Program ID _____

Test Requisition Form

Please fax to: (617) 418-2290 **Email:** client.services@foundationmedicine.com
All fields required | For more information visit *www.foundationmedicine.ca*

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Patient Demographics

Last Name | First Name | MI | Medical Record # | DOB *(MM/DD/YYYY)* | Sex ☐ F ☐ M

Address | City/Province/Postal Code | Country | Phone *(primary)*

Treating Physician Information

Facility Name _____ Treating Physician *(full legal name)* _____

Facility Address | City/Province/Postal Code | Country

Phone | Fax | Email | Account #

Additional Physician to be Copied *(optional)* | Facility Name | Email | Fax

Current Diagnosis/Patient History

Diagnosis: ☐ NSCLC ☐ Melanoma ☐ Colorectal Carcinoma ☐ Ovarian ☐ Breast ☐ Other _____

Disease Status *(select all that apply)*: ☐ Metastatic ☐ Recurrent ☐ Refractory ☐ Relapse ☐ None of these options

Additional Details _____ Stage _____ ICD Codes *(only codes beginning C or D accepted)* _____

Transplant Information _____ Targeted Therapies _____

Attachments: ☐ Copy of recent pathology/cytology reports including (if available/applicable), CBC/differential, BMA differential, FAB classification.
☐ Test results from all other Molecular Diagnostic Assays by FISH, IHC, or other genetic assays, e.g., *ER, PR, HER2, EGFR, KRAS,* etc.

Test Selection | *Select one*

Genomic test	*Description*	*Accepted Specimen Type*
◯ **FoundationOne®CDx**	Based on the U.S. FDA-approved companion diagnostic for all solid tumours	FFPE Tissue
☐ *If tissue submitted does not meet the criteria for successful testing, reflex to FoundationOne®Liquid*		Peripheral Whole Blood
◯ **FoundationOne®Liquid**	Liquid biopsy for all solid tumours	Peripheral Whole Blood
◯ **FoundationOne®Heme**	For hematologic malignancies & sarcomas	Peripheral Whole Blood, Bone Marrow Aspirate, FFPE Tissue, Extracted Nucleic Acid
Additional Option		
◯ **IHC Testing PD-L1**	*(Scoring and clone utilization based on FDA-approved indications. See back of this document for information)*	FFPE Tissue

Specimen Retrieval | *Only one specimen can be tested per order*

Submitting Pathologist Name | Pathology Lab Name | Phone | Fax | Email

☐ Specific specimen requested ☐ Let the submitting pathologist choose specimen

→ Date of Collection *(MM/DD/YYYY)* _____ Specimen ID _____ Specimen Site _____ *(FFPE or BMA)* Alternate Choice _____ *Optional*

◯ **FFPE Tissue (for FoundationOne CDx)**
- ☐ Contact the pathology lab to obtain specimen.
- ☐ I will arrange for the specimen to be shipped to Foundation Medicine.

◯ **Peripheral Whole Blood (for FoundationOne Liquid)**
- ☐ I will arrange for the specimen to be shipped to Foundation Medicine.

◯ **Bone Marrow Aspirate/Extracted Nucleic Acid (for FoundationOne Heme)**
- ☐ I will arrange for the specimen to be shipped to Foundation Medicine.

Self-pay Contact Information

Payor Name	
Payor Address	
Payor Phone Number	Payor Email Address

Certificate of Medical Necessity/Consent/Test Authorization and Physician Signature

My signature constitutes a Certificate of Medical Necessity, certifies that this test information will inform the patient's ongoing treatment plan, and certifies that I am the patient's treating physician. I have explained to the patient the nature and purpose of the testing to be performed and have obtained informed consent, to the extent legally required, to permit Foundation Medicine to **(a)** perform the testing specified herein, **(b)** retain the test results for an indefinite period for internal quality assurance/operations purposes, **(c)** de-identify the test results and use or disclose such de-identified results for future unspecified research or other purposes, and **(d)** release the test results to the patient's third-party payer as needed for reimbursement purposes.

My signature also authorizes Foundation Medicine to select the most appropriate test (pursuant to Foundation Medicine's Change in Test Authorization Policy) based on requisition/pathology information.

Treating Physician Signature | Printed Name *(Full legal name)* | Date *(MM/DD/YYYY)*

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Technical Information

FOUNDATIONONE®CDx

Intended Use FoundationOne®CDx is a next-generation sequencing based *in vitro* diagnostic device for detection of substitutions, insertion and deletion alterations, and copy number alterations in 324 genes and select gene rearrangements, as well as genomic signatures including microsatellite instability (MSI) and tumor mutational burden (TMB) using DNA isolated from formalin-fixed, paraffin-embedded (FFPE) tumor tissue specimens. For the complete Intended Use Provincement, including companion diagnostic indications, please see the FoundationOne CDx Technical Information page: *www.foundationmedicine.com/f1cdx*.

FOUNDATIONONE®HEME

About the Test FoundationOne®Heme is a comprehensive genomic profiling test for hematologic malignancies and sarcomas. The test is designed to provide physicians with information to help with diagnostic sub-classification, prognosis assessment, and associated targeted therapies. Test results provide information about clinically significant alterations, potential targeted therapies, available clinical trials, and quantitative markers that may support immunotherapy clinical trial enrollment. FoundationOne Heme is validated to detect all classes of genomic alterations in more than 400 cancer-related genes. In addition to DNA sequencing, FoundationOne Heme employs RNA sequencing across more than 250 genes to capture a broad range of gene fusions, common drivers of hematologic malignancies and sarcomas.

FOUNDATIONONE®LIQUID

About the Test FoundationOne®Liquid is a blood-based circulating tumor DNA (ctDNA) liquid biopsy test for solid tumours that identifies clinically relevant genomic alterations and provides an assessment of high microsatellite instability, across 70 genes known to be drivers of cancer. This test may assist physicians in identifying potential next steps by providing information relevant to diagnosis, risk-stratification and prognosis. Test results may provide information about potential targeted therapies and/or clinical trials to better inform treatment decisions.

IHC Testing

For tumours with no CDx indication, Foundation Medicine will perform PD-L1 testing using the Dako PD-L1 22C3 PharmDx assay. More information available at this web link: *www.foundationmedicine.com/genomic-testing/order.*

For Urothelial Carcinoma (URC), if PD-L1 testing with the Ventana SP142 clone is preferred, please indicate that preference on the test requisition form or contact our client services team at client.services@foundationmedicine.com or by calling +1 888.988.3639.

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