

Time Sensitive – Please Expedite

PLEASE SEND COMPLETED FORM TO
FOUNDATION MEDICINE WITHIN THE SPECIMEN KIT

*Required Information

Customer Order Number:

Patient Information			
Last Name*		First Name*	
Patient Date of Birth* (DD/MM/YYYY)	Patient Gender*		Country*
	M	F	
Date of Collection / Blood Draw* (DD/MM/YYYY)		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*	

Tissue diagnosis of cancer established?* [REQUIRED]			
Yes	Tumour/Type of diagnosis (provide pathology report)	Stage	Prior FMI Profile? TRF # (if available) Prior Targeted Therapy?
No	Reason for Profiling (provide clinic note and/or radiology report or other documentation) FoundationOne®Liquid is not a cancer screening test		

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

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

Profile Ordered* [CHECK THE BOXES ACCORDINGLY]	
<input type="checkbox"/> FoundationOne®Liquid (liquid biopsy for all solid tumours)	<input type="checkbox"/> PD-L1

Authority is given to Foundation Medicine to change the profile selected above based on requisition form/pathologist information

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.

Comments, Remarks or Special Requests	
Physician Signature*	
Ordering Physician Signature*	Date (DD/MM/YYYY)