

TEST REQUISITION FORM

PATIENT Information

PROTOCOL NO. (LAB USE ONLY): _____

Name _____

Surname _____

Date of birth _____ Place of birth _____

Address: _____

Postcode: _____ City: _____

Country _____ Phone no.: _____

E-mail: _____

Ordering Physician / LABORATORY Information

 Stamp

Name _____

Surname _____

Address: _____

Postcode: _____ City: _____

Country _____ Phone no.: _____

E-mail: _____

INDICATION FOR TESTING

- Patient at risk (no diagnosis of cancer)
 Patient with malignant neoplasm
 Type of neoplasm _____
 Other _____
 Enclosed medical documents

TYPE OF OncoNext™ LIQUID TEST

 MONITOR

 SCAN

 Breast

 15 genes

 15 genes

 Lung

 23 genes

 23 genes

 Colon

 50 genes

 50 genes

SPECIMEN INFORMATION

Date of collection _____

 Blood (cell-free DNA Tube)

REPORTING PREFERENCES

 PHYSICIAN / LABORATORY

 PATIENT

 Email _____

 Online:

In order to activate the on-line reporting option, you need to provide us a username and a password:

 Username _____
 (patient's email)

 Password _____
 (at least 5 digits)

Billing Information

 PHYSICIAN / LABORATORY

 PATIENT

Test Submission Instructions

1

BEFORE BLOOD WITHDRAW

IMPORTANT: Fill in all required **Test Requisition Form** information to avoid delays and ensure timely reporting.

To ensure acceptance of your patient's specimen for testing, please verify that the **informed consent has been signed** from the patient and it has been **enclosed with samples**



3

BEFORE SAMPLE SHIPMENT

- Write the **blood collection date** in the specimen information section of the test requisition form.
- Write the patient's **full name** and **date of birth** on the collection tube label.



2

Sample collection instructions:

- Take the **10ml collection tube** from the **OncoNext™ Test Shipper Kit**.
- Fill the collection tube almost completely with whole blood.
- **Invert** the collection tube **10 times**.



Store collected blood at **room temperature** until it's ready for shipping. **Blood must never be frozen!**

4

Sample Packaging:

- Place the filled and properly labeled collection tube into the **OncoNext™ shipper kit** box. **Only one patient sample per box**.
- Place the completed **test requisition form** and **informed consent** into the **OncoNext™ shipper kit box**, at the side.
- Close box.
- Place the **OncoNext™ test shipper kit** box inside of **FedEx Clinical Pack** and seal.
- **IMPORTANT:** Always store kits at **room temperature**.



5

Sample SHIPPING:

- If you are shipping **more than one shipper kit**, place as many as possible into one FedEx Clinical Pack.
- Adhere the **FedEx airbill** pouch on the FedEx Clinical Pack. Insert the airbill into the pouch.
- **Call FedEx** to arrange specimen pickup
- Ship specimens, **preferably on the same day of the collection**. Specimens must be received at Genoma **within 5 days** of collection date. Genoma receives specimens Monday through Saturday.

