

MOLECULAR INTELLIGENCE™

Evidence-Guided Tumour Profiling Services



How to Order Caris Molecular Intelligence™ Services

1.

Contact Caris

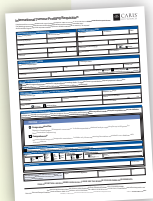


Contact Caris Life Sciences to obtain the requisition form and the tumour specimen shipper kit. The latest requisition form can also be downloaded from www.carislifesciences.eu/tumour-profiling-services.

Please find the Caris Customer Services contact details below

2.

Prepare Documents



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

Collect the **pathology report** corresponding to the tumour sample and **send both documents** to Caris Customer Services by email or fax.

3.

Prepare Tumour Sample



Contact your pathology department to request that the specimen is sent to Caris Life Sciences for molecular profiling. A formalin-fixed, paraffin embedded (FFPE) sample is preferred. Alternative sample types are listed in the sample requirements section on the back of the requisition form.

Place into the shipper kit: the specimen, frozen cool block, pathology report and a copy of the requisition form. If not done previously, fax or email the documents to Caris Customer Services.

4.

Shipping



Contact your local FedEx agency to arrange a pick-up. Shipping is prepaid by Caris. If requested by FedEx please quote the Caris FedEx account number pre-printed on the FedEx airway bill.

Please send the tracking number for the shipment to Caris Customer Services (bottom right of the airway bill). We will monitor receipt of the shipper kit.

5.

Receive Report



Caris will deliver the electronic MI Profile Report, usually within 14 days of receipt of the specimen and required documentation in our laboratory.

The Caris team will contact you in case of additional requests (e.g. if quantity of tumour content requires prioritization of biomarker assessments).

6.

Follow up



If you have any further questions, additional needs and would like to speak to a member of Caris Life Sciences Scientific Staff or Customer Services please contact us.

CARIS Customer Services

Phone **+41 21 533 53 00**
+800 12 12 30 30

Fax **+41 21 533 53 01**
+800 12 12 32 32

Email **EUCustomerServices@carisls.com**


Your local CARIS Contact

Tumour Profiling Requisition Instructions

A completed requisition form is required for tumour profiling to be performed, **at a minimum please COMPLETE the highlighted areas.** Customer Services will contact you to clarify any discrepancies and obtain the remaining information.

International Tumour Profiling Requisition

Complete and fax or e-mail requisition with copy of pathology report to +800 12 12 32 32 or +41 21 533 53 01 or EUCustomerServices@carisls.com.
The pathology report must bear the name of the originating institution and be stamped "controlled copy."
Please send the original copy of the requisition with the specimen. All fields marked with an asterisk (*) are required.



TREATING PHYSICIAN INFORMATION		PATIENT INFORMATION	
* Office/Facility Name	Caris Account Number/Distributor	* Last Name	* First Name Initial
* Ordering Physician	Physician Email Address	* Address	
* Address		* City	* Country * Postal Code
* City	* Country * Postal Code	* Date of Birth (dd/mm/yyyy)	* Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
* Phone Nr.	Fax Nr.	Phone Number	Email Address

PATHOLOGY INFORMATION (Include a copy of the pathology report)			
* Institution/Hospital Name	* Pathologist Name		
* Institution/Hospital Address:	* City	* Country	* Postal Code
* Phone Nr.:	* Fax Nr.:	Return Specimen Block To: <input type="checkbox"/> Pathology <input type="checkbox"/> Ordering Physician <input type="checkbox"/> Caris to Archive <i>Return addresses must be provided above in order to return block</i>	

BILLING INFORMATION	
<input type="checkbox"/> Self-pay: Payment is required before testing starts. Caris Customer Services will contact the patient directly to agree payment terms.	
<input type="checkbox"/> Health Insurance: A reimbursement request has been sent to patient's health insurance. Insurance Company: _____ Policy # _____ Pre-Authorisation / Authorisation #: _____ (if available)	
<input type="checkbox"/> Hospitals/Clinics: Institution will be billed after testing has been performed.	
<input type="checkbox"/> Other, please specify: _____	

SPECIMEN INFORMATION (Include a copy of the pathology report).	
* Primary Tumour Type	Shipment Tracking #
* Specimen Site	* Specimen/Block ID#(s)
Date & Time of Collection / / AM PM	
Tissue Type(s): <input type="checkbox"/> FFPE Block <input type="checkbox"/> Unstained Slides	
Duration of Fixation	

TUMOUR PROFILING SERVICES (Choice Required)								
Select a panel or individual assay(s) to be performed from the list below. See reverse side for profile details. While every effort is made to keep this requisition current, the definitive list of assays included in each profile can be found online at www.CarisLifeSciences.eu/profilemenu.								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0056b3; color: white;"> <th>PANELS</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> MI Profile™ Multi-platform, solid tumour biomarker analysis for therapeutic decision support and clinical trials matching (see reverse for profile details), includes next generation sequencing (NGS) Helpful when: <ul style="list-style-type: none"> treating aggressive, rare or refractory cancers looking for clinical trial opportunities </td> </tr> </tbody> </table>	PANELS	<input type="checkbox"/> MI Profile™ Multi-platform, solid tumour biomarker analysis for therapeutic decision support and clinical trials matching (see reverse for profile details), includes next generation sequencing (NGS) Helpful when: <ul style="list-style-type: none"> treating aggressive, rare or refractory cancers looking for clinical trial opportunities 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0056b3; color: white;"> <th colspan="2">INDIVIDUAL ASSAY(S)</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> IHC <input type="checkbox"/> AR <input type="checkbox"/> cMET <input type="checkbox"/> EGFR (IHC-score; NSCLC Only) <input type="checkbox"/> ER <input type="checkbox"/> ERCC1 <input type="checkbox"/> HER2 <input type="checkbox"/> MGMT <input type="checkbox"/> Pgp <input type="checkbox"/> PR <input type="checkbox"/> PTEN <input type="checkbox"/> RRM1 <input type="checkbox"/> SPARCm </td> <td style="vertical-align: top;"> <input type="checkbox"/> SPARCp <input type="checkbox"/> TLE3 <input type="checkbox"/> TOPO1 <input type="checkbox"/> TOP2A <input type="checkbox"/> TS <input type="checkbox"/> TUBB3 FISH or CISH <input type="checkbox"/> ALK <input type="checkbox"/> cMET <input type="checkbox"/> HER2 <input type="checkbox"/> ROS1 <input type="checkbox"/> TOP2A </td> <td style="vertical-align: top;"> Mutational Analysis <input type="checkbox"/> Solid Tumour Cancer Panel (45 genes, NGS) <input type="checkbox"/> BRAF (cobas® PCR) <input type="checkbox"/> EGFRvIII (Fragment Analysis) <input type="checkbox"/> IDH2 (SangerSeq) <input type="checkbox"/> MGMT-Me (PyroSeq) <input type="checkbox"/> Individual Next-Generation Sequencing Genes (List the genes to be reported. See reverse for panel): _____ _____ </td> </tr> </tbody> </table>	INDIVIDUAL ASSAY(S)		IHC <input type="checkbox"/> AR <input type="checkbox"/> cMET <input type="checkbox"/> EGFR (IHC-score; NSCLC Only) <input type="checkbox"/> ER <input type="checkbox"/> ERCC1 <input type="checkbox"/> HER2 <input type="checkbox"/> MGMT <input type="checkbox"/> Pgp <input type="checkbox"/> PR <input type="checkbox"/> PTEN <input type="checkbox"/> RRM1 <input type="checkbox"/> SPARCm	<input type="checkbox"/> SPARCp <input type="checkbox"/> TLE3 <input type="checkbox"/> TOPO1 <input type="checkbox"/> TOP2A <input type="checkbox"/> TS <input type="checkbox"/> TUBB3 FISH or CISH <input type="checkbox"/> ALK <input type="checkbox"/> cMET <input type="checkbox"/> HER2 <input type="checkbox"/> ROS1 <input type="checkbox"/> TOP2A	Mutational Analysis <input type="checkbox"/> Solid Tumour Cancer Panel (45 genes, NGS) <input type="checkbox"/> BRAF (cobas® PCR) <input type="checkbox"/> EGFRvIII (Fragment Analysis) <input type="checkbox"/> IDH2 (SangerSeq) <input type="checkbox"/> MGMT-Me (PyroSeq) <input type="checkbox"/> Individual Next-Generation Sequencing Genes (List the genes to be reported. See reverse for panel): _____ _____
PANELS								
<input type="checkbox"/> MI Profile™ Multi-platform, solid tumour biomarker analysis for therapeutic decision support and clinical trials matching (see reverse for profile details), includes next generation sequencing (NGS) Helpful when: <ul style="list-style-type: none"> treating aggressive, rare or refractory cancers looking for clinical trial opportunities 								
INDIVIDUAL ASSAY(S)								
IHC <input type="checkbox"/> AR <input type="checkbox"/> cMET <input type="checkbox"/> EGFR (IHC-score; NSCLC Only) <input type="checkbox"/> ER <input type="checkbox"/> ERCC1 <input type="checkbox"/> HER2 <input type="checkbox"/> MGMT <input type="checkbox"/> Pgp <input type="checkbox"/> PR <input type="checkbox"/> PTEN <input type="checkbox"/> RRM1 <input type="checkbox"/> SPARCm	<input type="checkbox"/> SPARCp <input type="checkbox"/> TLE3 <input type="checkbox"/> TOPO1 <input type="checkbox"/> TOP2A <input type="checkbox"/> TS <input type="checkbox"/> TUBB3 FISH or CISH <input type="checkbox"/> ALK <input type="checkbox"/> cMET <input type="checkbox"/> HER2 <input type="checkbox"/> ROS1 <input type="checkbox"/> TOP2A	Mutational Analysis <input type="checkbox"/> Solid Tumour Cancer Panel (45 genes, NGS) <input type="checkbox"/> BRAF (cobas® PCR) <input type="checkbox"/> EGFRvIII (Fragment Analysis) <input type="checkbox"/> IDH2 (SangerSeq) <input type="checkbox"/> MGMT-Me (PyroSeq) <input type="checkbox"/> Individual Next-Generation Sequencing Genes (List the genes to be reported. See reverse for panel): _____ _____						

Please share a copy of the final report with: <input type="checkbox"/> Pathology <input type="checkbox"/> Other (please specify) _____ Email: _____	
--	--

NOTICE: This requisition constitutes an order for services. I certify that the services are medically indicated and necessary, and that they will assist me in treating my patient.	Physician or Practitioner Signature	Print Name	Date
---	-------------------------------------	------------	------

FINAL REPORT WILL BE DELIVERED IN ENGLISH. PLEASE SEE THE REVERSE FOR SPECIMEN REQUIREMENTS. Terms and conditions apply. Visit www.CarisLifeSciences.eu/tumour-profiling-services to view the terms and conditions in full.

Specimen must be sent to Caris Life Sciences, 4610 South 44th Place, Phoenix AZ 85040, USA / CLIA 03D1019490 / ISO 15189 – 3531.01
Caris Life Sciences Europe Customer Services Phone: +800 12 12 30 30 or +41 21 533 53 00 / Fax +800 12 12 32 32 or +41 21 533 53 01 / E-mail EUCustomerServices@carisls.com.
Caris MPL Inc. d/b/a Caris Life Sciences ©2013 Caris Life Sciences and affiliates. All rights reserved. EA61EE / Revision Date Dec. 10, 2013

Customer Information
Enter the treating physician's contact information.

Patient Information
Enter patient information here.

Billing Information
Billing information is required to initiate testing.

Pathology Information
Enter the pathology information in this section. Please include any hospital/institution affiliation.

Material Return
Clearly select the address where the remaining material should be sent to

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

Physician or Practitioner Signature (SIGNATURE REQUIRED)
Signing the requisition authorises Caris to perform tumour profiling services.

Fax completed requisition with copy of the pathology report and clinical history to +41 21 533 53 01 / +800 12 12 32 32 or email to EUCustomerServices@carisls.com.

To order Caris Molecular Intelligence Services or to speak with a Caris Life Sciences' representative, call
+41 21 533 53 00 / +800 12 12 30 30
or email to EUCustomerServices@carisls.com,
or visit us online at www.carislifesciences.eu.

