Neuberg Supratech
REFERENCE LABORATORIES

Neuberg DIAGNOSTICS | CENTER FOR GENOMIC MEDICINE

TEST REQUISITION FORM

SOLID ONCOLOGY

PATIENT DETAILS

Full Name _____ Age _____

Sex ☐ Male ☐ Female ☐ Others Ethnicity _____

E-mail ID* _____ Contact No _____

Address _____

City / State / Postal Code _____ Country _____

REFERRING CLINICIAN

Physician Name _____

Facility Name _____

Facility Address _____

City / State / Postal Code _____ Country _____

E-mail ID _____ Contact No. _____

Additional Physician to be Copied(optional) _____

Facility Name _____

E-mail ID _____ Contact No. _____

CLINICAL DETAILS

Diagnosis : ☐ NSCLC ☐ Melanoma ☐ Colorectal Adenocarcinoma ☐ Ovarian ☐ Breast
☐ Other _____

Disease Status (select as many as apply) : ☐ Metastatic ☐ Recurrent ☐ Refractory ☐ Relapse

Subtype _____ Stage _____

Radiological Findings : _____

Immunohistochemistry Study Report : _____

ER, PR, Her2 /Neu Status : _____

Previous Genetic Tests /Targeted Therapies (if any)/ (Please mention the results)

_____

_____

Please attach the below reports to the TRF : (if Available)

Attachments :

☐ Copy of recent Pathology /Cytology reports

☐ Test results from all other Molecular Diagnostic Assays by FISH, IHC, or other genetic assays, e.g.,ER, PR, HER2, EGFR, KRAS, etc.

Neuberg Supratech Reference Laboratories
"KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006
Ph : 079-40408181 / 61618181 | Email : contact@supratechlabs.com
Website : www.neubergsupratech.com

Neuberg Center for Genomic Medicine (NCGM)
GTPL House Lane, Near East Ebony, Sindhu Bhavan Road, Bodakdev, Ahmedabad - 380059
Ph : +91-6357244307 / 079-61618111 | Email : contact@ncgmglobal.com
Website : www.ncgmglobal.com

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TEST SELECTION

- ☐ OncoCEPT Solid (*FFPE block containing tumor tissue)
- ☐ OncoCEPT Liquid (*10ml Whole blood EDTA in streck tube)
- ☐ OncoCEPT Comprehensive (*FFPE block containing tumor tissue)
- ☐ MSI (*FFPE blocks with slides + EDTA blood)
- ☐ ColoComprehensive (MSI+BRAF+KRAS+NRAS) (*FFPE block containing tumor tissue)
- ☐ MMR by IHC
- ☐ PDL-1 test ☐ PDL1 SP142 ☐ PDL1 SP 263
- ☐ PDL1 22C3 DAKO (#Drug details)
- ☐ OncoCEPT Solid + PDL1
- ☐ OncoCEPT Solid Comprehensive + PDL1
- ☐ Other test : Description of test & sample type _____

In case of inadequate tissue, please tick the test which test would you like us to do first:

☐ OncoCEPT Solid ☐ OncoCEPT Solid Comprehensive ☐ PDL-1

Drug details for PDL-1 IHC

(PDL-1 IHC indicated in patients with specific tumor type in order to predict their responses to treatment with PDL-1 inhibitors. The specific PDL-1 clone scoring method and eligibility requirements are dependent on the tumor type, stage of malignancy, previous treatment outcomes and specific PDL-1 inhibitors being considered)

Tick	Clone	Drug
☐	Sp263	Nivolumab (opdivo)
☐	Sp263	Durvalumab (imfinzi)
☐	Sp142	Atezolilumab (Tecentriq)
☐	Sp142	Atezolilumab (Tecentriq)
☐	Sp142	Atezolilumab (Tecentriq) Plus nab- paclitaxel (Abaxane)
☐	22C3 DAKO	Pembrolizumab (Keytruda)

SAMPLE DETAILS

Collection Date _____ **Collection Time** _____ **Specimen ID** _____

- ☐ FFPE of tumour tissue (BIOPSY fixed in 10% Neutral buffered formalin)
  Specimen Site _____
  No. of paraffin blocks and details: _____
  Please mention block number on which test has to be performed _____
- ☐ Body Fluid (At least 1 litre) or cell block
- ☐ FFPE BLOCK of tumor tissue (BIOPSY fixed in 10% Neutral buffered formalin) with HE stained slide
  Specimen Site _____
- ☐ Unstained poly L lysine coated slides

Cold ischaemia time - _____ mins or hrs or unknown (As time of transfer of tissue after removal from body upto immersion into the 10% neutral buffered formalin)

Time Formalin fixation (10% neutral buffered formalin): known: _____ hours / unknown

Please Note :

- Neuberg Center for Genomic Medicine (NCGM) chooses the best block(s) based on initial morphologic assessment for further IHC PDL- 1 study . It makes all efforts to preserve and makes sure not to exhaust the tissue entirely under study. However in small thin/tiny specimen, there is a possibility of exhausting the tissue to ensure quality and reliability of the results.
- CAP/ASCO recommendation: for breast markers and GI Her2neu, the cold ischemic time should be < 01 hours and optimal fixation for ER/PgR/Her2Neu in 10% buffered formalin MUST be 06 to 72 hours

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FAMILY HISTORY OF ANY CANCER

Sr. No.	Type of Cancer	Age of diagnosis	Relationship with patient	Mother's or father's side	Histopathology / genetic test reports (if available)

PHYSICIAN CONSENT

I certify that I am patient's treating physician and I consent that this test will aid in patient's ongoing treatment.
I have explained the patient about nature and purpose of testing. Patient has given his consent to me for Neuberg Center for Genomic Medicine to
(1) Perform tests mentioned here.
(2) Retain the test results.
(3) De-identify the test report/ result for future research purpose and publication.

I authorize Neuberg Center of Genomic Medicine to perform most appropriate test based on submitted histopathology report.

Signature | **Printed Name** | **Date: DD/MM/YY**

PATIENT CONSENT

I certify that I have been explained by my physician that this test will aid in my ongoing treatment/management.
I have been explained about nature and purpose of testing. I give my consent to Neuberg Center of Genomic Medicine to
(1) Perform tests mentioned here.
(2) Retain the test results.
(3) De-identify the test report/ result for future research purpose and publication.

I authorize Neuberg Center of Genomic Medicine to perform most appropriate test based on submitted histopathology report.

Signature | **Printed Name** | **Date: DD/MM/YY**