU MAY BE CONTACTED.

Treating Provider

Name NPI Email
Office / Practice / Institution Phone Fax
Address Contact Name Contact Phone Contact Email
Additional Report Recipient (Optional)
Name Phone Fax

Pathology & Specimen Retrieval

[] Exact Sciences to request tumor specimen from Pathology [] Ordering Provider to request tumor specimen from Pathology
Office / Practice / Institution Tumor: Format(s) Submitted Specimen ID #
[] FFPE Block [] Unstained Slides [] Fresh Frozen [] H&E Included
Phone Fax Tissue Source Date of Collection Date Block Pulled from Archive
Address Processing: Fixed per ASCO/CAP guidelines: Decalcification:
[] Yes [] No [] Unknown [] None [] EDTA [] Other

Previous results

Please provide ER/PR/HER2 results as applicable

PLEASE ATTACH PATHOLOGY REPORT

Matched Normal:

Peripheral blood in EDTA Specimen ID # Date of Collection

Testing Options

[] OncoExTra
Tumor/Normal Exome (DNA) and Transcriptome (RNA)
To add-on specific IHC stains, please select from the right.
[] OncoExTra + IHC panel
Tumor/Normal Exome (DNA) and Transcriptome (RNA) + IHC panel
An Exact Sciences Pathologist will select an IHC panel based on the available clinical information. IHC panels can be located on page 2.
To add-on specific IHC stains, please select from the right.

For individual IHCs, choose from below

- [] ALK [] HER2 [] MLH1 [] PD1 [] PD-L1 (SP263) [] PTEN
[] AR [] IDO [] MSH2 [] PD-L1 (22C3) [] PMS2 [] TRKpan
[] ER [] MET [] MSH6 [] PD-L1 (SP142) [] PR

Certificate of medical necessity, consent for testing, and Provider signature

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; and (4) I understand that this testing will be based on the most updated requisition and test description available.

Please attach the following:

- Pathology report
• Clinical progress note
• Front and back of insurance card

Treating Provider Signature Printed Name Date

IHC Panels

Anal: PD-1, PD-L1(22C3), MMR ¹	GIST: PD-L1(22C3), MMR ¹	Prostate: AR, PD-L1(22C3), MMR ¹
Appendix: HER2, PTEN, MMR ¹	Head and neck, salivary gland: HER2, AR, MMR ¹	Skin, non-melanoma: PD-L1(22C3), MMR ¹
Bladder: PD-L1(22C3), PD-L1(SP142), MMR ¹	Head and neck, squamous: PD-L1(22C3), MMR ¹	Small bowel: HER2, PTEN, MMR ¹
Bone: MMR ¹	Hepatocellular: HER2, PD-L1(22C3), MMR ¹	Soft tissue: MMR ¹
Breast: AR, PD-L1 (22C3), MMR ¹ Previously tested for ER/PR/HER2. Otherwise HER2, ER, PR, PD-L1(22C3), MSH6, PMS2	Kidney: PD-L1(22C3), MET, MMR ¹	Testicular: PD-L1(22C3), MMR ¹
Cervical: PD-L1(22C3), ER, MMR ¹	Melanoma: PD-L1(22C3), PTEN, MMR ¹	Thymus: PD-L1(22C3), MMR ¹
Cholangiocarcinoma: HER2, PD-L1(22C3), MMR ¹	Mesothelioma: PD-L1(22C3), MMR ¹	Thyroid: PD-L1(22C3), ALK, MMR ¹
CNS/Brain: MMR ¹	Neuroendocrine: PD-L1(22C3), PTEN, MMR ¹	Uterine: ER, HER2, MMR ¹
Colorectal: HER2, PTEN, MMR ¹	NSCLC: PD-L1(22C3), PD-L1(SP142), ALK, MSH6, PMS2	Vulvar: PD-L1(22C3), ER, MMR ¹
Esophagus: HER2, PD-L1(22C3), MMR ¹	Other solid tumors: PD-L1(22C3), HER2, MMR ¹	
Gallbladder: HER2, PD-L1(22C3), MMR ¹	Ovarian: ER, HER2, MMR ¹	
Gastric: HER2, PD-L1(22C3), MMR ¹	Pancreatic: MMR ¹ , PTEN	
	Penile: PD-L1(22C3), MMR ¹	

* ASCO/CAP Guidelines: Breast specimens that will be subject to ER/PR and HER2 testing should be fixed in 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.

¹Panel of 4 IHC stains: MLH1, MSH2, MSH6, PMS2

OncoExTra[®] Assay

1. Assay criteria: The test is considered reasonable and medically necessary for patients diagnosed with advanced (Stage III, Stage IV) solid tumor malignancies to aid in the selection of therapeutic options or available clinical trials.
2. Coverage of the OncoExTra test by Medicare applies under the following conditions:
 - a. Patient has recurrent, relapsed, refractory, metastatic, or advanced cancer (stages III or IV)
 - b. Patient has not been previously tested by the same test using NGS for the same cancer genetic content
 - c. Patient is seeking treatment for their advanced cancer (e.g., therapeutic chemotherapy)

Shipping Instructions

Ship samples overnight to:

**ATTN: Accessioning
Genomic Health, Inc.
445 N 5th Street
Phoenix, AZ 85004**

Ship Blood, and FFPE on cold packs (provided in kit)
Ship Fresh Frozen Tissue on dry ice
Specimens accepted Monday – Saturday
Please do not ship the day before a holiday

Specimen Requirements

For OncoExTra: Tumor (FFPE)

FFPE Block (preferred)
Fixed Tissue: Surface area $\geq 25\text{mm}^2$
Core Needle Biopsy: 3-5 cores from a single tumor
Unstained Slides: 10 (charged, unbaked) from a single tumor, ≥ 50 microns total and 1 H&E.

Matched normal (whole blood)

Minimum 3-5mL in EDTA
Clotted or hemolyzed specimens are not accepted.
Refrigerate until time of shipment, needs to be ≤ 7 days old at time of receipt.
Storage of blood samples should be at standard lab protocols (2-8 °C).

Please contact us to discuss alternative specimen types.

The molecular test generally takes 50-100 microns of tissue plus an additional 5-10 microns per immunohistochemical stain. Submitted tissue may be exhausted to perform requested testing.

For IHC testing: IHC panel

FFPE block or additional 8 unstained slides from a single tumor.

Individual IHC stain

FFPE block or 2 additional unstained slides from one tumor block per IHC stain.

Additional material may be required for FISH reflex if HER2 IHC equivocal.

Rendering Provider Address

Genomic Health Inc.
445 N 5th Street
Phoenix AZ, 85004
PLA Code: 0329U
CPT Code: 81479, 81455
GHI Provider ID: 1215003603

OncoExTra is a trademark of Genomic Health, Inc., a wholly-owned subsidiary of Exact Sciences Corporation. Exact Sciences is a registered trademark of Exact Sciences Corporation.

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