FOUNDATIONONE®CDx FOUNDATIONONE®HEME

APAC Requisition Form

*Required Information

PLEASE SEND COMPLETED FORM TO
FOUNDATION MEDICINE WITHIN THE SPECIMEN KIT

Customer Order Number:

☐ First Submission ☐ Second Submission ☐ Associated Requisition

Patient Information		
Last Name*	First Name*	
Patient Date of Birth* (DD/MM/YYYY)	Patient Gender* ☐ M ☐ F	Country*
Has the patient had any type of transplant?* ☐ Y ☐ N		

Ordering Physician Information			
Hospital / Institution / Practice*			
Physician First Name*		Physician Last Name*	
Account # (Optional)			
Street Address*			
City*	State*	Postal Code*	Country*
Phone*		Email Address*	

Pathologist Information (Optional)	
Hospital / Institution / Practice	Submitting Pathologist Name (First Name, Last Name)
Phone	Email Address

Additional Physician to be Copied
Name (First Name, Last Name)
Hospital / Institution / Practice
Email Address

Additional Physician [NOT IN REPORT]
Name (First Name, Last Name)
Email Address

Diagnosis Information
☐ Prior FMI Profile? TRF # (if available)
☐ Prior Targeted Therapy?

Profile Ordered [CHECK THE BOXES ACCORDINGLY]		
☐ FoundationOne®CDx (Optimised for solid tumours)	☐ FoundationOne®Heme (Optimised for haematologic malignancies and sarcomas)	☐ PD-L1

☐ Authority given to Foundation Medicine to Change the Profile Selected Above Based on Requisition Form / Pathologist Information

Diagnosis and Specimen Information		
Diagnosis*	Stage*	Date of Collection* (DD/MM/YYYY)
Specimen Site*	Specimen I.D.*	ICD Code(s) Listed

Please Attach the Following
☐ Copy of recent pathology / cytology reports
☐ Results from all other Molecular Diagnostic Assays by FISH, IHC, or other genetic assays, e.g. ER, PR, HER2, EGFR, KRAS, etc.

Comments, Remarks or Special Requests

Order Confirmation and Consent
My signature certifies that I have explained to the patient the nature and purpose of the profiling to be performed and have obtained informed consent, to the extent legally required, to permit FMI to (a) perform the profiling specified herein, (b) retain the results for internal quality assurance/operations purposes, (c) de-identify the profile results and use or disclose such de-identified results for future genomic research.

Physician Signature*	
Ordering Physician Signature*	Date (DD/MM/YYYY)

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