

### 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	STATE	ZIP	COUNTRY
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PHONE / MOBILE \_\_\_\_\_ FAX \_\_\_\_\_

OFFICE CONTACT NAME & E-MAIL \_\_\_\_\_

#### III. PATIENT INFORMATION

PATIENT NAME: Last, First \_\_\_\_\_

MEDICAL RECORD NUMBER	PATIENT ID		
DATE OF BIRTH	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male		
STREET ADDRESS _____			
CITY	STATE	ZIP	COUNTRY
PRIMARY PHONE	ALTERNATE PHONE		
DATE OF SURGERY (MM / DD / YYYY)			

#### IV. BILLING INFORMATION

ICD10 CODE: \_\_\_\_\_

PRIVATE INSURANCE (Attach Front/Back copy of insurance card)

PRIMARY COMPANY NAME	MEMBER ID
PRIOR AUTHORIZATION #	
SECONDARY COMPANY NAME	MEMBER ID

TICK THE HOSPITAL STATUS

HOSPITAL INPATIENT (>24h stay)  
Discharge date: \_\_\_\_\_

HOSPITAL OUTPATIENT

IN-OFFICE PROCEDURE

MEDICARE

MEDICAID

PATIENT SELF-PAY

CONTRACTED ACCOUNT

#### V. CLINICAL FACTORS

Please provide a copy of the pathology report. The pathology report may be used for reimbursement and/or administrative purposes.

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

State reason for ordering Immunoscore® in support of treatment decision:

*Provide information on why the test is needed to make your treatment decision.*

#### VI. SPECIMEN RETRIEVAL FROM PATHOLOGY LAB

SAMPLE PROVIDER NAME (Pathologist)	PHONE / MOBILE			
SAMPLE PROVIDER FACILITY NAME	FAX			
SAMPLE PROVIDER FACILITY ADDRESS	CITY	STATE	ZIP	COUNTRY

#### VII. PHYSICIAN SIGNATURE

You attest that you are the treating physician and your signature constitutes a Certification of Medical Necessity and a certification that (1) the patient has consented for this test to be performed, (2) the patient has signed the AOB, and (3) Veracyte is authorized to release test information when necessary as part of the billing process.

By signing this Request Form, you attest that:

- The patient meets the criteria to be tested with Immunoscore®
- The Immunoscore® test is medically necessary for the patient's diagnosis and treatment.

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

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

### VIII. PATHOLOGY LABORATORY

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

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

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

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

FAX \_\_\_\_\_

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

YES

NO

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

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

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

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

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 3 months of storage

The Immunoscore® is a tissue-based immune assay performed on formalin-fixed paraffin-embedded (FFPE) tumor tissue samples of primary colon cancer intended to measure the host immune response at the tumor site.

In combination with standard clinicopathologic features, this digital diagnostic test informs adjuvant chemotherapy decision-making for patients with early-stage colon cancer. Immunoscore® values are reported based on pre-defined cut-offs in 5 categorical scores (IS 0 to 4) and in 2 categories of recurrence risk: Immunoscore® Low (IS 0 & 1) and Immunoscore® High (IS 2 to 4), with a higher Immunoscore® associated with a lower risk of recurrence (ref. 1/2/3). In validation studies of stage III colon cancers, only Immunoscore® High patients experienced a significant therapy benefit (ref. 3/4).

The Immunoscore and its performance characteristics were determined by Veracyte. This test has not been cleared or approved by the FDA. This test is used for clinical purposes and clinical correlation of its results are recommended. It should not be regarded as investigational or for research. The Veracyte laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high-complexity clinical testing.

[1] Sinicrope F et al., JNCI Cancer Spectrum 2020

[2] Pagès F et al., Lancet 2018

[3] Pagès F et al., Ann Oncol. 2020

[4] Mlecnick B et al., JCO 2020



Any additional documents containing personal data will be destroyed

**Veracyte Labs VA**

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