

REQUIRED ITEMS

- 1. Pathology Report
- 2. Clinical Information
- 3. Face Sheet (Front and Back Copy of the Patient's Insurance Card and Demographic Information)
- 4. Provider's Signature

PATIENT INFORMATION

Last Name _____
 First Name _____ M.I. _____
 DOB ____/____/____ Gender: Male Female Other _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Patient ID _____

PROVIDER INFORMATION

Authorized Provider Signature _____ Date _____
 Please Fax Duplicate Report to Additional Provider _____ Fax _____

BILLING INFORMATION

Bill to: Insurance Medicare Referring Facility (Hospital/Client) Split Billing - Client (TC) and Insurance (PC) Patient
 Patient Status: Inpatient (Hospital) Outpatient (Hospital) Non-Hospital ASC Prior Authorization # _____

CLINICAL INFORMATION

Indication(s) for Testing: _____
 ICD-10 Codes: _____
 Disease: New Diagnosis Refractory Recurrent/Relapsed Follow-Up (Monitoring) Metastatic

SPECIMEN INFORMATION

Date Collected ____/____/____ Specimen Site _____
 Specimen ID _____
 Date Retrieved ____/____/____ Date Discharged ____/____/____
 UNSTAINED SLIDES, # of Slides _____ Slide Thickness _____ H&E
 SPECIMEN PICK UP: I would like CorePath to request the block from the facility.
 Facility Name _____ Phone _____ Fax _____
 Address _____ City _____ State _____ Zip _____

TEST REQUESTED (FOR MORE TESTING INFORMATION, VISIT COREPATH.US)

TumorCORE 20/20 EVALUATION

Request that CorePath's Board Certified Pathologists review the patient's pathology report along with their clinical history and all materials submitted with this order to select the medically necessary tests for a comprehensive analysis and efficient patient care with the end goal of timely guidance for treatment, staging, prognosis and risk stratification by the treating providers.

TYPES OF TUMOR

- | | | | |
|---------------------------------------------|-----------------------------------------|------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Biliary/Pancreatic | <input type="checkbox"/> Esophageal | <input type="checkbox"/> Hepatocellular | <input type="checkbox"/> Soft Tissue Sarcomas |
| <input type="checkbox"/> Bladder (Urinary) | <input type="checkbox"/> Female Genital | <input type="checkbox"/> Lung | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Gastric | <input type="checkbox"/> Melanoma (Metastatic) | <input type="checkbox"/> Unknown Primary |
| <input type="checkbox"/> Bone | <input type="checkbox"/> Genitourinary | <input type="checkbox"/> Prostate | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Breast | <input type="checkbox"/> GIST | <input type="checkbox"/> Renal | |
| <input type="checkbox"/> Colorectal | <input type="checkbox"/> Head/Neck | <input type="checkbox"/> Salivary Glands | |

IMMUNOHISTOCHEMISTRY

- ER/PR/HER2/Ki-67
- MMR (MLH1, MSH2, MSH6, PMS2)
- TP53 Mutation
- P16 Mutation
- HER2 Mutation
- Other: _____

PD-L1

- PD-L1 22C3 (for KEYTRUDA®)
- PD-L1 SP142 (for TECENTRIQ®)
- PD-L1 28-8 (for OPDIVO®)
- PD-L1 SP263 (for IMFINZI®)
- Other: _____

FISH

- ALK Rearrangement
- DDIT3 (12q13) Rearrangement
- EGFR Amplification
- ERG Rearrangement
- EWSR1 (22q12) Rearrangement
- FGFR1 Amplification
- FOXO1 (13q16) Rearrangement
- HER2
- MDM2 Amplification
- MET Amplification
- MYCN Amplification
- PTEN Deletion
- ROS1 Rearrangement
- SS18 (SYT) (18q11) Rearrangement
- UroVysion
- Other: _____

MOLECULAR PROFILES

- CORE Solid Tumor with Expression Profile (DNA and RNA)
- CORE Liquid Biopsy Solid Tumor Profile (DNA)*
*For monitoring or when tissue cannot be obtained. Blood; EDTA Only; Purple Top.

MOLECULAR ASSAYS

- | | | |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> KRAS/NRAS/BRAF Mutation | <input type="checkbox"/> MET Exon 14 Deletion | <input type="checkbox"/> PDGFRA Mutation |
| <input type="checkbox"/> BRAF Mutation | <input type="checkbox"/> MGMT Promoter Methylation | <input type="checkbox"/> PIK3CA Mutation |
| <input type="checkbox"/> EGFR Mutation | <input type="checkbox"/> Microsatellite Instability (MSI) Analysis | <input type="checkbox"/> PTEN Mutation |
| <input type="checkbox"/> FGFR 2 & 3 Mutation | <input type="checkbox"/> MLH1 Promoter Methylation | <input type="checkbox"/> PTEN Sequence Analysis |
| <input type="checkbox"/> HRAS Mutation | <input type="checkbox"/> NRAS Mutation | <input type="checkbox"/> TERT Promoter Methylation |
| <input type="checkbox"/> IDH1/IDH2 Mutation | <input type="checkbox"/> NTRK & RET Fusion Profile | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> KIT Mutation | <input type="checkbox"/> OncoPrint™ Dx Target Test | |
| <input type="checkbox"/> KRAS Mutation | <input type="checkbox"/> OncotypeDX® | |
| <input type="checkbox"/> MammaPrint Assay | <input type="checkbox"/> Breast <input type="checkbox"/> Prostate <input type="checkbox"/> Colon | |

LABORATORY USE ONLY

OTHER INSTRUCTIONS