DETERMA Rx™ + EGFR

Test Requisition Form

www.oncocyte.com
Customer Service Phone and Fax:
1.844.ONCOCYTE (1.844.662.6298)
customer.service@oncocyte.com

Order ID

For Oncocyte Use Only

Ordering Physician or Delegate to Complete

Test Selected

DetermaRx ◯ EGFR (tumor tissue analysis - Exon 18-21)

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 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.

Patient Information

Last Name ____________________ Suffix ____________________

First Name ____________________ Middle Initial ____________________

Sex ◯F ◯M ◯Undisclosed 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) ____________________

Hospital Status at Time of Specimen Collection:

◯ In-Office Procedure ◯ Hospital Outpatient ◯ Hospital Inpatient (>24 hour)

Discharge Date (mm/dd/yyyy) ____________________ ◯ Not Yet Discharged

Pathology Laboratory Information

◯ Oncocyte to request specimen from Pathology ◯ Ordering Physician to request specimen from Pathology

Contact Name ____________________

Organization Name ____________________

Street Address ____________________

City ____________________ State ____________________

Postal Code ____________________ Country ____________________

Phone ____________________ Fax ____________________

Ordering Physician Signatures & Attestations

I, the undersigned*, attest that I ordered the DetermaRx test and/or the EGFR test for my eligible patient, and this order is appropriately documented in the Patient Medical record. The test(s) is/are medically necessary and reasonable to provide information to allow me to personalize treatment for my patient's medical condition. This patient has a non-squamous NSCLC with a tumor size < 5cm, and there are no positive lymph nodes (i.e. American Joint Committee on Cancer Eighth Edition Stages I and IIA); the patient is sufficiently healthy to tolerate chemotherapy, and adjuvant platinum containing chemotherapy is being considered for the patient. I have provided Oncocyte / Razor Genomics, Inc. with my patient's current insurance information, and I understand that Oncocyte / Razor Genomics, Inc. will be billing the patient's insurance company and accepting assignment on this claim. The patient and/or their legal guardian has been informed of the benefits, risks, and limitations of the laboratory test(s) and requested and consented for this test to be performed.

X ____________________ ____________________

Treating Physician Signature (or Authorized Delegate) Date (mm/dd/yyyy)

*Delegate has the authorization to sign supporting forms and documents on behalf of the Treating Physician for Oncocyte orders.

Billing Information

Billing Type: ◯ Medicare ◯ Medicaid/IPA ◯ Commercial ◯ Self-Pay

Primary Insurance Name ____________________

Plan Name ____________________

Insurance ID# ____________________ Group# ____________________

Patient relationship with subscriber ◯ Self ◯ Spouse ◯ Dependent

Subscriber Name (if not patient) ____________________

Address ____________________

Sex ◯F ◯M ◯Undisclosed Date of Birth (DOB mm/dd/yyyy) ____________________

Secondary Insurance Name ____________________

Plan Name ____________________

Insurance ID# ____________________ Group# ____________________

Patient relationship with subscriber ◯ Self ◯ Spouse ◯ Dependent

Subscriber Name (if not patient) ____________________

Address ____________________

Sex ◯F ◯M ◯Undisclosed Date of Birth (DOB mm/dd/yyyy) ____________________

Attach a copy of both sides of primary/secondary insurance cards.

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

FFPE Block ID (Case ID) ____________________

Specimen Collection Date (mm/dd/yyyy) ____________________

Number of primary non-squamous NSCLC lesions to be tested ____________________

Pathology to Complete

Review and update your contact information above and fill in the sample information. Select a surgical FFPE specimen (not a biopsy) with a tumor area greater than 25% of the block's total tissue area, without regard to cell density. The FFPE specimen must be non-squamous NSCLC in a stage IA, IB, or IIA.

Specimen Type Submitted*

◯ Block

◯ Slides # of slides sent

◯ Please return specimen to the above address if submitting block

FFPE Block(s) Cross-Section ID (Case Affix) ____________________

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

Completed by X ____________________

Date (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.

DetermaRx testing performed by Razor Genomics, Inc. 150 North Hill Drive, Suite 14 | Brisbane, CA 94005 **EGFR testing performed by Cellnetix** 12501 E. Marginal Way S., Suite 200 | Tukwila, WA 98168

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