

International Tumour Profiling Requisition



Complete and fax or e-mail requisition with copy of pathology report to +800 12 12 32 32 or +41 21 533 53 01 or EUCustomerServices@carisls.com. The pathology report must bear the name of the originating institution and be stamped "controlled copy."

Please send the original copy of the requisition with the specimen. All fields marked with an asterisk (*) are required.

| TREATING PHYSICIAN INFORMATION | | PATIENT INFORMATION | | |
|--------------------------------|----------------------------------|------------------------------|---------------|---|
| * Office/Facility Name | Caris Account Number/Distributor | * Last Name | * First Name | Initial |
| * Ordering Physician | Physician Email Address | * Address | | |
| * Address | | * City | * Country | * Postal Code |
| * City | * Country | * Date of Birth (dd/mm/yyyy) | | * Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| * Phone Nr. | Fax Nr. | Phone Number | Email Address | |

| PATHOLOGY INFORMATION <i>(Include a copy of the pathology report)</i> | | | | |
|---|-----------|---|--------------------|---------------|
| * Institution/Hospital Name | | | * Pathologist Name | |
| * Institution/Hospital Address: | | * City | * Country | * Postal Code |
| * Phone Nr: | * Fax Nr: | Return Specimen Block To: <input type="checkbox"/> Pathology <input type="checkbox"/> Ordering Physician <input type="checkbox"/> Caris to Archive <i>Return addresses must be provided above in order to return block</i> | | |

| BILLING INFORMATION |
|--|
| <input type="checkbox"/> Self-pay: Payment is required before testing starts. Caris Customer Services will contact the patient directly to agree payment terms. |
| <input type="checkbox"/> Health Insurance: A reimbursement request has been sent to patient's health insurance. Insurance Company: _____ Policy # _____ Pre-Authorisation / Authorisation #: _____ <i>(if available)</i> |
| <input type="checkbox"/> Hospitals/Clinics: Institution will be billed after testing has been performed. |
| <input type="checkbox"/> Other, please specify: _____ |

| SPECIMEN INFORMATION <i>Include a copy of the pathology report.</i> | |
|--|---|
| * Primary Tumour Site | Shipment Tracking # |
| * Specimen Site | * Specimen/Block ID#(s) |
| Tissue Type(s): <input type="checkbox"/> FFPE Block <input type="checkbox"/> Unstained Slides | Date & Time of Collection (Formalin Vials) / / AM PM Duration of Fixation (FFPE Blocks) |

CARIS MOLECULAR INTELLIGENCE TUMOUR PROFILING OPTIONS *(Choice Required)*

Select a service from the list below. See reverse side for profile details. The offerings below are updated frequently with the published evidence. **While every attempt is made to keep this printed requisition current, the definitive list of biomarkers should be verified on-line before ordering at www.CarisLifeSciences.eu/profilemenu.**

| SERVICES | | |
|--|---|--|
| Solid tumour biomarker analysis for therapeutic decision support and clinical trials matching (see reverse for profile details). Helpful when: <ul style="list-style-type: none"> • treating aggressive, rare or refractory cancers • looking for clinical trial opportunities | | |
| <input type="checkbox"/> MI Profile™ Multiple platform biomarker analysis (IHC, CISH, FISH, FA, Next-Gen., Pyro and Sanger Sequencing) | <input type="checkbox"/> Next-Generation Sequencing Analysis – Only 46-gene profile by Next-Generation Sequencing | <input type="checkbox"/> MI Profile™ Excluding Next-Generation Sequencing Multiple platform biomarker analysis <i>excluding</i> Next-Gen. Sequencing (IHC, CISH, FISH, FA, Pyro and Sanger Sequencing) |

| ADDITIONAL SERVICES |
|--|
| Pathology Consult – Perform a pathology review/consult on the specimen submitted. <input type="checkbox"/> Yes |
| Clinical Trials Connector™ – The MI Profile™ report includes information on relevant clinical trials. To decline the service, check box. <input type="checkbox"/> Do Not Provide Information on Clinical Trials |

PLEASE SHARE A COPY OF THE FINAL REPORT WITH:

Pathology Other *(please specify)* _____ Email: _____

| | | | |
|---|--|------------|------|
| <small>Notice: This requisition constitutes an order for services. I certify (a) that the services are medically indicated and necessary and will assist me in treating my patient, (b) that I maintain and will make available patient medical records documenting the foregoing, and (c) I have supplied information to the patient regarding testing and if required by law, the patient has given consent for testing to be performed.</small> | Physician or Practitioner Signature | Print Name | Date |
|---|--|------------|------|

FINAL REPORT WILL BE DELIVERED IN ENGLISH. PLEASE SEE THE REVERSE FOR SPECIMEN REQUIREMENTS. Terms and conditions apply. Visit www.CarisLifeSciences.eu/tumour-profiling-services to view the terms and conditions in full.



By submitting this requisition, you, as the patient's physician, represent and verify that the patient has provided clear, unambiguous and explicit consent to send the patient's specimen and sensitive medical and other personal information to Caris Life Sciences, and to transfer that information to the United States for processing. Additionally, you represent that you and your office have abided by all EU, national and local privacy requirements and regulations related to this service.

Profile Menu

The profile menus are updated frequently with the published evidence. **While every attempt is made to keep this printed requisition current, the definitive list of biomarkers should be verified on-line before ordering at www.CarisLifeSciences.eu/profilemenu. Tests may vary if insufficient tumour samples are submitted.** Please refer to the specimen requirements below for more information.

| | IHC | FISH / CISH | Mutational Analysis | |
|--|--|---|---|---|
| | | | Next-Generation Sequencing | Other |
| MI Profile™ MI Profile™ Excluding Next-Generation Sequencing will not include the Next Gen. Sequencing genes listed below. | AR, cMET, EGFR (<i>H-score; NSCLC only</i>), EGFR (<i>excluding NSCLC</i>), ER, ERCC1 (<i>ovarian only</i>), HER2, MGMT (<i>excluding glioma</i>), MLH1 (<i>CRC only</i>), MSH2 (<i>CRC only</i>), MSH6 (<i>CRC only</i>), PD-1, PD-L1, Pgp, PMS2 (<i>CRC only</i>), PR, PTEN, RRM1, SPARCm, SPARCp, TLE3, TOP2A (<i>excluding breast</i>), TOPO1, TS, TUBB3 | 1p19q* (<i>glioma only</i>), cMET*, HER2*, TOP2A* (<i>breast only</i>), ALK* (<i>NSCLC only</i>), ROS1* (<i>NSCLC only</i>) | See Next-Generation Sequencing Genes below. (MI Profile excluding Next-Gen. Sequencing will not include the genes listed below) | EGFRVIII (<i>Frag. Analysis; glioma only</i>), IDH2 (<i>SangerSeq; glioma only</i>), MGMT-Me (<i>PyroSeq; glioma only</i>), MSI (<i>Frag. Analysis; CRC only</i>) |

| Next-Generation Sequencing Analysis | | | | | | | | | |
|--|--------|--------------|-------|--------------|--------|------|---|---------|-------|
| MI Profile™ Next-Generation Sequencing Genes | | | | | | | Additional Next-Generation Sequencing Genes (excluded from MI Profile™) | | |
| ABL1 | BRCA1* | EGFR | GNA11 | JAK2 | MPL | PTEN | CDH1 | NPM1 | STK11 |
| AKT1 | BRCA2* | ERBB2 (HER2) | GNAQ | KDR (VEGFR2) | NOTCH1 | RET | ERBB4 | PTPN11 | |
| ALK | BRAF | FGFR1 | GNAS | cKIT | NRAS | SMO | FBXW7 | RB1 | |
| APC | CSF1R | FGFR2 | HRAS | KRAS | PDGFRA | TP53 | HNF1A | SMAD4 | |
| ATM | CTNNB1 | FLT3 | IDH1 | cMET | PIK3CA | VHL | JAK3 | SMARCB1 | |

In certain instances, some biomarkers included in the profiles listed above will not associate with commercially available cancer therapies or clinical trials.

* Assay may be performed by an external reference laboratory.

Formalin Fixed Paraffin Embedded (FFPE) Samples

Sufficient tumour must be present to complete all analysis. If you have any questions, please contact Customer Services at +800 12 12 30 30.

| SPECIMEN TYPE | SPECIMEN REQUIREMENTS |
|----------------------------|--|
| Fixed Tissue | One (1) tumour-containing formalin fixed paraffin embedded block (FFPE) from most recent surgery or biopsy. Successive four (4) micron sections will be created from the block until sufficient material for the testing orders is obtained. For the molecular analysis, tumor cells will be excised by microdissection until a total area of at least 50mm ² is obtained. Tumour cells will be excised by microdissection from successive five (5) micron sections of the block until a total area of at least 15 mm ² is obtained for both the MI Profile panel. |
| Core Needle Biopsy | Four to six (4-6) biopsies formalin fixed paraffin embedded • 18 gauge needle preferred |
| Fine Needle Aspirate (FNA) | One (1) formalin fixed paraffin embedded block containing sufficient tumour |
| Unstained Slides | Unstained, positively charged, unbaked slides from one single, tumour-containing formalin fixed paraffin embedded block; 5 micron sections • MI Profile - 55 slides • Next-Generation Sequencing only - 15 slides Note: At least a 5mm x 5mm section of tissue per slide is required. For small biopsies (tissue area < 5 mm x 5 mm) please cut two sections per slide for at least one half of the slides to ensure sufficient material for molecular assays. |
| Malignant Fluid | One (1) formalin fixed paraffin embedded cell block containing sufficient tumour. |

Formalin Samples

Sufficient tumour must be present to complete all analysis. If you have any questions, please contact Customer Services at +800 12 12 30 30.

| SPECIMEN TYPE | SPECIMEN REQUIREMENTS |
|----------------------|---|
| Fresh Tissue | Two (2) or more samples with a minimum thickness of ~3mm (height, width, length) and submit in 10% neutral buffered formalin. |
| Core Needle Biopsy | Four to six (4-6) biopsies • 18 gauge needle preferred |
| Bone/Bone Metastasis | Two (2) or more samples with minimum thickness of 3mm (height, width, length) and submit in 10% neutral buffered formalin (DO NOT DECALCIFY) |

Insufficient Specimen Quantity – Prioritisation of Tests

In the event that a specimen is received with an insufficient quantity of tissue or insufficient percent tumour required to perform the entire profile or individual tests indicated on the requisition, Caris Life Sciences will email the ordering physician the proposed list of tests. The physician may amend this list to include any tests that are offered within the test menu. The ordering physician should review the proposed list of tests within 72 hours in order to provide timely results. Please note: *turnaround time may be longer for specimens with limited tissue.*

The results for biomarkers tested under this requisition will be provided in a report associating one or more treatment agents to biomarkers based on published medical evidence, which may include published studies performed in the tumor type present in the tested sample or derived from a different tumor type. Decisions regarding care and treatment should not be based solely on selection of a test such as this test or the information provided related to this requisition. Decisions on patient care and treatment must be based on the treating physician's independent medical judgment, taking into consideration all relevant patient information, such as family history, physical examinations, results of other diagnostic tests, and patient preferences, and in accordance with the applicable standard of care. The selection of any or none of the matched agents is ultimately and solely in the discretion of the treating physician. Physician or practitioner hereby acknowledges and agrees to comply with any local, state/provincial, or national laws or regulations, rules or order of any governmental body, having jurisdiction over activities considered under this requisition.