

### Veracyte Internal Use Only

No. of slides received: \_\_\_\_\_  
 No. of blocks received: \_\_\_\_\_  
 Accession #: \_\_\_\_\_

### CUSTOMER INFORMATION (To be completed by the ordering physician)

#### I. SUBMISSION TYPE

SUBMISSION:  FIRST  RESUBMISSION – Associated Requisition \_\_\_\_\_

#### II. ORDERING PHYSICIAN

ORDERING PHYSICIAN NAME: Last, First \_\_\_\_\_  
 ORDERING PHYSICIAN E-MAIL \_\_\_\_\_  
 INSTITUTION / DEPARTMENT / DISTRIBUTOR \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_  
 PHONE / MOBILE \_\_\_\_\_ FAX \_\_\_\_\_  
 OFFICE CONTACT NAME & E-MAIL \_\_\_\_\_

#### III. PATIENT INFORMATION

PATIENT NAME: Last, First \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ Female  Male   
 MEDICAL RECORD NUMBER \_\_\_\_\_ PATIENT ID \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_  
 PRIMARY PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_  
 DATE OF SURGERY (MM / DD / YYYY) \_\_\_\_\_

#### IV. CLINICAL FACTORS

STAGE	<input type="checkbox"/> II	<input type="checkbox"/> III
T	<input type="checkbox"/> T1	<input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4
N	<input type="checkbox"/> N0	<input type="checkbox"/> N1 <input type="checkbox"/> N2

STAGE II HIGH RISK FEATURES	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MMR STATUS (If performed)	<input type="checkbox"/> dMMR	<input type="checkbox"/> pMMR
MSI STATUS (If performed)	<input type="checkbox"/> MSI-L	<input type="checkbox"/> MSI-H <input type="checkbox"/> MSS

Comment \_\_\_\_\_

#### V. SPECIMEN RETRIEVAL FROM PATHOLOGY LAB

SAMPLE PROVIDER NAME (Pathologist) \_\_\_\_\_ PHONE / MOBILE \_\_\_\_\_  
 SAMPLE PROVIDER FACILITY NAME \_\_\_\_\_ FAX \_\_\_\_\_  
 SAMPLE PROVIDER FACILITY ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

#### VI. PHYSICIAN SIGNATURE

Your signature constitutes a Certification of Medical Necessity and a certification that the patient has consented for this test to be performed and has been informed that her/his personal data could be transferred to Veracyte, that she/he has a right to access, rectification, erasure and a right to portability, a right of opposition and limitation to the processing of her/his data. For the exercise of her/his rights, any request from the patient can be addressed to [privacy@haliodx.com](mailto:privacy@haliodx.com). By signing this Request Form, you attest that the patient meets the criteria to be tested with Immunoscore®

PHYSICIAN SIGNATURE (required) \_\_\_\_\_ DATE (MM / DD / YYYY) \_\_\_\_\_  
**X**  
 PRINT NAME \_\_\_\_\_

Any additional documents containing personal data will be destroyed



Veracyte Labs VA

737 N. 5th St., Ste 600  
 Richmond, VA 23219-1445- USA

CLIA ID NUMBER : 49D2159558  
[www.veracyte.com](http://www.veracyte.com)

Customer Service : [clia.service@haliodx.com](mailto:clia.service@haliodx.com)  
 or Call + 1 (804) 944-2000  
 or eFax +1 (804) 533-1504

## SAMPLE INFORMATION (To be completed by the pathologist)

### VII. PATHOLOGY LABORATORY

SUBMITTING PATHOLOGIST NAME \_\_\_\_\_

SUBMITTING PATHOLOGIST E-MAIL \_\_\_\_\_

INSTITUTION / DEPARTMENT \_\_\_\_\_

PHONE / MOBILE \_\_\_\_\_

FAX \_\_\_\_\_

### VIII. BLOCK RETURN (if different from pathology lab)

YES

NO

CONTACT NAME (Leave blank if submitting slides) \_\_\_\_\_

INSTITUTION / DEPARTMENT / DISTRIBUTOR \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

PHONE / MOBILE \_\_\_\_\_

FAX \_\_\_\_\_

The Test Request Form must be filled in and sent back to Veracyte along with samples. Please send either one formalin fixed paraffin embedded (FFPE) tumor block (neutral buffered formalin ONLY) OR six 4µm serial unstained sections per test/specimen mounted on separate slides. For specimen criteria and specimen preparation instructions, see material requirements document attached.

FFPE BLOCK ID	
SLIDE 1 ID	
SLIDE 2 ID	
SLIDE 3 ID	
SLIDE 4 ID	
SLIDE 5 ID	
SLIDE 6 ID	

**SPECIMEN**

**COLLECTION DATE:** \_\_\_\_\_

All remaining unstained slides will be destroyed after 6 months of storage

Any additional documents containing personal data will be destroyed



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