

TEST REQUISITION

Client Information

Account #: _____
 Account Name: _____
 Phone: _____
 Fax: _____
 Street Address: _____
 City: _____
 State: _____ Zip: _____

☐ Check this box if the patient consented to be contacted about potential clinical trials related to the molecular findings.

Billing Information for Orders by Non-Members

Required: Please include face sheet and front/back of patient's insurance card.

Specimen Origin ☐ Hospital Patient (in) ☐ Hospital Patient (out)
 (Must Choose 1): ☐ Non-Hospital Patient

Bill to: ☐ Client Bill ☐ Insurance
☐ Medicare ☐ Patient/Self-Pay
☐ Bill charges to other Hospital/Facility: _____

☐ ICD code (required) _____

Diagnosis/Patient History

Solid Tumors

Type ☐ NSCLC ☐ Colorectal Cancer ☐ Melanoma
☐ Ovarian ☐ Breast ☐ Brain ☐ Prostate
☐ Endometrial ☐ Stomach ☐ Esophageal
☐ Other, Specify: _____

Stage ☐ Primary ☐ Metastasis

If Metastasis, list Primary: _____

☐ Relapse ☐ ICD code _____

☐ Other Stage _____

Please include most recent copy of pathology report

Hematologic Tumors

☐ AML ☐ MDS ☐ MPN ☐ DLBCL ☐ ALL
☐ CLL ☐ Lymphoma ☐ Myeloma
☐ Other, Specify: _____

Please include most recent copy of pathology report and CBC

Other Relevent Information Ethnicity: _____
 Family History: _____
 Other: _____

Patient Information

Last Name: _____

First Name: _____

M.I.: _____ Gender: ☐ Male ☐ Female

Date of Birth: (mm/dd/yyyy): _____

Medical Record #: _____

Requisition completed by: _____

Date: (mm/dd/yyyy): _____

Ordering Physician (please print: Last, First): _____

NPI#: _____

Treating Physician (please print: Last, First): _____

The undersigned certifies that he/she is licensed to order the test(s) listed below and that such test(s) are medically necessary for the care/treatment of this patient.

Authorized Signature: _____

Date: (mm/dd/yyyy): _____

Specimen Information

Collection Date: _____ Time: _____

Specimen ID/ Block ID: _____
☐ 10% Neutral Buffered Formalin ☐ Other

Fixative/Preservative: _____

Hospital Discharge Date: _____

Body Site: _____

☐ Peripheral Blood: EDTA-Purple Top(s) _____ Other: _____
☐ Bone Marrow: EDTA-Purple Top(s) _____ Other: _____
☐ Fluid: CSF _____ Pleural _____ Other: _____
☐ FNA cell block: _____
☐ Slides # _____ Unstained: _____ Stained: _____
☐ H&E _____ ☐ Paraffin Block(s) #: _____

Test Selection

Solid Tumors Tests

Test	Type	Genes
<input type="checkbox"/> GTC-Solid Tumor Profile Plus	DNA & RNA	434/> 1600
<input type="checkbox"/> Add PD-L1 IHC	IHC	
<input type="checkbox"/> Add FOLR1 IHC	IHC	
<input type="checkbox"/> Include tumor cell of origin	<input type="checkbox"/> MGMT Methylation (Brain cancer)	
<input type="checkbox"/> GTC-Liquid Trace™ Solid Tumor	DNA & RNA	284/> 1600
<input type="checkbox"/> Blood only		
<input type="checkbox"/> Request tissue for tumor informed testing		
<input type="checkbox"/> CSF		

<input type="checkbox"/> GTC-Solid Tumor Profile	DNA	434
<input type="checkbox"/> MGMT Methylation (Brain cancer)		

<input type="checkbox"/> GTC-Fusion/Expression Profile	RNA	> 1600
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Hematologic Tumors Tests

Test	Type	Genes
<input type="checkbox"/> GTC-Hematology Profile Plus	DNA & RNA	284/> 1600
<input type="checkbox"/> GTC-Liquid Trace™ Hematology	DNA & RNA	284/> 1600
<input type="checkbox"/> CSF		
<input type="checkbox"/> GTC-Hematology Profile	DNA	284
<input type="checkbox"/> Other Test:		

Solid Tumors Tests Comparison Table

Solid Tumor Profile Plus	Liquid Trace™ Solid Tumor	Solid Tumor Profile	Solid Tumor Fusion/ Expression Profile
Genes: 434/>1600	Genes: 284/>1600	Genes: 434	Genes: >1600
TAT: 7-10 Days	TAT: 5-7 Days	TAT: 5-7 Days	TAT: 7-10 Days
Indications	Indications	Indications	Indications
All solid tumors Fusions: ALK, ROS1, RET, NTRK1/2/3, and more. BRAF, CIC, EWSR1, PD-L1, MET exon 14 skipping and various alternative splicing, MET, HER2, EGFR, Gene amplifications, PIK3CA, PTEN, AKT1, RAS and HRD Cancer of unknown primary (CUP) T- & B-cell clonality analysis	All solid tumors Chromosomal abnormalities, gene amplifications, HRR, MRD, Fusions: ALK, ROS1, RET, NTRK1/2/3, and more. BRAF, CIC, EWSR1, PD-L1, MET exon 14 skipping and various alternative splicing, MET, HER2, PIK3CA, PTEN, Gene amplifications, AKT1, RAS, HER2, MYC, EGFR, Cancer of unknown primary (CUP) HPV T- & B-cell clonality analysis	All solid tumors: Mutations in 434 genes, copy number variation and chromosomal structural abnormalities, TMB, MSI, HRD	All Solid tumors: Fusion: ALK, ROS1, RET, BRAF, NTRK1/2/3, FGFR1/2/3/4, CIC, EWSR1 & other sarcoma genes Expression: PD-L1, MYC, CCND1, MET, FGFR1/2/3/4, Ki67, ERBB2, MDM2 Alternative splicing: MET exon 14 skipping, EGFRvIII, NTRK, Mutations in more than 1600 genes T- & B-cell clonality analysis
Sample Type: FFPE	Sample Type: Peripheral blood	Sample Type: FFPE	Sample Type: FFPE
Sample Requirements	Sample Requirements	Sample Requirements	Sample Requirements
1 H&E slide and 6-8 unstained slides, 5-7 microns of tissue fixed with 10% NBF fixative	8-10 mL EDTA tube is required RNA stability is 48-72 hours from blood draw. DNA stability is 7 days from blood draw. Samples received beyond 72 hours may include only DNA results.	1 H&E slide and 6-8 unstained slides, 5-7 microns of tissue fixed with 10% NBF fixative	1 H&E slide and 6-8 unstained slides, 5-7 microns of tissue fixed with 10% NBF fixative
Results Reported: DNA + RNA	Results Reported: DNA + RNA	Results Reported: DNA	Results Reported: RNA

✓ Diagnostic ✓ Therapeutic ✓ Prognostic ✓ Heterogeneity ✓ Clinical trial matching

Hematology Tests Comparison Table

Hematology Profile Plus	Liquid Trace™ Hematology	Hematology Profile
Genes: 284/>1600	Genes: 284/>1600	Genes: 284
TAT: 7-10 Days	TAT: 5-7 Days	TAT: 5-7 Days
Indications	Indications	Indications
All hematologic neoplasms including lymphoma Classification and diagnosis of lymphoma, multiple myeloma, acute lymphoblastic leukemia, and acute myeloid leukemia Includes IgVH Chromosomal abnormalities, and gene amplifications T- & B-cell clonality analysis	All hematologic neoplasms including lymphoma multiple myeloma, acute lymphoblastic leukemia, acute myeloid leukemia, MDS, CMML, MPN, MRD, VEXAS syndrome, and EBV Chromosomal abnormalities, and gene amplifications T- & B-cell clonality analysis	All hematologic neoplasms including lymphoma MDS, CMML, AML, MPN (JAK2, CALR, MPL), MRD, multiple myeloma, and other hematologic diseases
Sample Type	Sample Type	Sample Type
Bone marrow, Peripheral blood, Fresh tissue	Peripheral blood	Bone marrow, Peripheral blood, Fresh tissue
Sample Requirements	Sample Requirements	Sample Requirements
Bone marrow: 2ml. Peripheral blood: 5 ml. EDTA tube preferred FFPE: 1 H&E slide and 6-10 unstained slides, 5-7 microns of tissue fixed with 10% NBF fixative	8-10 mL EDTA tube is required RNA stability is 48-72 hours from blood draw. DNA stability is 7 days from blood draw. Samples received beyond 72 hours may include only DNA results.	Bone marrow: 2ml. Peripheral blood: 5 ml. EDTA tube preferred FFPE: 1 H&E slide and 6-10 unstained slides, 5-7 microns of tissue fixed with 10% NBF fixative
Results Reported: DNA + RNA	Results Reported: DNA + RNA	Results Reported: DNA

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Visit GTC's website to explore the complete gene lists:

[Solid Tumor DNA Genes](#) | [Hematology DNA Genes](#) | [cfDNA Genes](#) | [RNA & cfRNA Genes](#)