

DetermaRx Intended Use: Improving the quality of post-surgical treatment decisions by identifying patients at highest risk of 5-year mortality, and therefore the most likely to benefit from adjuvant chemotherapy, in stage IA, IB and IIA (8th edition) non-squamous non-small-cell lung cancer patients whose tumors have been fully resected and are candidates for chemotherapy.

Ordering Physician or Delegate to Complete

Type of Submission

First Submission Resubmission - Previous Requisition Number _____

Test Selected

DetermaRx

Ordering Physician Information

Physician Name _____
Organization Name _____
NPI Number _____
Street Address _____
City _____ State _____
Postal Code _____ Country _____
Phone _____ Fax _____
Email Address (For online report access) _____

Report Delivery: Encrypted Email Secured Fax

You are authorizing the electronic delivery of test results by Oncocyte in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and the rules reflected in the HITECH Act.

Ordering Physician Signatures & Attestations

The below signature constitutes a State of Medical Necessity and your attestation of the following: 1) certifies that I am the patient's treating physician 2) the patient meets the assay eligibility criteria for the DetermaRx test; 3) the test is medically necessary and test results will be used with other clinical data to help determine the appropriate treatment plan for the patient with non-squamous non-small-cell lung cancer stages IA, IB, and IIA, post surgical resection; 4) accurate clinical information has been entered, as this informs the risk category provided on the report; 5) the patient and/or their legal guardian has been informed of the benefits, risks, and limitations of the laboratory test(s) requested and consented for this test to be performed, and for Oncocyte Corporation to release test information and other personal health information to patient's third party payer when it is a necessary part of the reimbursement process. 5) Delegate has the authorization to sign supporting forms and documents on behalf of the Treating Physician for Oncocyte orders.

Treating Physician Signature _____

Date (mm/dd/yyyy) _____

Patient Information

Last Name _____
First Name _____ Middle Initial _____
Suffix _____ Sex Female Male
Date of Birth (DOB mm/dd/yyyy) _____
Last 4-digits of SSN _____ Medical Record # _____
Street Address _____
City _____ State _____
Postal Code _____ Country _____
Phone _____
Email Address (For invoicing) _____
Patient Diagnosis (ICD-10 Codes) _____

Billing Information

Hospital Status at Time of Specimen Collection:
 In-Office Procedure Hospital Outpatient Hospital Inpatient (>24 hour)
Discharge Date _____ Not Yet Discharged
 Private Insurance (Attach a copy of both sides of primary/secondary insurance cards)
Patient relationship with policyholder Self Spouse Child
 Other _____
Primary Insurance _____
Insurance No. _____ Group/Plan/Member ID _____
Policyholder's Name (if not patient) _____
Address _____
DOB (mm/dd/yyyy) _____ Sex Female Male
Secondary Insurance _____
Insurance No. _____ Group/Plan/Member ID _____
 Medicare Medicare Beneficiary Number _____
 Patient Responsibility (information above will be used to invoice)
 If Patient needs financial assistance, call 1-844-662-6298 or visit Oncocyte.com to obtain the Financial Assistance Form.

Specimen Information

IASLC TNM Staging (when available)
T _____ N _____ M _____
IASLC Overall Stage (select one) IA IB IIA

Pathology Laboratory Information

Oncocyte to request specimen from Pathology
 Ordering Physician to request specimen from Pathology
Contact Name _____
Organization Name _____
NPI Number _____

Street Address _____
City _____ State _____
Postal Code _____ Country _____
Phone _____ Fax _____

Pathology to Complete

Review and update your contact information above. Select a FFPE specimen in a stage IA, IB or IIA with a tumor cellular area greater than 25% of non-squamous NSCLC.

Specimen Type Submitted* Block Serial Sections Slides

Please return specimen to the above address if submitting block

FFPE Block ID _____

FFPE Block Cross-Section ID _____

Specimen Collection Date (mm/dd/yyyy) _____

Date Block Removed from Storage: (mm/dd/yyyy) _____

*Oncocyte makes every effort to preserve and not exhaust tissue, but in small and thin specimens, there is a possibility of exhausting the specimen in order to ensure adequate material and reliable results.