

Territory	Phone	Email
Canada	1-866-662-6897	international@exactsciences.com
Asia Pacific & Latin America	+1-650-569-2080	international@exactsciences.com
Middle East & Africa	+41-22-715-29-00	europeansupport@exactsciences.com

Study Information/Code. _____

For supported local numbers please see back of form or visit www.oncotypeiq.com/en

SECTION I. TEST & CLINICAL INFORMATION

Invasive Breast Cancer

☐ Oncotype DX Breast Recurrence Score® Test for Invasive Breast Cancer Patient

ER STATUS:

- ☐ Positive
☐ Negative
☐ Inconclusive by IHC
☐ Not tested

NODAL STATUS:

- ☐ Negative
☐ Micromets
 pNmi (0.2-2.0mm)
☐ Positive 1-3
☐ Positive 4-9
☐ LN Not Tested

MENOPAUSAL STATUS*

- *required for positive nodal
 statuses (N1mi or 1-3 nodes)
☐ Postmenopausal
☐ Premenopausal
☐ Unknown

Ductal Carcinoma in Situ

☐ Oncotype DX Breast DCIS Score® Test

Tumor Size (cm): _____

Patient Age at Diagnosis:

- ☐ Less than 50 years of age
☐ Greater than or equal to
 50 years of age

Provide accurate tumor size based on excisional
 biopsy pathology report. Missing or inaccurate
 tumor size will impact the risk estimates on
 the report, and you may be contacted.

Colon Cancer

☐ Oncotype DX Colon Recurrence Score® Test

Select patient stage:

- ☐ **Stage II Patient**
 (T3 or T4) AND Node Negative
 (for known MMR Proficient tumors)
☐ **Stage III A/B Patient**
 Any T AND 1-3 Positive Nodes

SECTION II. ORDERING PROVIDER & PATHOLOGY

Ordering Provider First Name, Last Name

Phone

Fax

Email

Institution

Street Address

City

Province

Post Code

Country

Office Contact Name & Email

Pathologist First Name, Last Name

Phone

Fax

Email

Institution

Street Address

City

Province

Post Code

Country

Office Contact Name & Email

Additional Provider (Optional)

Additional Provider First Name, Last Name

+662 938 9099

Phone

Fax

service@biostem.co.th

Email

BioStem Co., Ltd.

Institution

599/15-17 Srinakarin Rd.,

Street Address

Muang Samutprakan

Samutprakan

City

10270

Province

Thailand

Post Code

Country

Office Contact Name & Email

SECTION III. PATIENT INFORMATION

Patient First Name, Last Name/Patient ID

DOB (DD/MM/YYYY)

☐ Female ☐ Male

Street Address, City

Province

Postal Code

Country

Phone

E-Mail

SECTION IV. BILLING AND DIAGNOSIS

Please select ONE billing or payment option and complete the form (See reverse for details.)

Submitting Diagnosis

ICD-10 Code

Select one

billing option:

1) ☐ Insurance

2) ☐ Institution/Hospital (Restricted to contracts on file with GHI.)

3) ☐ Patient

Please complete below for bill insurance or institution option & attach copy of insurance card.

Insurance or Institution

Patient Insurance Number

Insurance Authorization Number

SECTION V. SPECIMEN INFORMATION (Required) — No substitutions for this assay

Specimen Retrieval

☐ 1) Exact Sciences to request specimen on my behalf

Location of Specimen

Phone

Fax

☐ 2) Ordering Provider to request specimen

Multiple Primaries

Is more than one primary tumor being submitted for testing? ☐ Yes ☐ No

Specimens will be processed sequentially as listed below.

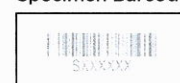
Specimen ID/Case Number

Only one specimen is typically required.
 For multiple primaries, list the most
 aggressive tumor first.

1) _____

2) _____

Specimen Barcode



Date of Surgery

(DD/MM/YYYY)

1) _____

2) _____

SECTION VI. PROVIDER SIGNATURE & SPECIMEN STATUS

Provider Signature (Required)

Date (DD/MM/YYYY)

Block Return Location: (Leave blank if submitting slides)

Contact Name

Phone

Address

Your signature confirms that you have read and accept the terms stated on the
 reverse side. Specifically by signing this form you are stating that either 1) the patient
 meets the criteria stated on the reverse side of this form OR 2) if the patient does not
 meet these criteria, that you have selected the exceptions as they apply or indicated
 them in the Exception Criteria space below. GHI may contact you should your patient
 not meet these criteria.

Specimen Comments/Exception Criteria (See reverse for definition)