

THEROS CancerTYPE ID[®] Test Request Form

Instructions for Requesting Physicians:

1. Please complete the form as carefully as you can, with the exception of information to be filled in by the Pathologist. **Any missing information on the form may lead to delay in performing the analysis. Missing compulsory information may result in test cancellation.**
2. Fax or email the completed forms to Lab21 on +44 (0)1223 395451 or Email cupcheck@lab21.com.
3. Finally, fax/email the completed Test Request Form to the Pathology Laboratory.

A. PATIENT AND SAMPLE INFORMATION Please note the fields marked * are compulsory

Please fill out completely or affix sticker here. You must include at least 3 unique patient identifiers

*Patient's First Name..... *Patient's Last Name *Date of Birth (DD/MM/YY)

Patient Gender (M/F) Patient ID No. Hospital No. Pathology Report No.

*Date of Biopsy *Site of Biopsy

Biopsy Collection Procedure Resection Other

Fixative 10% Neutral Buffered Formalin Other

Please note that only paraffin embedded tissue biopsies fixed in formalin or Bouin's solution can be used for testing.
Please note that bone biopsy samples should be decalcified using formic acid. Tissue decalcified using hydrochloric acid cannot be used for testing.

*Clinical diagnosis:

B. REQUESTING PHYSICIAN INFORMATION

Hospital Ref. No..... *Physician Name

*Clinic/Hospital *Address

..... Postcode

*Tel Fax Email.....

*Preferred method for reporting results: Email Post Fax

*Physician Signature *Date

The provision of services by Lab21 Ltd is subject to our Standard Terms and Conditions, a copy of which can be obtained from Lab21 Customer Services Dept. Each submission of a Test Request Form for services by a Client to Lab21 Ltd will be deemed to be an acceptance by the client to purchase the required service subject to the aforementioned Terms and Conditions.

C. Pathology Laboratory Information

Contact Name *Centre Name

Address

Postcode *Tel: Fax: Email

*Pathologist Signature *Date

LAB21 Use Only ID No Date Entered By Validated By

For the Pathologist:

1. The physician named above has faxed you this form to seek your assistance in providing a tissue sample for an important clinical test.
2. You will receive a THEROS CancerTYPE ID[®] Sample Collection Kit, including clear instructions for preparation and shipment of a suitable tissue block, at your site in the next few days.
3. When you receive the Sample Collection Kit, please:
 - Prepare the samples according to the instructions provided, **including identifier labels with at least 3 unique identifiers (i.e. first name, last name and date of birth) attached to the primary samples (i.e. blocks or slides)**
 - Fill in the remaining sample related information and sign the copy of the Physician's completed THEROS CancerTYPE ID[®] Test Request Form to confirm that you have prepared a sample from the patient identified.
 - Finally return the signed form with the tumour sample to Lab21 Ltd in the Freepost envelope provided

If you have any questions about why the THEROS CancerTYPE ID[®] test has been requested, please contact the requesting physician. If you have any queries about sample preparation itself, please contact Lab21 Ltd on 0845 6778109.

Lab21 Ltd, 184 Cambridge Science Park, Cambridge CB4 0GA, UK
T: 0845 6778109 (UK), +44 (0)1223 395450 (International)
F: +44 (0)1223 395451, E: cupcheck@lab21.com

THEROS CancerTYPE ID[®] Test Request Form Payment Form

Please note: If Lab21 does not receive full payment information your testing may be delayed

Patient Information

Patient Name <input style="width: 95%;" type="text"/>
Date of Birth (NB please use the following format e.g. 02 JAN 2005) <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> (Day) </div> <div style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> (Month) </div> <div style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> (Year) </div> </div>



Payment by Credit Card

Card Type <input type="checkbox"/> MasterCard <input type="checkbox"/> Maestro <input type="checkbox"/> Visa <input type="checkbox"/> Visa Electron <input type="checkbox"/> American Express* <small>* Please note that payments by American Express will have a 3% handling fee applied</small>
Card Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Expiry <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> (MM/YY) Security code <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> (on reverse of card)
Post Code <input style="width: 150px; height: 20px;" type="text"/> House Number <input style="width: 80px; height: 20px;" type="text"/>

Insurance details

Name of insurance party/ reimbursement party <input style="width: 95%;" type="text"/>
Invoice address <input style="width: 95%; height: 60px;" type="text"/>
Insurance claim number <input style="width: 100%; height: 20px;" type="text"/>
Customer reference number <input style="width: 100%; height: 20px;" type="text"/>

Payment by Bank Transfer

Lloyds TSB Bank Plc
39 Threadneedle Street
London EC2R 8AU UK

Sort Code: 30-00-09
Account Number: 0300 6896

Payment by cheque

Cheques should be made payable to "Lab21 Ltd"

Lab21 Ltd, 184 Cambridge Science Park, Cambridge CB4 0GA, UK
 T: 0845 6778109 (UK), +44 (0)1223 395450 (International)
 F: +44 (0)1223 395451, E: cupcheck@lab21.com