

# Target Now<sup>®</sup> Tumor Profiling Series Requisition

Complete and fax requisition back to 866.479.4925. For support, contact Client Services at 800.901.5177.



PATIENT INFORMATION				CLIENT INFORMATION			
Last Name		First Name		MI		Office/Facility Name	
Street Address			Apt#	Account #			Ordering Physician
City			State	NPI #		Address	Zip
Patient Phone #		Patient Work Phone #		City		State	Zip
Patient SS# or MR#		DOB	Age	Sex	Phone		Fax
Date of Collection: / /		Date of Discharge: / /					
Physician Signature							

PATHOLOGY INFORMATION		SURGEON INFORMATION	
Institution/Hospital Name: _____		Surgeon Name: _____	
Preferred Department Contact Name: _____		Preferred Department Contact Name: _____	
Phone #: _____ Fax #: _____		Phone #: _____	

**BILLING INFORMATION** Face sheet and front/back of insurance card **MUST BE** attached or you will be contacted for billing information.

ICD-9 Code(s): \_\_\_\_\_  
 Bill:  Client/Hospital  Insurance  Medicare  Medicaid  Patient  Workers Comp  
 Patient Status:  Hospital Inpatient  Hospital Out Patient  Non-Hospital Patient  ABN - See Attached  
 Insured Name: \_\_\_\_\_ SS#/MR#: \_\_\_\_\_  
 Relationship To Patient:  Self  Spouse  Child  Other  
 I attest that I have read and acknowledge that this patient meets the requirements to bill a government sponsored health care provider (CMS) as outlined on the reverse of this requisition.

**SPECIMEN INFORMATION**

Primary Tumor Type:  
 Breast  Colon/Rectum  Pancreas  Stomach  Liver  Lung  Ovary  Prostate  
 Unknown (only IHC analysis can be performed)  Other: \_\_\_\_\_  
 Specimen ID#(s): \_\_\_\_\_ Specimen Site: \_\_\_\_\_  
 Pathology Diagnosis: \_\_\_\_\_  
 Tissue Type:  Fresh Frozen  Formalin-Fixed Paraffin Embedded  RNAlater Duration of Fixation: \_\_\_\_\_

**TREATMENT STATUS:** (The panel of biomarkers may change per patient treatment history)

Treatment Status:  New Diagnosis  Follow Up  Relapse  Monitoring  
 Therapy:  Current Type: \_\_\_\_\_  
 Chemotherapy:  
 First Line \_\_\_\_\_ Second Line \_\_\_\_\_ Third Line \_\_\_\_\_ Delivered \_\_\_\_\_

**TEST REQUESTED (CHOICE REQUIRED)** See the Optimal Specimen Requirements on the reverse for alternate sample types.  
 Caris medical staff will select the number and type of antibodies, other reagents, FISH probes or gene sequencing assays that are necessary, as well as appropriate testing for the specimen type provided. Please go to [www.carislifesciences.com](http://www.carislifesciences.com) for a complete list of biomarkers and tests.

BY COMPREHENSIVE PANEL:	BY INDIVIDUAL MARKER:	
<input type="checkbox"/> <b>TARGET NOW COMPLETE</b> – DNA Microarray, mutation analysis, FISH and IHC analysis (See reverse for panel description) <input type="checkbox"/> <b>TARGET NOW COLON</b> – Including KRAS and BRAF mutation analysis plus IHC's (See reverse for panel description) <input type="checkbox"/> <b>Circulating Tumor Cells</b> (Peripheral Blood) <input type="checkbox"/> Breast <input type="checkbox"/> Colon <input type="checkbox"/> Prostate <input type="checkbox"/> Other <input type="checkbox"/> <b>Caris Life Sciences Oncologist Consultation Requested</b> <input type="checkbox"/> Written <input type="checkbox"/> Phone: _____	<b>INDIVIDUAL IHC ASSAY:</b> <input type="checkbox"/> SPARC Mono & Polyclonal <input type="checkbox"/> RRM1 <input type="checkbox"/> HER-2 <input type="checkbox"/> MGMT <input type="checkbox"/> TOPO2A <input type="checkbox"/> c-kit <input type="checkbox"/> TOPO1 <input type="checkbox"/> PDGFR <input type="checkbox"/> PGP <input type="checkbox"/> ER <input type="checkbox"/> BCRP <input type="checkbox"/> PR <input type="checkbox"/> MRPI <input type="checkbox"/> AR <input type="checkbox"/> PTEN <input type="checkbox"/> CD52 <input type="checkbox"/> TS <input type="checkbox"/> COX-2 <input type="checkbox"/> ERCC1 <input type="checkbox"/> CD20	<b>MUTATIONAL ANALYSIS</b> <input type="checkbox"/> KRAS <input type="checkbox"/> BRAF <input type="checkbox"/> c-kit <input type="checkbox"/> EGFR <b>FISH</b> <input type="checkbox"/> HER-2 <input type="checkbox"/> EGFR <input type="checkbox"/> TOPO2A <input type="checkbox"/> c-MYC

**PLEASE ATTACH THE FOLLOWING:**

Copy of recent pathology/cytology report(s)  
 Report to follow  Block to follow  
 Copy of face sheet and/or insurance card  
 Copy of most recent patient note or clinical history that includes prior therapies

In keeping with the requirements of Medicaid and Medicare, it is our policy only to perform testing that is medically necessary for the diagnosis and treatment of the patient. Medicare does NOT pay for routine screening tests.

**PLEASE SEE THE REVERSE FOR CMS BILLING REQUIREMENTS AND OPTIMAL SPECIMEN REQUIREMENTS.**

**Requirements for CMS Billing:**

1. The test was ordered by the patient's physician at least 14 days after the patient's Date of Discharge.
2. The specimen was collected during the hospital surgical procedure.
3. Collection of the specimen at any other time would have been medically inappropriate.
4. The results of the test were not used to guide medical treatment during the hospital stay.
5. The test was reasonable and medically necessary for the treatment of an illness.



PANEL DESCRIPTIONS	
<b>TARGET NOW COMPLETE:</b> <b>IHCs:</b> SPARC, HER-2, TOPO2A, TOPO1, PGP, BCRP, MRD1, PTEN, TS, ERCC1, RRM1, MGMT, c-Kit, PDGFR, ER, PR, AR, COX-2 <b>FISH:</b> HER-2, EGFR, TOPO2A, c-MYC <b>Mutational Analysis:</b> KRAS, BRAF, c-Kit, EGFR	<b>TARGET NOW COLON:</b> <b>IHCs:</b> PTEN, TOPO1, TS, COX-2 <b>Mutational Analysis:</b> KRAS, BRAF

**Formalin Fixed Paraffin Embedded (FFPE) Samples**

Sufficient tumor must be present to complete all testing. If you have any questions, please contact Client Services at 800.901.5177.

SPECIMEN TYPE SUBMITTED	TARGET NOW COMPLETE <sup>SM</sup>	TARGET NOW COLON <sup>SM</sup>
Fixed Tissue	One (1) tumor containing block - FORMALIN FIXED paraffin embedded block (FFPE) from most recent surgery or biopsy	One (1) tumor containing block - FORMALIN FIXED paraffin embedded block (FFPE) from most recent surgery or biopsy
Unstained Slides	Forty (40) unstained, charged, unbaked slides from one single formalin fixed-paraffin block	Sixteen (16) unstained, charged, unbaked (air-dried) slides cut at 4 microns
Bone Marrow Core or Clot	Clot Preferred: Core accepted • Core should be decalcified • Formalin fixed core and/or clot should be paraffin-embedded	Clot Preferred: Core accepted • Core should be decalcified • Formalin fixed core and/or clot should be paraffin-embedded
Core Needle Biopsy	Three to four (3-4) biopsies paraffin-embedded • 18 gauge needle preferred • Submit to pathology for provision of diagnosis with sample	Two to three (2-3) biopsies paraffin-embedded • 18 gauge needle preferred • Submit to pathology for provision of diagnosis with sample
Malignant Fluids	Sufficient volume of fresh pleural/ascitic fluid to produce a 5x5x2mm cell pellet • Collect and process within 60 minutes of procurement • FORMALIN FIX and paraffin-embed cell block • DO NOT expose to alcohol fixation	Sufficient volume of fresh pleural/ascitic fluid to produce a 5x5x2mm cell pellet • Collect and process within 60 minutes of procurement • FORMALIN FIX and paraffin-embed cell block • DO NOT expose to alcohol fixation
Fine Needle Aspirate (FNA)	Not Recommended • Two to three (2-3) aspirates paraffin-embedded • Submit to pathology for provision of diagnosis	Not Recommended • Two to three (2-3) aspirates paraffin-embedded • Submit to pathology for provision of diagnosis

**Fresh Frozen Samples for Target Now Complete<sup>SM</sup>**

- For core biopsy: Extract 3-4 18-gauge cores of tumor tissue. Place cores on saline moistened telfa pad before sending to Pathology to cut each in half. One half of sample should be FROZEN as per the below and the other half paraffin-embedded and sent with a pathology report and provision of diagnosis.
- For tissue: Cut >0.25 gm of tumor tissue. Place in a specimen cup with no fluid to send to Pathology. DO NOT allow the specimen to come into contact with ANY preservative.
- Take specimen to Pathology STAT as the tissue must be flash frozen WITHIN 30 minutes of excision. Pathology should confirm that samples contain at least 20% tumor tissue in order for Target Now to be performed.
- Label specimen cryotube provided in Fresh Frozen Shipper with patient name and accession #.  
 SNAP FREEZE – LIQUID NITROGEN. Place cores/tissue in specimen cryotube, seal, and freeze specimen in tube with liquid nitrogen within 30 minutes of surgery. DO NOT use OCT or substrate. DO NOT wrap samples in foil or plastic wrap.

OR, IF LIQUID NITROGEN IS NOT AVAILABLE

**FREEZE – DRY ICE/ALCOHOL SLURRY:** In a basin, place at least 5 lbs dry ice and pour ~1 liter of ethanol or any type of alcohol (rubbing alcohol is acceptable) over dry ice. Place bottom half of sealed cryotube containing tissue in solution for ~1-2 min. until frozen solid.

- Quickly insert the tube into the biohazard bag provided.
- Place 2-3" of dry ice in the cooler and then place the bio-hazard bag containing the tube on top of the dry ice. Pelleted dry ice is preferred. Cover tube and biohazard bag with dry ice until cooler is filled (~5 lbs). Add another 5 lbs for any additional anticipated shipping days. Fill any open space in the cooler with paper (e.g. newspaper) to prevent evaporation of the dry ice.
- Place a single papertowel or pieces of paper across the top of the dry ice and paper and place lid on cooler. Tape the lid tightly to the cooler, sealing the gap between the cooler base and lid.

Clot Preferred: Cores Are Highly Discouraged

Flash freeze 1/2 in liquid nitrogen and formalin fix and paraffin-embed other 1/2

Sufficient volume of fresh pleural/ascitic fluid to produce a 5x5x2mm cell pellet  
 • Collect, process and freeze cell pellet within 30 minutes of procurement

Not Recommended

- Place two to three (2-3) aspirates in tube then place tube in a slurry of ethanol plus dry ice or isopentane
- DO NOT use OCT or substrate
- Freeze within 15 minutes of surgery

**Circulating Tumor Cells (Peripheral Blood)**

CellSearch™ Circulating Tumor Cell (CTC) Test for Metastatic Cancer

10ml (7.5ml min) in CellSave ONLY (purple/yellow) top Tube\*

\*In winter months or extreme cold, keep cold pack at ROOM TEMPERATURE.

Please go to [www.carislifesciences.com](http://www.carislifesciences.com) for a complete list of available biomarkers.