

Received on (MMDDYYYY): \_\_\_\_\_

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# LIQUID BIOPSY REQUISITION FORM

## PATIENT INFORMATION

Last Name		First Name	MI
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Email Address	
Address		Home Number	Mobile Number
Today's Date		Collection Date	
Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Ashkenazi <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (please specify) _____			

## REFERRING PHYSICIAN INFORMATION

Physician's Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Specialty: \_\_\_\_\_

Affiliated Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## SEND REPORT TO

## SERVICE MENU

<input type="checkbox"/> <b>01</b> LiquidGx™ NGS Panel (TAT 3 to 5 days, LOD 0.1%)	<input type="checkbox"/> <b>02</b> LiquidGx™ qPCR (TAT less than 3 days, LOD 0.01%) <i>Check all that applies</i>	<input type="checkbox"/> <b>03</b> Include PGxOnco™ for supportive care No additional sample required
<input type="checkbox"/> <b>01</b> AKT1, ALK, BRAF, EGFR, ERBB2, HRAS, KIT, KRAS, MAP2K1, MET, NRAS, PDGFRA, PIK3CA, PTEN, RET, ROS1, TP53	<input type="checkbox"/> <b>03</b> ALK <input type="checkbox"/> <b>04</b> BRAF <input type="checkbox"/> <b>05</b> EGFR <input type="checkbox"/> <b>06</b> KRAS	
<input type="checkbox"/> <b>02</b> Include MSI for anti-PD1 therapy selection	Drug Resistance Monitoring: <input type="checkbox"/> <b>07</b> ALK (point mutations) <input type="checkbox"/> <b>08</b> EGFR (T790M, C797S)	

## CLINICAL INFORMATION (Attach clinical notes and current medication list)

CIRCLE ALL DIAGNOSIS CODES THAT APPLY (USE ADDITIONAL BLANKS IF NEEDED)

<b>Lung and Bronchial Cancer</b> <input type="checkbox"/> C34.90 <b>Melanoma</b> <input type="checkbox"/> C43.9 <b>Thyroid Cancer</b> <input type="checkbox"/> C73 <b>Head, Face and Neck Cancer</b> <input type="checkbox"/> C76.0 <b>Brain Cancer</b> <input type="checkbox"/> C71.9 <b>Thymic Cancer</b> <input type="checkbox"/> C37	<b>Breast Cancer</b> <input type="checkbox"/> C50.919 <b>Endometrial Cancer</b> <input type="checkbox"/> C54.1 <b>Ovarian Cancer</b> <input type="checkbox"/> C56.9 <b>Cervical Cancer</b> <input type="checkbox"/> C53.9 <b>Bladder Cancer</b> <input type="checkbox"/> C67.9 <b>Kidney Cancer, except renal pelvis</b> <input type="checkbox"/> C64.9	<b>Colon Cancer</b> <input type="checkbox"/> C18.9 <b>Rectal Cancer</b> <input type="checkbox"/> C20 <b>Gastric Cancer</b> <input type="checkbox"/> C16.9 <b>Esophageal Cancer</b> <input type="checkbox"/> C15.9 <b>Pancreatic Cancer</b> <input type="checkbox"/> C25.9 <b>Prostate Cancer</b> <input type="checkbox"/> C61	<b>Renal Pelvis Cancer</b> <input type="checkbox"/> C65.9 <b>Neuroblastoma</b> <input type="checkbox"/> C74.90 <b>Hepatoma Cancer</b> <input type="checkbox"/> C22.0 <b>Liposarcoma</b> <input type="checkbox"/> C49.9
Other _____	Other _____	Other _____	Other _____

## TIME POINT INFORMATION FOR MONITORING

Initial  Sequential

## TREATMENT STATUS AND DISEASE STAGE

Pre-treatment  Post-Treatment

Stage I-II  Stage III  Stage IV

## SIGNATURE

X

Signature over Printed Name

I confirm documented medical necessity for this test in the patient's file.

COMMENTS

## NOTES



## LIQUID BIOPSY REQUISITION FORM

### ✓ CHECKLIST OF ITEMS TO INCLUDE WITH PATIENT SAMPLE

	<b>Physician's Signature</b>
	<b>Patient's Signature</b>
	Patient Demographics/Insurance Information
	Medications List
	Patient History/Physical
	Patient Office Notes/Progress Notes
	<b>Medical Necessity Has Been Documented in Patient Notes</b>

#### **ABOUT HELICE**

Helice Genomic Sciences, Inc. a platform that connects physicians and individuals to global genomics laboratories and provides them a portfolio of the latest genomics-based tests and assays to arm them with powerful and actionable options for navigating the right medical care for the patient's individual needs.

For more information, go to [www.helicegenomics.com](http://www.helicegenomics.com) or send us an email at [info@helicegenomics.com](mailto:info@helicegenomics.com).