

CarisTarget Now™ Tumor Profiling Requisition

Fax completed requisition with a copy of the pathology report, clinical history and insurance information to **866.479.4925**.



PATIENT INFORMATION				CLIENT INFORMATION		
Last Name	First Name	MI		Office/Facility Name		
Street Address		Apt#		Account #		
City		State	Zip	Ordering Physician		
Patient Phone #		Patient Work Phone #		NPI #		
Patient MR#		DOB	Age	Sex	Address	
Physician's Signature				City	State	Zip
Notes:				Phone #	Fax	

PATHOLOGY INFORMATION	ADDITIONAL PHYSICIANS TO BE COPIED
Institution/Hospital Name: _____	Name: _____
Facility/Office Name: _____	Facility/Office Name: _____
Phone #: _____ Fax #: _____	Phone #: _____ Fax #: _____

BILLING INFORMATION Face sheet and front/back of PRIMARY and SECONDARY insurance cards MUST BE attached or you will be contacted for billing information.

ICD-9 Code(s) (Please provide as many "symptomatic diagnosis" codes as applicable): _____

Patient Status: Hospital Inpatient Hospital Out Patient Non-Hospital Patient Hospital Name: _____

Primary Insurance: _____ **Secondary Insurance:** _____

Policy #: _____ Group #: _____ Policy #: _____ Group #: _____

Insured Name: _____ DOB: _____ Insured Name: _____ DOB: _____

Relationship To Patient: Self Spouse Child Other: _____ Relationship To Patient: Self Spouse Child Other: _____

SPECIMEN INFORMATION Please include a copy of the pathology report.

Primary Tumor Type: _____ Unknown (Microarray cannot be performed on tumors of unknown primary)

Specimen Site: _____ Specimen ID#(s): _____ Date and Time of Collection: ____/____/____ AM PM

Tissue Type(s): FFPE Block Formalin Fixative Fresh Frozen RNA Preservative Fluid Unstained Slides Duration of Fixation: _____

TREATMENT STATUS The panel of biomarkers may change per tumor type.

Treatment Status: Primary Recurrence/Progression/Metastasis Current Therapy: _____

Prior Therapy: First Line: _____ Second Line: _____ Third Line: _____

TEST REQUESTED (CHOICE REQUIRED) See reverse for additional service information and specimen requirements.

Caris Target Now is an evidence-based molecular profiling service that involves the analysis of relevant biomarkers to identify therapeutic associations with potential benefit or potential lack of benefit for your patient. The tests performed vary based on the service chosen and the tumor type submitted, and they are determined by a panel of Caris oncologists, pathologists, and molecular geneticists who continually review relevant clinical literature. A complete list of tests performed by tumor type may be found at www.CarisTargetNow.com.

BY COMPREHENSIVE PROFILE:	INDIVIDUAL ASSAY:
<input type="checkbox"/> CARIS TARGET NOW IHC, DNA Microarray, Mutation and/or FISH analysis <i>(See reverse for panel description)</i> Special Instructions: _____ _____ _____	<input type="checkbox"/> Perform Selected Test(s) Only <input type="checkbox"/> In Addition to Caris Target Now Profile
	<input type="checkbox"/> MICROARRAY (RNA Expression Analysis) <input type="checkbox"/> MUTATIONAL ANALYSIS <input type="checkbox"/> BRAF <input type="checkbox"/> EGFR <input type="checkbox"/> NRAS <input type="checkbox"/> c-KIT <input type="checkbox"/> KRAS <input type="checkbox"/> PIK3CA
	<input type="checkbox"/> IHC ASSAY <input type="checkbox"/> AR <input type="checkbox"/> CK 5/6 <input type="checkbox"/> COX-2 <input type="checkbox"/> ERCC1 <input type="checkbox"/> MRP1 <input type="checkbox"/> RRM1 <input type="checkbox"/> TOPO2A <input type="checkbox"/> FISH <input type="checkbox"/> BCRP <input type="checkbox"/> CK14 <input type="checkbox"/> Cyclin D1 <input type="checkbox"/> HER-2 <input type="checkbox"/> p53 <input type="checkbox"/> SPARC <input type="checkbox"/> TS <input type="checkbox"/> ALK <input type="checkbox"/> EGFR <input type="checkbox"/> TOPO2A <input type="checkbox"/> CAV-1 <input type="checkbox"/> CK17 <input type="checkbox"/> E-Cad <input type="checkbox"/> IGF1R <input type="checkbox"/> PGP <input type="checkbox"/> TUBB3 <input type="checkbox"/> c-MET <input type="checkbox"/> HER-2 <input type="checkbox"/> CD20 <input type="checkbox"/> c-KIT <input type="checkbox"/> EGFR <input type="checkbox"/> Ki67 <input type="checkbox"/> PR <input type="checkbox"/> TLE3 <input type="checkbox"/> c-MYC <input type="checkbox"/> PIK3CA <input type="checkbox"/> CD52 <input type="checkbox"/> c-MET <input type="checkbox"/> ER <input type="checkbox"/> MGMT <input type="checkbox"/> PTEN <input type="checkbox"/> TOPO1

Fax completed requisition to 866.479.4925 OR contact 800.901.5177 to arrange specimen pickup.

Please attach the following:

- Copy of face sheet and/or insurance card
- Copy of most recent patient notes or clinical history that includes prior therapies
- Pathology/cytology report

Our policy is to bill Medicaid and Medicare for testing only if it is medically necessary for the diagnosis and treatment of the patient. Medicare does NOT pay for routine screening tests, tests ordered for the purpose of research only, or tests that are experimental. We therefore consider your instruction that we bill Medicaid or Medicare to reflect your view that the ordered services meet these requirements.

PLEASE SEE THE REVERSE FOR CMS BILLING REQUIREMENTS AND OPTIMAL SPECIMEN REQUIREMENTS.

Caris Life Sciences can bill Medicare, rather than the hospital, for testing ordered for hospital patients if:

1. The test was ordered by the patient's physician at least 14 days after the patient's Date of Discharge.
2. The specimen was collected during the hospital surgical procedure.
3. Collection of the specimen at any other time would have been medically inappropriate.
4. The results of the test were not used to guide medical treatment during the hospital stay.
5. The test was reasonable and medically necessary for the treatment of an illness.

**Caris Target Now May Include a Combination of the Following Biomarkers****Microarray** (RNA Expression Analysis)**IHC:** AR, BCRP, CAV-1, CD20, CD52, CK 5/6, CK14, CK17, c-KIT, c-MET, COX-2, Cyclin D1, E-Cad, EGFR, ER, ERCC1, HER-2, IGF1R, Ki67, MGMT, MRP1, p53, PGP, PR, PTEN, RRM1, SPARC MONO & Polyclonal, TLE3, TOPO1, TOPO2A, TS, TUBB3**FISH:** ALK, c-MET, c-MYC, EGFR, HER-2, PIK3CA, TOPO2A**Mutational Analysis by Sequencing or PCR:** BRAF, c-KIT, EGFR, KRAS, NRAS, PIK3CA

For a complete list of tests performed by tumor type for Caris Target Now, please visit www.CarisTargetNow.com.

Formalin Fixed Paraffin Embedded (FFPE) Samples

Sufficient tumor must be present to complete all testing. If you have any questions, please contact Client Services at 800.901.5177.

SPECIMEN TYPE	SPECIMEN REQUIREMENTS
Fixed Tissue	One (1) tumor containing FORMALIN FIXED paraffin embedded block (FFPE) from most recent surgery or biopsy
Unstained Slides	Fifty-five (55) unstained, positively charged, unbaked slides from one single paraffin block
Bone Marrow Core or Clot	Clot Preferred: Core accepted <ul style="list-style-type: none"> • Core should be decalcified • Formalin fixed core and/or clot should be paraffin-embedded
Core Needle Biopsy	Four to six (4-6) biopsies paraffin-embedded <ul style="list-style-type: none"> • 18 gauge needle preferred
Malignant Fluids	Sufficient volume of fresh pleural/ascitic fluid to produce a 5x5x2mm cell pellet <ul style="list-style-type: none"> • Collect and process within 30 minutes of procurement • FORMALIN FIX and paraffin block • DO NOT expose to alcohol fixation
Fine Needle Aspirate (FNA)	Four to six (4-6) aspirates paraffin-embedded

Formalin Samples

Sufficient tumor must be present to complete all testing. If you have any questions, please contact Client Services at 800.901.5177.

SPECIMEN TYPE	SPECIMEN REQUIREMENTS
Fresh Tissue	Prepare two or more samples with a <i>minimum</i> thickness of ~3mm (height, width, length) in formalin.
Core Needle Biopsy	Submit four (4) or more cores in formalin.

Please visit www.CarisTargetNow.com for more information.