

SPECIALIZED TESTING AND BIOMARKER ANALYSIS REQUISITION

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CLIA ID #: 10D1087213

| ACCOUNT INFORMATION | | | | PATIENT INFORMATION | | | |
|----------------------------------|--|--------------------|-----|--------------------------------|--|-------------------------------|--|
| Client Name | | | | Patient Name (Last, First, MI) | | | |
| Street Address 1 | | | | Street Address 1 | | | |
| Street Address 2 | | | | Street Address 2 | | | |
| City | | State | | City | | State | |
| Zip | | Zip | | City | | State | |
| Telephone No. () () | | Fax No. () () | | Home Telephone No. () () | | Work Telephone No. () () | |
| Ordering Physician / Pathologist | | | NPI | Race | | Date of Birth | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Treating Physician | | | NPI | Social Security No. | | | Chart no. / Patient ID No. (Optional) |

| BILLING INFORMATION (Attach demographics and front and back of insurance card) | | | | | | | |
|---|-------|-----|--------------------------|---|--|---------------|--|
| Bill: <input type="checkbox"/> Insurance <input type="checkbox"/> Patient <input type="checkbox"/> Medicare / Medicaid <input type="checkbox"/> Client / Facility Patient Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-Hospital Patient | | | | Group Employer Name | | Policy No. | Group No. |
| Primary Insurance Co. Name <input type="checkbox"/> Information Attached | | | | Policy Holder Name | | Date of Birth | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Street Address | | | | Relationship to Policy Holder: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent | | | |
| City | State | Zip | Telephone No. () () | Secondary Insurance: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please attach) | | | |

***Medicare patients must review and sign the separate Advanced Beneficiary Notice for services that may not meet Medicare's medical necessity or frequency limitation.**

| SPECIMEN INFORMATION | | | | CLINICAL INFORMATION | | | |
|--|--|--|--|--|--|--|--|
| Accession No.: | | Block(s): | | Please provide copy of the original and most recent pathology / cytology report(s) and clinical history, including any prior therapy. | | | |
| Collection Date: | | Collection Time: <input type="checkbox"/> AM <input type="checkbox"/> PM | | Clinical History | | | |
| Specimen Source <input type="checkbox"/> Prostate <input type="checkbox"/> Bladder <input type="checkbox"/> Breast <input type="checkbox"/> Colon <input type="checkbox"/> Esophagus <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other _____ | | | | Diagnosis (ICD-9) <input type="checkbox"/> Prostate Cancer (185) <input type="checkbox"/> Breast Cancer (174.9) <input type="checkbox"/> Colon Cancer (153.9) <input type="checkbox"/> Bladder Cancer (188.9) <input type="checkbox"/> Barrett's Esophagus (530.85) <input type="checkbox"/> Other _____ | | | |
| Specimen Type <input type="checkbox"/> Paraffin Block(s) # _____ <input type="checkbox"/> Unstained Slide(s) # _____ <input type="checkbox"/> Stained Slide(s) # _____ <input type="checkbox"/> Fresh Tissue <input type="checkbox"/> Cytologic Brushings <input type="checkbox"/> Voided Urine <input type="checkbox"/> Peripheral Blood <input type="checkbox"/> Other _____ | | | | | | | |

TESTING REQUESTED (See reverse for optimal specimen requirements)

| BioStrat™ Analysis | Bladder Cancer Biomarker | Breast Cancer Biomarker | GI Cancer Biomarker |
|--|--|--|---|
| Level of Service: <input type="checkbox"/> Global <input type="checkbox"/> Technical Only <input type="checkbox"/> Prostate BioStrat™ Assay* (Up to 5 FISH Biomarkers) *Required for Prostate BioStrat™ Assay PSA: _____ ng/mL Date: _____ Digital Rectal Exam <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unilateral < ½ Lobe <input type="checkbox"/> Unilateral > ½ Lobe <input type="checkbox"/> Bilateral <input type="checkbox"/> Bladder BioStrat™ Assay† (Up to 10 IHC / FISH Biomarkers) †Required for Bladder BioStrat™ Assay Prior Recurrence Rate <input type="checkbox"/> Primary Recurrent: <input type="checkbox"/> ≤1/yr <input type="checkbox"/> >1/yr Tumor Category: <input type="checkbox"/> Ta <input type="checkbox"/> T1 Number of Tumors: <input type="checkbox"/> 1 <input type="checkbox"/> 2-7 <input type="checkbox"/> ≥8 Grade (WHO 1973): <input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> G3 Tumor Diameter (cm): <input type="checkbox"/> <3 <input type="checkbox"/> ≥3 Concomitant CIS: <input type="checkbox"/> Yes <input type="checkbox"/> No Cystoscopy: <input type="checkbox"/> N/A <input type="checkbox"/> Neg <input type="checkbox"/> Susp <input type="checkbox"/> Pos Cytology: <input type="checkbox"/> Unsat <input type="checkbox"/> Neg <input type="checkbox"/> Atyp <input type="checkbox"/> Pos <input type="checkbox"/> Barrett's BioStrat™ Assay (Up to 5 FISH Biomarkers) | Level of Service: <input type="checkbox"/> Global <input type="checkbox"/> Technical Only <u>Quantitative Immunohistochemistry (IHC)</u> <input type="checkbox"/> Cyclin E <input type="checkbox"/> Ki-67 <input type="checkbox"/> p21 <input type="checkbox"/> p27 <input type="checkbox"/> p53 <input type="checkbox"/> URO Cocktail (CD44, p53, CK20) <u>Fluorescence in situ Hybridization (FISH)</u> <input type="checkbox"/> p53 (17p13.1) <input type="checkbox"/> p16 (9p21) <input type="checkbox"/> UroVysion™ (3, 7, 17, p16) Prostate Cancer Biomarker Level of Service: <input type="checkbox"/> Global <input type="checkbox"/> Technical Only <u>Quantitative Immunohistochemistry (IHC)</u> <input type="checkbox"/> AR <input type="checkbox"/> bcl-2 <input type="checkbox"/> Caveolin-1 <input type="checkbox"/> CD10 <input type="checkbox"/> CD34 <input type="checkbox"/> E-cadherin <input type="checkbox"/> Ki-67 <input type="checkbox"/> p21 <input type="checkbox"/> p27 <input type="checkbox"/> p53 <input type="checkbox"/> PTEN <input type="checkbox"/> PIN-4 Cocktail (P504S, HMW CK, p63) <u>Fluorescence in situ Hybridization (FISH)</u> <input type="checkbox"/> C-MYC (8q24.12) <input type="checkbox"/> AR (Xq12) | Level of Service: <input type="checkbox"/> Global <input type="checkbox"/> Technical Only <u>Quantitative Immunohistochemistry (IHC)</u> <input type="checkbox"/> ER <input type="checkbox"/> PR <input type="checkbox"/> bcl-2 <input type="checkbox"/> E-cadherin <input type="checkbox"/> Ki-67 <input type="checkbox"/> p53 <input type="checkbox"/> TOPO2A <input type="checkbox"/> Her-2†† <input type="checkbox"/> Her-2† (Reflex to FISH) <input type="checkbox"/> Invasive Profile (ER, PR, Ki-67, p53, Her-2††) <u>Fluorescence in situ Hybridization (FISH)</u> <input type="checkbox"/> C-MYC (8q24.12) <input type="checkbox"/> Cyclin D1 (11q13) <input type="checkbox"/> EGFR (7p12) <input type="checkbox"/> TOPO2A (17q21) <input type="checkbox"/> ZNF217 (20q13.2) <input type="checkbox"/> PathVysion® (Her-2)†† ††Breast Marker Studies Fixation Fixative: <input type="checkbox"/> 10% Neutral Buffered Formalin <input type="checkbox"/> Other: _____ Duration > 6 & < 48 hours: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Level of Service: <input type="checkbox"/> Global <input type="checkbox"/> Technical Only <u>Quantitative Immunohistochemistry (IHC)</u> <input type="checkbox"/> Cox-2 <input type="checkbox"/> EGFR <input type="checkbox"/> Her-2 <input type="checkbox"/> Ki-67 <input type="checkbox"/> MLH1 <input type="checkbox"/> MSH2 <input type="checkbox"/> MSH6 <input type="checkbox"/> PMS2 <input type="checkbox"/> p16 <input type="checkbox"/> p21 <input type="checkbox"/> p27 <input type="checkbox"/> p53 <input type="checkbox"/> PTEN <input type="checkbox"/> TOPO1 <input type="checkbox"/> TS <input type="checkbox"/> EGFR pharmDx™ <input type="checkbox"/> HNPCC Profile (MLH1, MSH2, MSH6, PMS2) Circulating Tumor Cell Level of Service: <input type="checkbox"/> Global <input type="checkbox"/> Technical Only <input type="checkbox"/> CellSearch® Circulating Tumor Cell <input type="checkbox"/> Prostate Cancer Surveillance <input type="checkbox"/> Breast Cancer Surveillance <input type="checkbox"/> Colorectal Cancer Surveillance |
| | | | Molecular Tests <input type="checkbox"/> Prostate Cancer Gene 3 (PCA3) Assay Other Tests <input type="checkbox"/> Surgical Pathology Evaluation <input type="checkbox"/> 2 nd Opinion Consultation <input type="checkbox"/> DNA Ploidy Analysis <input type="checkbox"/> Other: _____ |

BIOMARKER ANALYSIS OPTIMAL SPECIMEN REQUIREMENTS

| ASSAY TECHNOLOGY | SPECIMEN REQUIREMENTS | STORAGE AND TRANSPORTATION |
|---|---|--|
| Immunohistochemistry (IHC) | Immunohistochemistry (IHC) <ul style="list-style-type: none"> • Paraffin Block: One (1) formalin fixed paraffin embedded (FFPE) block containing the most characteristic area of tumor (preferred); or • Slides: Three (3) unstained positive charged slides cut at three microns from a single block containing the most characteristic area of tumor per biomarker requested. | Immunohistochemistry (IHC) <ul style="list-style-type: none"> • Store at room temperature • DO NOT freeze • Ship with frozen cold pack • DO NOT ship frozen or on dry ice • Overnight delivery or courier pickup |
| Fluorescence <i>in situ</i> Hybridization (FISH) | Tissue <ul style="list-style-type: none"> • Paraffin Block: One (1) formalin fixed paraffin embedded (FFPE) block containing the most characteristic area of tumor (preferred); or • Slides: Three (3) unstained positive charged slides cut at four to six microns from a single block containing the most characteristic area of tumor per biomarker requested. | Tissue <ul style="list-style-type: none"> • Store at room temperature • DO NOT freeze • Ship with frozen cold pack • DO NOT ship frozen or on dry ice • Overnight delivery or courier pickup |
| | UroVysion™ <ul style="list-style-type: none"> • Voided Urine: Collect a minimum of 33 mL fresh voided urine. | UroVysion™ <ul style="list-style-type: none"> • Mix urine 2:1 with PreservCyt® or Carbowax (2% polyethylene glycol in 50% ethanol) fixative • Keep refrigerated • Ship with frozen cold pack • Overnight delivery or courier pickup |
| BioStrat™ Analysis | Prostate <ul style="list-style-type: none"> • Paraffin Block: One (1) formalin fixed paraffin embedded (FFPE) block containing the most characteristic area of tumor (preferred); or • Slides: Six (6) unstained positive charged slides cut at four to six microns from one or more blocks containing the most characteristic area of tumor. | Prostate <ul style="list-style-type: none"> • Store at room temperature • DO NOT freeze • Ship with frozen cold pack • DO NOT ship frozen or on dry ice • Overnight delivery or courier pickup |
| | Bladder <ul style="list-style-type: none"> • Paraffin Block: One (1) formalin fixed paraffin embedded (FFPE) block(s) containing the most characteristic area of tumor (preferred); or • Slides: Nine (9) unstained positive charged slides cut at four to six microns from one or more blocks containing the most characteristic area of tumor. | Bladder <ul style="list-style-type: none"> • Store at room temperature • DO NOT freeze • Ship with frozen cold pack • DO NOT ship frozen or on dry ice • Overnight delivery or courier pickup |
| | Barrett's Esophagus (BE) <ul style="list-style-type: none"> • Cytologic Brushings: Cytology specimens should be obtained by sweeping a gastrointestinal brush over the entire suspected area(s) of intestinal-like metaplasia, BE-associated neoplasia, or previously diagnosed BE. | Barrett's Esophagus (BE) <ul style="list-style-type: none"> • Remove brush tip and place in vial containing 20 mL PreservCyt solution • Store at room temperature • Ship with frozen cold pack • Overnight delivery or courier pickup |
| CellSearch® Circulating Tumor Cell (CTC) | CellSearch® Circulating Tumor Cell (CTC) <ul style="list-style-type: none"> • Peripheral Blood: Collect two (2) tubes, 10 mL (minimum 7.5 mL) whole blood. | CellSearch® Circulating Tumor Cell (CTC) <ul style="list-style-type: none"> • Transfer to CellSave® Preservation tubes • Store at room temperature • DO NOT refrigerate • Overnight delivery or courier pickup |
| Prostate Cancer Gene 3 (PCA3) Assay | Prostate Cancer Gene 3 (PCA3) Assay <ul style="list-style-type: none"> • Voided Urine: Collect 20 - 30 mL first catch voided urine immediately following attentive prostate examination (three strokes per lobe). | Prostate Cancer Gene 3 (PCA3) Assay <ul style="list-style-type: none"> • Transfer 2.5 mL to Aptima transport tube • Keep refrigerated • Ship with frozen cold pack |

If you have questions regarding specimen requirements or would like to arrange transportation, please contact BioVantra Client Support at (866) 627-8221.