

ALLIANCE A021502 REQUISITION FORM

(SPECIMEN SUBMISSION FORM FOR MMR ASSAY)

Instructions: After the patient has been registered, please complete this form electronically (i.e. typed, not handwritten) and submit this form with the required specimens to the HistoGeneX (HGX) Laboratory. **All fields are mandatory.**

Per Section 6.2 of the Protocol: Submit 10 Superfrost® Plus Micro Slides from the prior to treatment tumor tissue specimen. If Superfrost® Plus Micro Slides are not available, then any 10 unstained, charged slides at 4-6 micron thickness are acceptable. The specimens *must* be submitted to the central laboratory within 30 days of mounting the paraffin sections on slides (but within 14 days is preferred) for retrospective dMMR confirmation testing. Additionally, a de-identified surgical pathology report should be submitted along with the slides to the central laboratory.

Ship specimens to: **HistoGeneX LLC**
 Attn: Sample Reception Team – P0952
 1331 W 75th Street, Suite 401
 Naperville, IL, 60540

Site Contact Information

Institution Name: _____

CTEP Institution Code (e.g. XY123): _____

Site Contact Name: (First) _____ (Last) _____

E-mail Address: _____

Phone Number: (___) ___ - _____ ext. _____

Specimen Information

Patient Initials: (First) _____ (Last) _____ Alliance Patient ID Number (e.g. 123456): _____

Specimen Collection Date (MM/DD/YYYY): _____ Slide Section Mounting Date (MM/DD/YYYY): _____

Specimen Surgical Pathology Number/Block Number: _____

Tumor Type: Specimen is primary tumor, location: Colon

Collection Method: Excision/Resection

Fixation Method: Formalin Fixed, Paraffin Embedded (FFPE)

Slide Drying Method: Baked Air Dried Unknown

Specimen Type(s): Superfrost® Plus Micro Slides Unstained, Charged Slides (any)

Slide Quantity: ___ /10

Slide Quantity: ___ /10

De-identified Pathology Report Attached: Yes No, reason: _____

BioMS Shipment ID # (e.g. 12345678): _____

Questions? Email UStrials@histogenex.com or call HGX at (630) 473-6575.