MultiplexDX, s.r.o.
Ilkovičova 8
841 04 Bratislava

+421 947 904 001
diagnostics@multiplexdx.com
www.multiplexdx.com

IČO: 50111965
DIČ: 2120178060
IČ DPH: SK2120178060

Multiplex8+ test order form

Internal use only
(affix sample ID label here)

Please complete and return by email at diagnostics@multiplexdx.com. Incomplete requisition forms may result in delays.

PATIENT INFORMATION	
Last Name	First Name
Date of birth *(DD/MM/YYYY)*	Address
Gender	
City	Postal code
Phone	Country

TREATING ONCOLOGIST INFORMATION	
Name	
Email	Address
Hospital/Clinic name	
City	Postal code
Phone	Country

PATHOLOGY INFORMATION *(for specimen returning purposes)*	
Pathology Services/Specimen Storage Location	
Address	
Contact name	Contact email
City	Postal code
Phone	Country

BILLING INFORMATION

- ☐ **Patient**: MultiplexDX will contact the patient directly to agree payment terms.
- ☐ **Hospitals/Clinics**: Institution will be billed after testing has been performed.
- ☐ **Other**, please specify:

SPECIMEN INFORMATION *(Include a copy of the pathology report and medical records)*	
Specimen/Block ID	Diagnosis/Clinical stage
Date of biopsy *(DD/MM/YYYY)*	Most recent specimen ◯ YES / ◯ NO
Sample type *(eg. primary biopsy, re-biopsy, resected tumor)*	
Treatment setting *(eg. neoadjuvant, adjuvant, metastatic)*	
Previous treatment *(if applicable)*	

FINAL REPORT WILL BE DELIVERED IN ENGLISH OR SLOVAK. OTHER LANGUAGES AVAILABLE UPON REQUEST, ADDITIONAL FEES MAY APPLY. PLEASE SEE THE REVERSE FOR PATIENT CONSENT REQUIREMENTS AND OPTIMAL SPECIMEN REQUIREMENTS. TERMS AND CONDITIONS APPLY.

STATEMENT OF MEDICAL NECESSITY & PATIENT CONSENT

This requisition constitutes an order for services from MultiplexDX, s.r.o. (MultiplexDX). The Service is not in any case meant or intended to be a diagnostic tool or provision of treatment or medical care, but an additional source of information in the process of complex patient assessment. I certify (a) the services are medically indicated and necessary and they will assist me in treating my patient, (b) the patient has sufficient performance status to receive additional treatment, (c) I will make available patient medical records documenting the foregoing, and (d) I supplied information to the patient regarding this testing, explained the purpose of this testing to the patient, and obtained informed consent for (i) such testing, (ii) any analysis and reports related to such testing, (iii) MultiplexDX to retain testing results, samples and related information and analysis, (iv) MultiplexDXs' use or disclosure (including to third parties) of deidentified information generated from such testing for general research and other purposes, and (v) MultiplexDXs' disclosure of testing results and information to third-party payers in connection with such testing.

Signature of the treating physician:

Print name:

Date:

Signature of the patient:

Print name:

Date:

ACKNOWLEDGMENT OF CONSENT

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 MultiplexDX, s.r.o., and to transfer that information to Slovakia for processing.
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 tumour type present in the tested sample or derived from a different tumour type. Decisions regarding care and treatment should not be based solely on selection of a test such as this Multiplex8+ test or the information provided related to this order. 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.

CHECKLIST FOR ORDERING

- ☐ Order form (completed, signed and dated)
- ☐ Pathology report(s)
- ☐ Sufficient tumor specimen
- ☐ Patient consent form (completed, signed and dated)

FORMALIN FIXED PARAFFIN EMBEDDED (FFPE) SAMPLES

The FFPE tumor block should be verified beforehand to contain tumor. Please note: In the event that a specimen is received with an insufficient quantity/quality of tissue or insufficient tumor content, turnaround time may be longer or may not be suitable for testing.

SPECIMEN TYPE	REQUIREMENTS
Fixed tissue	One (1) tumor-containing formalin fixed paraffin embedded block (FFPE) from most recent surgery or biopsy. Successive five (5) 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 laser capture microdissection based on the expression of biomarkers (estrogen receptor, progesterone receptor, Her2 receptor, and Ki67) and hematoxylin and eosin (H&E) histopathology.
Core needle biopsy	Four to six (4-6) biopsies with 18-gauge needle preferred. Six to ten (6-10) biopsies with 22-gauge needle accepted. (Preparation in 10% neutral buffered formalin.)
Fine needle aspirate (FNA)	One (1) formalin fixed paraffin embedded block containing sufficient tumor. **Please do NOT use non-formalin-based fixatives, including alcohol-based fixatives.**