

## ALLIANCE A021502 REQUISITION FORM

(SPECIMEN SUBMISSION FORM FOR MMR ASSAY)

**Instructions:** After the patient has been registered, please complete this form electronically (i.e. typed, not handwritten) and submit this form with the required specimens to the HistoGeneX (HGX) Laboratory. **All fields are mandatory.**

**Per Section 6.2 of the Protocol:** Submit 10 Superfrost® Plus Micro Slides from the prior to treatment tumor tissue specimen. If Superfrost® Plus Micro Slides are not available, then any 10 unstained, charged slides at 4-6 micron thickness are acceptable. The specimens *must* be submitted to the central laboratory within 30 days of mounting the paraffin sections on slides (but within 14 days is preferred) for retrospective dMMR confirmation testing. Additionally, a de-identified surgical pathology report should be submitted along with the slides to the central laboratory.

**Ship specimens to:**       **HistoGeneX LLC**  
                                  **Attn: Sample Reception Team – P0952**  
                                  **1331 W 75<sup>th</sup> Street, Suite 401**  
                                  **Naperville, IL, 60540**

### Site Contact Information

Institution Name: \_\_\_\_\_

CTEP Institution Code (e.g. XY123): \_\_\_\_\_

Site Contact Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

### Specimen Information

Patient Initials:    (First) \_\_\_\_\_    (Last) \_\_\_\_\_       Alliance Patient ID Number (e.g. 1234567): \_\_\_\_\_

Specimen Collection Date (MM/DD/YYYY): \_\_\_\_\_    Slide Section Mounting Date (MM/DD/YYYY): \_\_\_\_\_

Specimen Surgical Pathology Number/Block Number: \_\_\_\_\_

Tumor Type:        Specimen is primary tumor, location: Colon

Collection Method:  Excision/Resection

Fixation Method:    Formalin Fixed, Paraffin Embedded (FFPE)

Slide Drying Method:    Baked        Air Dried        Unknown

Specimen Type(s):    Superfrost® Plus Micro Slides        Unstained, Charged Slides (any)

Slide Quantity: \_\_\_ /10

Slide Quantity: \_\_\_ /10

De-identified Pathology Report Attached:  Yes        No, reason: \_\_\_\_\_

BioMS Shipment ID # (e.g. 12345678): \_\_\_\_\_

Questions? Email [UStrials@histogenex.com](mailto:UStrials@histogenex.com) or call HGX at (630) 473-6575.