BAYLOR GENETICS

BAYLOR GENETICS
2450 HOLCOMBE BLVD.
GRAND BLVD. RECEIVING DOCK
HOUSTON, TX 77021-2024

PHONE
1.800.411.4363
FAX
1.800.434.9850

CONNECT

TUMOR ANALYSIS REQUISITION

PATIENT INFORMATION (COMPLETE ONE FORM FOR EACH PERSON TESTED)

Patient Last Name | Patient First Name | MI | Date of Birth (MM / DD / YYYY)

Address | City | State | **ZIP*** (required for ClariFind™ testing for clinical trial matching)

Phone | Accession # | Hospital / Medical Record # | Patient discharged from the hospital/facility: ◯ Yes ◯ No

Biological Sex: ◯ Female ◯ Male ◯ Unknown Gender identity (if different from left):

* If patient ZIP code is not provided for ClariFind testing, Baylor Genetics will defer to the ZIP code of the forwarding institution.

REPORTING RECIPIENTS

Ordering Physician | Institution Name

Email (Required for International Clients) | Phone | Fax

ADDITIONAL RECIPIENTS

Name | Email | Fax

Name | Email | Fax

PAYMENT (FILL OUT ONE OF THE OPTIONS BELOW)

◯ **SELF PAYMENT**

☐ Pay With Sample ☐ Bill To Patient

◯ **INSTITUTIONAL BILLING**

Institution Name | Institution Code | Institution Contact Name | Institution Phone | Institution Contact Email

◯ **INSURANCE**

☐ Do Not Perform Test Until Patient is Aware of Out-Of-Pocket Costs (excludes prenatal testing)

REQUIRED ITEMS 1. Copy of the Front/Back of Insurance Card(s) 2. ICD10 Diagnosis Code(s) 3. Name of Ordering Physician 4. Insured Signature of Authorization

Name of Insured | Insured Date of Birth (MM / DD / YYYY)

Patient's Relationship to Insured | Phone of Insured

Address of Insured

City | State | ZIP

Primary Insurance Co. Name | Primary Insurance Co. Phone

Primary Member Policy # | Primary Member Group #

Name of Insured | Insured Date of Birth (MM / DD / YYYY)

Patient's Relationship to Insured | Phone of Insured

Address of Insured

City | State | ZIP

Secondary Insurance Co. Name | Secondary Insurance Co. Phone

Secondary Member Policy # | Secondary Member Group #

By signing below, I hereby authorize Baylor Genetics to provide my insurance carrier any information necessary, including test results, for processing my insurance claim. I understand that I am responsible for any co-pay, co-insurance, and unmet deductible that the insurance policy dictates, as well as any amounts not paid by my insurance carrier for reasons including, but not limited to, non-covered and non-authorized services. I understand that I am responsible for sending Baylor Genetics any and all payments that I receive directly from my insurance company in payment for this test. Please note that Medicare does not cover routine screening tests.

Patient's Printed Name | Patient's Signature | Date (MM / DD / YYYY)

STATEMENT OF MEDICAL NECESSITY (REQUIRED)

This test is medically necessary for the risk assessment, diagnosis, or detection of a disease, illness, impairment, symptom, syndrome, or disorder. The results will determine my patient's medical management and treatment decisions. The person listed as the Ordering Physician is authorized by law to order the test(s) requested herein. I confirm that I have provided genetic testing information to the patient and they have consented to genetic testing.

Physician's Printed Name | Physician's Signature | Date (MM / DD / YYYY)

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ETHNICITY

- ◯ African American
- ◯ Ashkenazi Jewish
- ◯ East Asian (China, Japan, Korea)
- ◯ Finnish
- ◯ French Canadian
- ◯ Hispanic American
- ◯ Mennonite
- ◯ Middle Eastern (Saudi Arabia, Qatar, Iraq, Turkey)
- ◯ Native American
- ◯ Northern European Caucasian (Scandinavian, UK, Germany)
- ◯ Pacific Islander (Philippines, Micronesia, Malaysia, Indonesia)
- ◯ South Asian (India, Pakistan)
- ◯ Southeast Asian (Vietnam, Cambodia, Thailand)
- ◯ Southern European Caucasian (Spain, Italy, Greece)
- ◯ Other (Specify):

SAMPLE INFORMATION

Date of Collection (MM / DD / YYYY) | Time of Collection

NOTE: Extracted DNA/RNA will only be accepted if the isolation of nucleic acids for clinical testing occurs in a CLIA-certified laboratory or a laboratory meeting equivalent requirements as determined by the CAP and/or the CMS.

REQUIRED FOR BREAST CANCER FFPE SAMPLES

Method of Fixation | Time to Tissue Fixation | Tissue Fixation Time

SAMPLE TYPE (PLEASE REFER TO PAGE 5 FOR SAMPLE REQUIREMENTS)

- ◯ Blood in EDTA Tube (Purple-Top) +
- ◯ Blood in Sodium Heparin (Green-Top) +
- ◯ Bone Marrow in Sodium Heparin (Green-Top) +
- ◯ Bone Marrow in EDTA (Purple-Top) +
- ◯ FFPE - Slides * #:
- ◯ FFPE - Tissue Block *
- ◯ Fresh Frozen Tissue ± *
- ◯ Tissue in Medium ± *
- ◯ DNA (Concentration) + ± *:
- ◯ RNA (Concentration) + ± *:
- ◯ Other **:

\+ For hematologic samples, attach clinical notes and concurrent laboratory reports (such as CBC, flow cytometry, cytogenetics, FISH, molecular testing, and pathology reports). Concurrent laboratory reports may be sent later as soon as available.

* Surgical Pathology report MUST be attached for all tissue samples but may be sent later as soon as it becomes available.

** Please call for consultation before ordering test.

± Please send a corresponding representative H+E slide, if available.

Gender of Bone Marrow Transplant Donor (select one): ◯ Female ◯ Male

INDICATION FOR TESTING (REQUIRED)

Indication(s) | ICD10 Diagnosis Code(s)

RETURN OF FFPE SPECIMENS

☐ Check if block and/or H&E stained slide should be returned. Fill out the return address information below, or affix preprinted label.

This section will be used as the return address label.

Institution | ATTN

Address

City | State | ZIP

SPECIMEN RETRIEVAL

☐ I want Baylor Genetics to request the specimen. (Complete information below)

Location of Specimen

Contact Name

Phone # | Fax #

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TUMOR PROFILING BY NEXT-GENERATION SEQUENCING

BE = Blood in EDTA (purple-top) **BME** = Bone Marrow in EDTA (purple-top) **TM** = Tissue in Medium **SA** = Saliva

FFPE = Slides/Block **T** = Fresh Frozen Tissue **DNA** = DNA, Extracted

TEST CODE	TEST NAME	SAMPLE TYPE	SPECIAL NOTES
☐ 20010	ClariFind™ Comprehensive DNA Panel	BE, BME, FFPE, T, TM, DNA	DNA coverage for all coding (exonic) regions of 277 key cancer genes for both solid tumors and hematologic malignancies. For further details, please visit baylorgenetics.com/ClariFind.
☐ 8085	ClariFind™ FISH Panel for Solid Tumors (ALK rearrangement, ERBB2 (HER2/neu), MET amplification, MYC translocation, RET rearrangement, ROS1 rearrangement)	FFPE	FISH testing for gene rearrangements and amplifications pertinent for several types of solid tumors. For additional FISH testing options, please see below and next page. For FFPE slides, please send additional 20 slides.

ADDITIONAL TESTING RECOMMENDATIONS

TEST CODE	TEST NAME	SAMPLE TYPE	DISEASE	SPECIAL NOTES
☐ 9505	180K CGH/SNP Array	BE, BME, FFPE, T	Solid Tumors	180K CGH/SNP Array should be considered for genomic copy number analysis. For FFPE slides, please send additional 20 slides.
☐ 9150	Microsatellite Instability (MSI), HNPCC/Lynch Syndrome, by PCR	FFPE		Please submit BOTH a source of tumor tissue (FFPE block/slides) AND a source of normal tissue (FFPE block/slides). Testing will be sent to ARUP Laboratories for analysis and reporting.
☐ 8976	PD-L1 28-8 pharmDx by Immunohisto-chemistry with Interpretation, nivolumab (OPDIVO)	FFPE		For patients with non-squamous non-small cell lung cancer (NSCLC), melanoma, urothelial carcinoma, or head and neck squamous cell carcinoma (HNSCC). For FFPE slides, please send additional 5 slides. Test will be sent to ARUP Laboratories for analysis and reporting.
☐ 8977	PD-L1 22C3 IHC with Combined Positive Score (CPS) Interpretation, pembrolizumab (KEYTRUDA)	FFPE		Use for gastric/GEJ, urothelial, and cervical specimens only. For FFPE slides, please send additional 5 slides. Test will be sent to ARUP Laboratories for analysis and reporting.
☐ 8787	Non-Small Cell Lung Carcinoma FISH Panel (ALK rearrangement, MET amplification, RET rearrangement, ROS1 rearrangement)	FFPE	Non-Small Cell Lung Cancer	FISH testing for ALK, MET, RET, and ROS1 should be considered if not previously performed. For FFPE slides, please send additional 3-5 slides per probe.
☐ 8975	PD-L1 22C3 IHC for NSCLC by Immunohis-tochemistry with Interpretation, pembroli-zumab (KEYTRUDA)	FFPE		Use for non-small cell lung cancer (NSCLC) specimens only. For FFPE slides, please send additional 5 slides. Test will be sent to ARUP Laboratories for analysis and reporting.
☐ 8025	ERBB2 (HER2/neu)	FFPE	Breast Cancer or Gastric Cancer	FISH testing for HER2 should be considered as clinically appropriate and if HER2 testing (immunohistochemistry and/or FISH) not previously performed. For FFPE slides, please send additional 3-5 slides.
☐ 8300	Classical Chromosome Analysis - Hematologic Cancer	BH, BMH	Hematologic Malignancies	Classical chromosomal analysis and appropriate FISH studies should be considered if not previously performed (please also see next page).
☐ 9045	FLT3 Mutation Detection by PCR	BE, BME		FLT3 mutation testing by PCR should be considered for acute myeloid leukemia. FLT3 testing will be sent to LabPMM for analysis and reporting.
☐ 9515	CytoScan HD SNP Array	BE, BME, T		CytoScan HD SNP Array should be considered for genomic copy number analysis.
☐ 8789	Aggressive/High-Grade B-Cell Lymphoma FISH Panel (MYC translocation, BCL2 rearrangement, BCL6 rearrangement)	FFPE	Aggressive/ High-Grade B-Cell Lymphoma	FISH testing for MYC, BCL2, and BCL6 should be considered if not previously performed. For FFPE slides, please send additional 3-5 slides per probe.

TEST CODE		GENE (REQUIRED)	VARIANT (REQUIRED)	SAMPLE TYPE	DISEASE	SPECIAL NOTES
☐ 1566	Custom Sequence Analysis - Variant 1			BE, DNA, SA, TM	Germline	These tests can only be requested on a germline sample for patients with previous variant(s) detected by ClariFind. Complete one test code request for EACH variant. If more than 3 variants are desired, please contact a Baylor Genetics representative at 1.800.411.4363. Please provide the lab number listed on the top of the ClariFind report here:
☐ 1567	Custom Sequence Analysis - Variant 2					
☐ 1568	Custom Sequence Analysis - Variant 3					

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CANCER MOLECULAR ANALYSIS

BE = Blood in EDTA (purple-top) **BME** = Bone Marrow in EDTA (purple-top)
FFPE = Slides/Block **T** = Fresh Frozen Tissue

NOTE: For Molecular Tests, Bone Marrow and Blood are REQUIRED to be collected in EDTA (PURPLE-TOP) TUBES

CHROMOSOMAL MICROARRAY

TEST CODE	TEST NAME	SAMPLE TYPE
☐ 9515	CytoScan HD SNP Array (for Hematologic Malignancies)	BE, BME, T
☐ 9505	180K CGH/SNP Array (for Solid Tumors) [1]	BE, BME, FFPE, T

SINGLE GENE TESTING

All single gene tests will be sent out to ARUP Laboratories for analysis and reporting unless otherwise noted.

TEST CODE	TEST NAME	SAMPLE TYPE
☐ 9202	B-Cell Clonality Screening (IgH and IgK) by PCR	BE, BME, FFPE, T
☐ 9065	*BCR-ABL1*, Major (p210), Quantitative	BE, BME
☐ 8972	*BCR-ABL1*, Minor (p190), Quantitative	BE, BME
☐ 9070	*BCR-ABL1*, Qualitative Analysis w/ Reflex to *BCR-ABL1* Quantitative	BE, BME
☐ 9305	*BCR-ABL1* Mutation Analysis for Tyrosine Kinase Inhibitor Resistance by NGS	BE, BME
☐ 9003	*BRAF* V600 Mutation Analysis	BE, BME, FFPE
☐ 9016	*CALR* (Calreticulin) Exon 9 Mutation Analysis by PCR	BE, BME
☐ 9086	*CEBPA* Mutation Detection	BE, BME
☐ 9030	*EGFR* Mutation Detection by Pyrosequencing	FFPE
☐ 9045	*FLT3* Mutation Detection by PCR [2]	BE, BME
☐ 9104	Gastrointestinal Stromal Tumor Mutation (*KIT, PDGFRA*)	FFPE
☐ 9060	*IGHV* Mutation Analysis by Sequencing	BE, BME
☐ 9015	*JAK2* Exon 12 Mutation Analysis by PCR	BE, BME
☐ 9010	*JAK2* Gene, V617F Mutation, Qualitative	BE, BME
☐ 8970	*KIT* (D816V) Mutation by PCR	BE, BME
☐ 9103	*KIT* Mutations, Melanoma (including *PDGFRA*)	FFPE
☐ 9105	*KIT* Mutations in AML by Fragment Analysis and Sequencing	BE, BME
☐ 9128	*KRAS* Mutation Detection	FFPE
☐ 8974	MGMT Methylation Detection by PCR	FFPE
☐ 9150	Microsatellite Instability (MSI), HNPCC/Lynch Syndrome, by PCR [3]	FFPE
☐ 9020	*MPL* Codon 515 Mutation Detection by Pyrosequencing, Quantitative	BE, BME
☐ 8973	MYD88 L265P Mutation Detection by PCR, Quantitative	BE, BME, FFPE
☐ 9005	*NPM1* Mutation Detection by RT-PCR, Quantitative	BE, BME
☐ 8971	*NRAS* Mutation Detection by Pyrosequencing	FFPE
☐ 8976	PD-L1 28-8 pharmDx by Immunohistochemistry with Interpretation, nivolumab (OPDIVO)	FFPE
☐ 8975	PD-L1 22C3 *IHC for NSCLC* by Immunohistochemistry with Interpretation, pembrolizumab (KEYTRUDA)	FFPE
☐ 8977	PD-L1 22C3 *IHC* with Combined Positive Score (CPS) Interpretation, pembrolizumab (KEYTRUDA)	FFPE
☐ 9080	*PML-RARA* Translocation, t(15;17) by RT-PCR, Quantitative	BE, BME
☐ 9217	T-Cell Clonality Screening by PCR	BE, BME, FFPE, T
☐ 9055	*TP53* Somatic Mutation, Prognostic	BE, BME, FFPE

REFLEX TESTS

Reflex Request (Please describe below):

[1] For test code 9505: If sending FFPE slides, 20 slides are required for submission.
[2] For test code 9045: Test will be sent to LabPMM for analysis and reporting.
[3] For test code 9150: Please submit BOTH a source of tumor tissue (FFPE block/slides) AND a source of normal tissue (FFPE block/slides).

CYTOGENETIC TESTS

BH = Blood in Sodium Heparin (green-top) **BMH** = Bone Marrow in Sodium Heparin (green-top)
TM = Tissue in Medium **FFPE** = Slides/Block

NOTE: Bone Marrow and Blood are REQUIRED to be collected in SODIUM HEPARIN (GREEN-TOP) TUBES

SINGLE FISH PROBES

TEST CODE	TEST NAME	SAMPLE TYPE
☐ 8055	1p/19q Co-deletion	FFPE
☐ 8030	ALK Rearrangement	FFPE
☐ 8725	AML1/ETO: t(8;21) [AML]	BH, BMH
☐ 8785	BCL2 Rearrangement	FFPE
☐ 8775	BCL6 Rearrangement	BH, BMH, FFPE
☐ 8750	BCR/ABL: t(9;22) [CML/ALL/AML]	BH, BMH
☐ 8740	CBFB: inv(16) [AML]	BH, BMH
☐ 8730	CHIC2: Deleted 4q [Hypereosinophilic Syndrome]	BH, BMH
☐ 8710	Deletion 5: [MDS]	BH, BMH
☐ 8715	Deletion 7: [MDS]	BH, BMH
☐ 8720	Deletion 20q12: [MDS]	BH, BMH
☐ 8065	DXZ1/DYZ3	BH, BMH
☐ 8035	EGFR	FFPE
☐ 8025	ERBB2 (HER2/neu)	FFPE
☐ 8385	Gain Chromosome 8	BH, BMH
☐ 8780	IGH Rearrangement	BH, BMH
☐ 8765	IGH/BCL2: t(14;18) [Follicular Lymphoma]	BH, BMH, FFPE
☐ 8770	IGH/CCND1: t(11;14) [Mantle Cell Lymphoma]	BH, BMH, FFPE
☐ 8786	MALT1 Lymphoma	BH, BMH
☐ 8095	MET Amplification	FFPE
☐ 8745	MLL: 11q23	BH, BMH
☐ 8760	MYC translocation	BH, BMH, FFPE
☐ 8788	p53	BH, BMH
☐ 8735	PML/RARA: t(15;17) [AML]	BH, BMH
☐ 8031	RET Rearrangement	FFPE
☐ 8781	ROS1 Rearrangement	FFPE
☐ 8075	SS18 [Synovial Sarcoma]	FFPE
☐ 8080	TCF3/PBX1 [ALL]	BH, BMH
☐ 8755	TEL/AML1: t(12;21) [ALL]	BH, BMH
☐ 8400	OTHER, Probe Name:	

CLASSICAL CHROMOSOME ANALYSIS

TEST CODE	TEST NAME	SAMPLE TYPE
☐ 8300	Hematologic Cancer	BH, BMH
☐ 8050	Solid Tumor	TM

FISH PANELS

TEST CODE	TEST NAME	SAMPLE TYPE
☐ 8789	Aggressive/High-Grade B-Cell Lymphoma (MYC translocation, BCL2 rearrangement, BCL6 rearrangement)	FFPE
☐ 8010	ALL (MYB del, CDKN2A del, BCR/ABL, TEL/AML1, MLL rearrangement, IGH rearrangement)	BH, BMH
☐ 8000	AML (Trisomy 8, AML/ETO, MLL rearrangement, PML/RARA, CBFB inversion)	BH, BMH
☐ 8040	CLL (MYB del, ATM del, Trisomy 12, 13 del, p53 del, IGH rearrangement)	BH, BMH
☐ 8005	MDS (5 del, 7 del, Trisomy 8, MLL rearrangement, 20q del)	BH, BMH
☐ 8015	Multiple Myeloma (Trisomy 9, RB1 del, IGH rearrangement, Trisomy 15, p53 del)	BH, BMH
☐ 8020	NHL (ALK rearrangement, BCL-6 rearrangement, ATM & p53 del, IGH rearrangement)	BH, BMH
☐ 8787	Non-Small Cell Lung Carcinoma (ALK rearrangement, MET amplification, RET rearrangement, ROS1 rearrangement)	FFPE

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SAMPLE SPECIFICATIONS TABLE

FOR CLIENT INFORMATION ONLY. Not required with sample submission.

ABBREVIATION	SAMPLE NAME	RECOMMENDED AMOUNT (2 YRS - ADULT)	RECOMMENDED AMOUNT (NEWBORN - 2YRS)	SHIPPING INSTRUCTIONS	SPECIAL NOTES
BE	Blood in EDTA tube (purple-top)	3 - 5 cc	2 -3 cc	Ship at room or refrigerated temperature in an insulated container by overnight courier. Do not heat or freeze. Specimen should arrive in the laboratory within 24-48 hours of collection.	Attach clinical notes and concurrent laboratory reports (such as CBC, flow cytometry, cytogenetics, FISH, molecular testing, and pathology reports). Concurrent laboratory results may be sent later as soon as available.
BH	Blood in Sodium Heparin tube (green-top)	3 - 5 cc	2 -3 cc	Ship at room or refrigerated temperature in an insulated container by overnight courier. Do not heat or freeze. Specimen should arrive in the laboratory within 24-48 hours of collection.	Attach clinical notes and concurrent laboratory reports (such as CBC, flow cytometry, cytogenetics, FISH, molecular testing, and pathology reports). Concurrent laboratory results may be sent later as soon as available.
BME	Bone Marrow in EDTA tube (purple-top)	3 - 5 cc	2 -3 cc	Ship at room or refrigerated temperature in an insulated container by overnight courier. Do not heat or freeze. Specimen should arrive in the laboratory within 24-48 hours of collection.	Attach clinical notes and concurrent laboratory reports (such as CBC, flow cytometry, cytogenetics, FISH, molecular testing, and pathology reports). Concurrent laboratory results may be sent later as soon as available.
BMH	Bone Marrow in Sodium Heparin tube (green-top)	3 - 5 cc	2 -3 cc	Ship at room or refrigerated temperature in an insulated container by overnight courier. Do not heat or freeze. Specimen should arrive in the laboratory within 24-48 hours of collection.	Attach clinical notes and concurrent laboratory reports (such as CBC, flow cytometry, cytogenetics, FISH, molecular testing, and pathology reports). Concurrent laboratory results may be sent later as soon as available.
DNA	DNA, Extracted	At Least 100 ng	At Least 100 ng	Ship at room or refrigerated temperature in an insulated container by overnight courier. May also be shipped frozen on minimum of 10 lbs of dry ice in an insulated container by overnight courier.	Minimum concentration of 25ng/uL. Attach clinical notes, concurrent laboratory reports, and/or surgical pathology report, as applicable. Please send a corresponding representative H+E slide, if available.
FFPE	FFPE - Block	See Special Notes	See Special Notes	Ship at room temperature in an insulated container by overnight courier. If shipping during the summer months please include a cold-pack to avoid extreme temperatures. Do not heat or freeze.	Paraffin-embedded, formalin-fixed tissue block containing ≥20% tumor nuclei with a minimum tumor surface area of 5mm x 5mm (25mm^2). Decalcified specimens are not accepted. Surgical pathology report must be attached for all tissue samples.
FFPE	FFPE - Slides	See Special Notes	See Special Notes	Ship at room temperature in an insulated container by overnight courier. If shipping during the summer months please include a cold-pack to avoid extreme temperatures. Do not heat or freeze.	10 - 15 unstained 5µm FFPE slides containing ≥20% tumor nuclei with a minimum tumor surface area of 5mm x 5mm (25mm^2). For smaller specimens, 20 or more unstained 5µm FFPE slides containing ≥20% tumor nuclei should be submitted. Decalcified specimens are not accepted. Surgical pathology report must be attached for all tissue samples. For test codes 9505: 20 slides are required for submission.
RNA	RNA, Extracted	At Least 100 ng	At Least 100 ng	Ship frozen on minimum of 10 lbs of dry ice in an insulated container by overnight courier.	Minimum concentration of 25ng/uL. Attach clinical notes, concurrent laboratory reports, and/or surgical pathology report, as applicable. Please send a corresponding representative H+E slide, if available.
SA	Saliva	See Special Notes	See Special Notes	Ship at room temperature in an insulated container by overnight courier. Do not heat or freeze.	Collected with Oragene DNA Self-Collection Kit (provided by Baylor Genetics with instructions).
T	Fresh Frozen Tissue	150 mg	150 mg	Ship frozen on minimum of 10 lbs of dry ice in an insulated container by overnight courier.	Fresh tissue snap frozen at ≤-20°C. Store at ≤-20°C. Surgical pathology report must be attached for all tissue samples. Surgical pathology report may be sent later as soon as it becomes available. Please send a corresponding representative H+E slide, if available.
TM	Fresh Tissue in Medium	0.5 - 1 cm^3 or more	0.5 - 1 cm^3 or more	Ship at room or refrigerated temperature in an insulated container by overnight courier. Do not heat or freeze. Specimen should arrive in the laboratory within 48 hours of collection.	Transport tumor tissue in a sterile, screw-top container filled with tissue culture transport medium. If tissue culture transport medium is not available, collect in plain RPMI, Hanks solution, or saline. Surgical pathology report must be attached for all tissue samples. Surgical pathology report may be sent later as soon as it becomes available. Please send a corresponding representative H+E slide, if available.