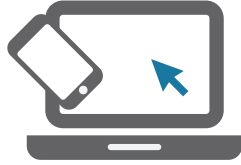


How to Order Caris Molecular Intelligence for New York State

1 Contact Caris



Contact Caris Life Sciences® to obtain the requisition form and tumor specimen shipper kit. The latest requisition can be downloaded from the website www.CarisMolecularIntelligence.com/ordering_information.

Note: The requisition can also be submitted through MI Portal, contact Client Services to set up an account.

2 Complete Requisition



Complete ALL fields on the requisition form, following the instructions on the reverse of this document.

The requisition must have the signature of either the treating physician or pathologist requesting Caris Molecular Intelligence®

Note: If a surgical procedure is planned to collect specimen, provide the anticipated specimen information, date and time of procedure and the location/facility information.

3 Send Documentation



Gather additional documentation needed for the completion of testing

- Patient Payer Information
- Pathology Report
- Clinical History (e.g. 90-Day Clinical History, Physical Exams, and All Notes: Daily Progress, Treatment, Doctors and Office)

Send the completed Tumor Profiling Requisition, patient insurance information, pathology report and clinical history to Caris Life Sciences. Fax the documents to Client Services (866) 479-4925 or upload the items into MI Portal.

Note: If provided documentation is incomplete, Client Services may contact your office to obtain missing information.

4 Ship Specimen



Prepare the specimen as outlined on the back of the *Tumor Profiling Requisition*. Place both the specimen and the completed requisition in the shipper kit provided. Contact Client Services (888) 979-8669 to arrange pick-up, or ship out with daily FedEx or UPS shipment.

5 Review Report



Receive the final report (without appendix) via fax, mail and email within 14-days of case activation. **The case will be activated once all documents and specimen have been received by Caris.**

If you would prefer to receive the Report with the appendix included, please contact Client Services (888)979-8669 to update your User Profile. Both the Summary and Full Report can be downloaded through MI Portal upon case completion.

To order or learn more, visit www.CarisMolecularIntelligence.com.

US: 888.979.8669 | MIClientServices@carisl.com

Intl: 00 41 21 533 53 00 | EUCustomerServices@carisl.com

Tumor Profiling Requisition for New York State

Instructions for completing the Tumor Profiling Requisition are outlined below. These instructions are provided as a general overview, please contact Client Services (888) 979-8669 for additional details.

Client Information
Enter the ordering physician's contact information. This section can be pre-populated with your practice information. Call Client Services to learn more.

Additional Physician To Be Copied
List any additional physicians that should receive a copy of the final report.

Billing Information
Billing information is required to initiate testing. Include a copy of the face sheet and front and back of the insurance card.

Tumor Profiling Services (CHOICE REQUIRED)
Clearly indicate which profile or individual assay is to be performed. A selection **MUST** be made.

Profile Menus
To view the definitive list of biomarkers analyzed by tumor type for each profile, please visit www.Carismolecularintelligence.com/profilemenu.

Patient Information
Enter patient demographic information here. This information is mandatory per CLIA / CAP requirements.

Pathology Information
Typically, specimens are submitted through pathology. This information is critical to ensure the timely delivery of specimen.

Clinical/Specimen Information
Provide detailed information about the patients diagnosis, clinical standing and the specimen being sent for testing.

Physician or Practitioner Signature (SIGNATURE REQUIRED)
Signing the req authorizes Caris to perform tumor profiling services.

Tumor Profiling Requisition for New York State

Fax completed requisition with a copy of the pathology report, 90-Day clinical history and insurance information to (866) 479-4925.

TREATING PHYSICIAN INFORMATION				PATIENT INFORMATION			
Name		NPI#		Last Name		First Name	MI
Physician Email		Office Contact Name		Street Address			Apt#
Office/Hospital Name		Address		City		State	Zip
City		State	Zip	Patient Phone #		Patient Work Phone #	
Phone #		Fax #		Patient MR #	DOB	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
ADDITIONAL PHYSICIAN (If different than above)				PATHOLOGY INFORMATION			
Name		Facility		Pathologist/Pathology Services			
Address		City		Hospital		City	State
Phone #		Fax #		Phone		Fax	Zip
BILLING INFORMATION (Attach the front and back of PRIMARY and SECONDARY insurance cards. Patient insurance/payment is REQUIRED to begin testing.)							
Bill: <input type="checkbox"/> Insurance <input type="checkbox"/> Self Pay		Insurance Provider	POLICY #	GROUP #	INSURED NAME	INSURED DOB	RELATIONSHIP TO PATIENT
<input type="checkbox"/> Medicare <input type="checkbox"/> Indigent Care		Primary					<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other
<input type="checkbox"/> Client Bill (contracted)		Secondary					<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other
<input type="checkbox"/> Other							
CLINICAL/SPECIMEN INFORMATION (Include a copy of the pathology report)							
ICD-10 Code(s) (Provide as many "symptomatic diagnosis" codes as applicable)				Current Clinical Stage		Smoking History*	
						<input type="checkbox"/> Never Smoker <input type="checkbox"/> Current Smoker <input type="checkbox"/> Light Smoker (<15 pack-year)	
Specimen Collection Location:				Specimen Collection Location Name and State			
<input type="checkbox"/> Office/Clinic <input type="checkbox"/> Ambulatory Center <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Hospital Inpatient - Date of Discharge							
Primary Tumor Site		Specimen Site		Specimen/Block ID#(s)			
Date & Time of Collection		Date Removed From Storage (Medicare Only)		Duration of Fixation (FFPE Blocks)		Tissue Type(s):	
/ / AM PM		/ /				<input type="checkbox"/> FFPE Block <input type="checkbox"/> Formalin Fixative <input type="checkbox"/> Unstained Slides	
PROFILES (For details, visit www.Carismolecularintelligence.com/profilemenu)	INDIVIDUAL BIOMARKER ASSAY(S)						
<p><input type="checkbox"/> MI Profile™ Multi-platform, solid tumor biomarker analysis for therapeutic decision support and clinical trials matching (IHC, CISH, FISH; 46-Gene Next-Generation Sequencing; Pyro Sequencing; Fragment Analysis; see Website for list of biomarkers performed for the tumor type submitted)</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Next-Generation Sequencing Cancer Service (NGS Only) Next-Generation Sequencing only platform for therapeutic decision support and clinical trials matching for solid tumors (see Website for list of biomarkers)</p> <p style="font-size: x-x-small; margin-top: 5px;">The biomarkers included in the services above may change from time-to-time. Before ordering, please refer to the Website, www.Carismolecularintelligence.com/profilemenu, to view the most up-to-date listing of biomarkers that will be performed by tumor type for the profiles listed above.</p>	<table border="0" style="width: 100%; font-size: x-small;"> <tr> <td style="vertical-align: top;"> <p>Molecular Analysis</p> <p><input type="checkbox"/> EGFRV8 (Fragment Analysis)</p> <p><input type="checkbox"/> MGMT Methylation Analysis (Pyro Sequencing)</p> <p><input type="checkbox"/> Individual NGS Genes² (List the genes to be performed. See Website for gene list):</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> <td style="vertical-align: top;"> <p>IHC</p> <p><input type="checkbox"/> ALK</p> <p><input type="checkbox"/> AR</p> <p><input type="checkbox"/> cMET</p> <p><input type="checkbox"/> EGFR</p> <p><input type="checkbox"/> ER</p> <p><input type="checkbox"/> ERCC1</p> <p><input type="checkbox"/> H3K36me3¹</p> <p><input type="checkbox"/> HER2</p> <p><input type="checkbox"/> MGMT</p> <p><input type="checkbox"/> PBRM1¹</p> <p><input type="checkbox"/> PD-1</p> </td> <td style="vertical-align: top;"> <p><input type="checkbox"/> PD-L1</p> <p><input type="checkbox"/> Pgp</p> <p><input type="checkbox"/> PR</p> <p><input type="checkbox"/> PTEN</p> <p><input type="checkbox"/> RRM1</p> <p><input type="checkbox"/> TLE3</p> <p><input type="checkbox"/> TOPO1</p> <p><input type="checkbox"/> TOP2A</p> <p><input type="checkbox"/> TS</p> <p><input type="checkbox"/> TUBB3</p> </td> <td style="vertical-align: top;"> <p>Mismatch Repair¹: (includes 4 IHCs below)</p> <p><input type="checkbox"/> MLH1</p> <p><input type="checkbox"/> MSH2</p> <p><input type="checkbox"/> MSH6</p> <p><input type="checkbox"/> PMS2</p> <p>CISH</p> <p><input type="checkbox"/> cMET</p> <p><input type="checkbox"/> EGFR</p> <p><input type="checkbox"/> HER2</p> <p><input type="checkbox"/> MDM2</p> <p><input type="checkbox"/> TOP2A</p> <p>FISH¹:</p> <p><input type="checkbox"/> 1p19q¹</p> <p><input type="checkbox"/> ALK</p> <p><input type="checkbox"/> ROS1</p> </td> </tr> </table> <p style="font-size: x-x-small; margin-top: 5px;">¹ Available for select tumor types, visit Website for details. ² Genes ordered individually may be evaluated on a different sequencing platform. ³ Assay may be performed by an external reference laboratory.</p>	<p>Molecular Analysis</p> <p><input type="checkbox"/> EGFRV8 (Fragment Analysis)</p> <p><input type="checkbox"/> MGMT Methylation Analysis (Pyro Sequencing)</p> <p><input type="checkbox"/> Individual NGS Genes² (List the genes to be performed. See Website for gene list):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>IHC</p> <p><input type="checkbox"/> ALK</p> <p><input type="checkbox"/> AR</p> <p><input type="checkbox"/> cMET</p> <p><input type="checkbox"/> EGFR</p> <p><input type="checkbox"/> ER</p> <p><input type="checkbox"/> ERCC1</p> <p><input type="checkbox"/> H3K36me3¹</p> <p><input type="checkbox"/> HER2</p> <p><input type="checkbox"/> MGMT</p> <p><input type="checkbox"/> PBRM1¹</p> <p><input type="checkbox"/> PD-1</p>	<p><input type="checkbox"/> PD-L1</p> <p><input type="checkbox"/> Pgp</p> <p><input type="checkbox"/> PR</p> <p><input type="checkbox"/> PTEN</p> <p><input type="checkbox"/> RRM1</p> <p><input type="checkbox"/> TLE3</p> <p><input type="checkbox"/> TOPO1</p> <p><input type="checkbox"/> TOP2A</p> <p><input type="checkbox"/> TS</p> <p><input type="checkbox"/> TUBB3</p>	<p>Mismatch Repair¹: (includes 4 IHCs below)</p> <p><input type="checkbox"/> MLH1</p> <p><input type="checkbox"/> MSH2</p> <p><input type="checkbox"/> MSH6</p> <p><input type="checkbox"/> PMS2</p> <p>CISH</p> <p><input type="checkbox"/> cMET</p> <p><input type="checkbox"/> EGFR</p> <p><input type="checkbox"/> HER2</p> <p><input type="checkbox"/> MDM2</p> <p><input type="checkbox"/> TOP2A</p> <p>FISH¹:</p> <p><input type="checkbox"/> 1p19q¹</p> <p><input type="checkbox"/> ALK</p> <p><input type="checkbox"/> ROS1</p>		
<p>Molecular Analysis</p> <p><input type="checkbox"/> EGFRV8 (Fragment Analysis)</p> <p><input type="checkbox"/> MGMT Methylation Analysis (Pyro Sequencing)</p> <p><input type="checkbox"/> Individual NGS Genes² (List the genes to be performed. See Website for gene list):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>IHC</p> <p><input type="checkbox"/> ALK</p> <p><input type="checkbox"/> AR</p> <p><input type="checkbox"/> cMET</p> <p><input type="checkbox"/> EGFR</p> <p><input type="checkbox"/> ER</p> <p><input type="checkbox"/> ERCC1</p> <p><input type="checkbox"/> H3K36me3¹</p> <p><input type="checkbox"/> HER2</p> <p><input type="checkbox"/> MGMT</p> <p><input type="checkbox"/> PBRM1¹</p> <p><input type="checkbox"/> PD-1</p>	<p><input type="checkbox"/> PD-L1</p> <p><input type="checkbox"/> Pgp</p> <p><input type="checkbox"/> PR</p> <p><input type="checkbox"/> PTEN</p> <p><input type="checkbox"/> RRM1</p> <p><input type="checkbox"/> TLE3</p> <p><input type="checkbox"/> TOPO1</p> <p><input type="checkbox"/> TOP2A</p> <p><input type="checkbox"/> TS</p> <p><input type="checkbox"/> TUBB3</p>	<p>Mismatch Repair¹: (includes 4 IHCs below)</p> <p><input type="checkbox"/> MLH1</p> <p><input type="checkbox"/> MSH2</p> <p><input type="checkbox"/> MSH6</p> <p><input type="checkbox"/> PMS2</p> <p>CISH</p> <p><input type="checkbox"/> cMET</p> <p><input type="checkbox"/> EGFR</p> <p><input type="checkbox"/> HER2</p> <p><input type="checkbox"/> MDM2</p> <p><input type="checkbox"/> TOP2A</p> <p>FISH¹:</p> <p><input type="checkbox"/> 1p19q¹</p> <p><input type="checkbox"/> ALK</p> <p><input type="checkbox"/> ROS1</p>				
Physician or Practitioner Signature	Print Name	Date					

Fax completed requisition with copy of the pathology report, clinical history and insurance information to (866) 479-4925.