Oncology Genetic Test Requisition Form

NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.℠

Laboratory Client Services
Tel: (614) 722-5477 / (800) 934-6575
NationwideChildrens.org/Lab

Institute for Genomic Medicine (IGM) Clinical Laboratory
Tel: (614) 722-5321 / Fax: (614) 722-5471

Ship Samples to: Nationwide Children's Laboratory Services
700 Children's Drive, Room C1955
Columbus, OH 43205 U.S.A.

PATIENT INFORMATION (Please Print or Place ID Label)

Last Name	First Name	MI

Date of Birth (DOB)	Sex Assigned at Birth ☐Male ☐Female ☐Unknown	Gender Identity	SSN	Patient ID #/ MRN

Street Address	City	State	Zip

ORDERING PHYSICIAN INFORMATION (Please Print)

Ordering Physician Name (REQUIRED)	**Phone (REQUIRED)**	**Fax (REQUIRED)**	NPI #

Attending Physician Information - REQUIRED if Ordering Physician is a Trainee (e.g. Resident, Fellow)

Attending Physician Name	Phone	Fax	NPI#

Institution / Practice / Facility Name

Street Address	City	State	Zip/Postal Code

Physician Email **(REQUIRED if sending from outside U.S.A.)**	Country (if not U.S.A.)

Ordering Physican Signature **X**	Date

ADDITIONAL REPORT TO (Please Print)

Name ☐ Physician ☐ Lab ☐ Other	Phone	Fax

ICD-10 / CLINICAL DIAGNOSIS /SPECIAL INSTRUCTIONS

ICD-10 Codes (REQUIRED)	**Clinical Diagnosis (REQUIRED)**	**Age of Onset**

Special Instructions / Notes

SAMPLE INFORMATION (Please List All Samples Being Submitted with This Form)

Please check sample requirements and exclusions for each test on website Nationwidechildrens.org/Lab.
Each submitted sample must be labeled with the name and at least one secondary identifier (e.g. MRN, DOB, SPID). Insufficiently labeled samples will require a signed specimen identification waiver and may result in delayed processing and/or reporting.
Submitted samples will be consumed as needed to complete the requested testing which may result in depletion of submitted samples.

- **Acid decalcified samples are NOT ACCEPTED.**
- **Bone marrow and Blood samples:** Collect 4 mL of bone marrow or involved blood sample into EDTA tube. Ship overnight at room temperature. Samples must arrive in the laboratory within 48 hours from collection.
- **Tissue samples:** Tissue scrolls must be accompanied by H&E slide. Any H&E slide submitted with tumor sample must be from a consecutive cut from the submitted tumor section. Fresh/frozen tissue sample must arrive the laboratory within 48 hours from shipping.

Tumor / Involved Sample: **Sample contains _____ % tumor/blasts**	Collection Date Time	Sample Time Point:
☐ Bone marrow ☐ Involved peripheral blood ☐ Fresh tissue ☐ Snap-frozen tissue ☐ OCT-embedded tissue ☐ FFPE tissue block ☐ FFPE tissue scrolls and consecutively cut H&E slide ☐ Other_____		☐ Diagnosis ☐ Relapse ☐ Post-Treatment Day_____

Normal Sample: **Normal sample must contain 0% tumor/blasts**	Collection Date Time	Sample Time Point:
☐ Bone marrow ☐ Peripheral blood ☐ Fresh tissue ☐ Snap-frozen tissue ☐ OCT-embedded tissue ☐ FFPE tissue block ☐ FFPE tissue scrolls and consecutively cut H&E slide ☐ Uninvolved peripheral blood ☐ Other_____		☐ Diagnosis ☐ Relapse ☐ Post-Treatment Day_____

REQUIRED: A copy of the Pathology Report is required for each submitted tumor sample – if the report is not finalized, include a preliminary report with the sample submission and then fax the finalized report to 614-722-5471, once available. Failure to provide a finalized pathology report can result in a delayed test processing and/or result reporting.

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Patient Name (or place patient ID label)

Last, First _____

DOB or MRN _____

BILLING INFORMATION *Insurance Bill ONLY available if patient was NOT an inpatient at time of collection

- Insurance bill option is available for patients/insurance plans within the state of Ohio. For insurance bill, please attach the front and back copy of the patient's insurance card and complete the "Insurance Bill" section below
- For out-of-Ohio patients/insurance plans, institutional bill option is preferred. We **DO NOT** have contracts with most insurance plans outside of Ohio
- For **INTERNATIONAL** samples referred from outside the U.S.A. or Canada, we only accept institutional bill. Pre-payment or agreement of payment must be made **PRIOR TO** sending the sample. Payment can be made by wire transfer or by credit card. To arrange payment, please email *LaboratoryBilling@NationwideChildrens.org*
- We **DO NOT** offer Self-pay option at this time
- Please contact Laboratory Client Services for more information at 1-800-934-6575
- **Please select ONE Billing method below. Billing selection must be completed to proceed with testing**

☐ INSTITUTIONAL/CLIENT BILL (Please Print)

Billing Contact Name:

Phone | Fax

Email Address (**Required**)

Institution / Hospital / Laboratory Name

Client Account Number
(Please contact laboratorybilling@nationwidechildrens.org if you are unsure of your account number)

Street Address

City

State / Province

Zip Code

Country

☐ **Send a result copy to sending institution via:**
☐ Above Fax number ☐ Above Email address
☐ Other Fax/Email_____

☐ INSURANCE/PATIENT BILL (Please Print)
Please Attach a Front and Back Copy of Insurance Card

Legal Guardian Last Name:

Legal Guardian First Name, MI

Legal Guardian DOB | Legal Guardian SSN

Relationship to Patient
☐ Self ☐ Spouse ☐ Parent ☐ Other _____

Subscriber Last Name

Subscriber First Name, MI

Subscriber DOB

Subscriber SSN

Policy # | Group #

Insurance Company Name

Insurance Address

City | State | Zip

Secondary Insurance Company Name

Other Information:

PATIENT CONSENT FOR INSURANCE BILL

I will fully abide with Nationwide Children's Hospital Laboratory Services by providing all necessary documents needed for insurance billing and appeals. I understand that I am responsible for the payment of this test whether through my insurance company or myself.

Patient Signature: X_____

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*Internal pathology review by Nationwide Children's pathologist will be performed on submitted samples to assess for tumor/blast content.

HEMATOLOGIC CANCER

☐ **Hematologic Cancer Fusion Analysis by NGS** [test code: HEMFUSN]
Identifies gene fusions for 148 genes (see website for list of all gene partners).
At least 10% blasts must be present in the **Fresh, Snap-frozen, or OCT** samples.
At least 25% blasts/tumor must be present in the **FFPE tissue blocks or scrolls**.
(based on internal pathology review). Sample acquisition PRIOR TO receiving treatment is strongly preferred.

SOLID TUMOR

☐ **Solid Tumor Fusion Analysis by NGS** [test code: TUMFUSN]
Identifies gene fusions for 151 genes (see website for list of all gene partners).
At least 10% tumor must be present in the submitted **Fresh, Snap-frozen, OCT, or Bone marrow** samples.
At least 25% tumor must be present in the submitted **FFPE tissue block or FFPE tissue scrolls**.
(based on internal pathology review). Sample acquisition PRIOR TO receiving treatment is strongly preferred.

CNS / BRAIN TUMOR

☐ **CNS Tumor Classification by Methylation Array** [test code: CTCMA]
At least 60% tumor must be present in the submitted sample (based on internal pathology review).
Snap-frozen tissue is **Preferred**

MEDULLOBLASTOMA

☐ ***MYCN* (N-MYC) and *MYC* (C-MYC) Amplification by FISH** [test code: FISHMB]
At least 10% tumor (30% if bone marrow) must be present in the submitted sample (based on internal pathology review).
FFPE unstained slides are **Preferred**; please submit 6 slides (3 micron thick) **AND** consecutively cut H&E slide.

ALVEOLAR RHABDOMYOSARCOMA

☐ ***FOXO1* (*FKHR*) Rearrangement Detection by FISH** [test code: FISHFKHR]
Identifies *PAX3-FOXO1* and *PAX7-FOXO1* fusions [t(2;13)(q35;q14) and t(1;13)(p36;q14)]
If FOXO1 rearrangement is identified, reflex to PAX3 will occur first. If that is negative, reflex to PAX7 will then occur.
At least 10% tumor must be present in submitted sample (based on internal pathology review).
FFPE unstained slides are **Preferred**; please submit 6 slides (3 micron thick) **AND** consecutively cut H&E slide

SARCOMA

Soft Tissue Sarcoma Tumor Analysis by RT-PCR [test code: RTPCR]
Snap-frozen tumor tissue is **Preferred**

FFPE Sample is NOT ACCEPTED for This Test

☐ **Full Panel (includes all listed below)**

or Specific RT- PCR for the following selected sarcoma types:

- ☐ **Ewing sarcoma** *EWS-FLI-1* and *EWS-ERG* fusions [t(11;22)(q24;q12) and t(21;22)(q22;q12)]
- ☐ **Alveolar rhabdomyosarcoma** *PAX3-FOXO1* and *PAX7-FOXO1* fusions [t(2;13)(q35;q14) and t(1;13)(p36;q14)]
- ☐ **Synovial sarcoma** *SYT-SSX1/SSX2* fusion [t(X;18)(p11.2;q11.2)]
- ☐ **Desmoplastic small round cell tumor** *EWS-WT1* fusion [t(11;22)(p13;q12)]
- ☐ **Congenital fibrosarcoma/cellular mesoblastic nephroma** *ETV6-NTRK3* fusion [t(12;15)(p13;q25)]

☐ ***EWSR1* FISH Tumor Analysis** (test code: FISHEWSR1)
Identifies if *EWSR1* gene is rearranged but **will not identify the *EWSR1* gene fusion partner.**
At least 10% tumor must be present in submitted sample (based on internal pathology review).
FFPE unstained slides are **Preferred**; please submit 6 slides (3 micron thick) **AND** consecutively cut H&E slide

WILMS TUMOR

☐ **Targeted Oncology Microarray Analysis** [test code: TONCMA] — Identifies LOH and Copy Number Abnormalities
At least 40% tumor must be present in the submitted sample (based on internal pathology review).
Snap-frozen tumor tissue is **Preferred**

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NEUROBLASTOMA

☐ **Targeted Oncology Microarray Analysis** [test code: TONCMA] — Identifies LOH and Copy Number Abnormalities
**At least 40% tumor must be present in the submitted sample (based on internal pathology review).*
*Snap-frozen tissue is **Preferred***

☐ ***MYCN* (N-MYC) Amplification by FISH** [test code: FISHTUMOR]
**At least 10% tumor (30% if bone marrow) must be present in the submitted sample (based on internal pathology review).*
*FFPE unstained slides are **Preferred**; please submit 6 slides (3 micron thick) **AND** consecutively cut H&E slide*

☐ ***ALK* Amplification by FISH** [test code: FISHALK]
**At least 10% tumor (30% tumor for bone marrow) must be present in submitted sample (based on internal pathology review).*

☐ **NGS Neuroblastoma Panel** [test code: NGSNBL]
**At least 20% tumor must be present in submitted sample (based on internal pathology review).*

☐ **DNA Ploidy Analysis** [test code: DNAP] **Slides are NOT ACCEPTED for This Test**

CUSTOM CONFIRMATION TESTS

TARGETED TUMOR VARIANT ANALYSIS - Confirmatory Test for a Known Somatic Variant

☐ **Targeted Tumor Variant Analysis** [test code: TTVA]
A copy of the previous research/clinical tumor sequencing result is **REQUIRED**.
**At least 50% blasts must be present in hematologic cancer samples, and*
**At least 40% tumor must be present in solid tumor samples (based on internal pathology review).*
Submission of a normal sample (containing 0% tumor) is recommended but not required.

Genome Build: ☐ GRCh37 (hg19) ☐ GRCh38

1. Gene: _____ Variant (c./p.): _____ Transcript (NM#): _____
2. Gene: _____ Variant (c./p.): _____ Transcript (NM#): _____
3. Gene: _____ Variant (c./p.): _____ Transcript (NM#): _____

Previous sequencing performed at (Lab Name): _____

Previous tumor sequencing performed as a ☐ *Clinical testing* ☐ *Research testing*

TARGETED TUMOR FUSION ANALYSIS - Confirmatory Test for a Known Gene Fusion

☐ **RT-PCR Fusion Confirmation** [test code: FUSNCON]
A copy of the previous research/clinical tumor fusion result is **REQUIRED**.
**At least 10% tumor must be present in the submitted hematologic or solid tumor sample (based on internal pathology review)*

This Test is NOT for MRD Detection

Genome Build: ☐ GRCh37 (hg19) ☐ GRCh38

Test for a fusion between these 2 genes:

- 5' Fusion Gene Partner: _____ Transcript (NM#): _____
  Breakpoint: Exon: _____ Genomic Coordinate:_____
- 3' Fusion Gene Partner: _____ Transcript (NM#): _____
  Breakpoint: Exon: _____ Genomic Coordinate:_____

Test for additional gene fusions (specify): _____

_____

Previous fusion analysis performed at (Lab Name): _____

Previous tumor fusion analysis performed as a: ☐ *Clinical testing* ☐ *Research testing*

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Please check sample requirements and exclusions for each test on website Nationwidechildrens.org/Lab.

Ship Samples and Completed Test Requisition Form to:

Nationwide Children's Hospital Laboratory
700 Children's Drive, Room C1955
Columbus, OH 43205 U.S.A.

- Ship samples via Overnight Courier. Samples must arrive the laboratory within 48 hours. Saturday deliveries accepted. Please check "Saturday Delivery" on shipment label.
- For questions regarding testing, specimen requirements or transport, please call IGM Clinical Laboratory at (614) 722-5321 or Lab Client Services at (800) 934-6575.

Sample Return Request:

Tissue blocks will be returned after testing is complete if there is remaining sample. Provide return details below:

Ship Back to: **Name**: _____ **Phone**: _____

Address: _____

_____

_____