

| MERCK SHARP & DOHME CORP., NJ, USA PROTOCOL A031501/MK-3475-123 | | | | | | | |
|---|---------------------|---|---------|--------------------------------------|-------|-------|--------------|
| TISSUE SAMPLE INFORMATION FORM FOR PDL-1 IHC - SCREENING | | | | | | | |
| ACCT NO. REQ NO. KIT NO. ACCTNUM REQ NUM C KITNUM | | DEMOGRAPHIC SECTION Complete all boxes in this section, failure to do so will delay repo | | | | | orts. |
| ACCTNUM REQNUM C KITNUM | | Alliance_PT_I | | | |] . | PID1 |
| ANAME ADDR | | Initials*: | | *If no middle initial use hyphen (-) | |) | PID3 |
| ADDR2 CITY STATEZIP FADDR | | Gender: | | Male Female | | | : |
| APHONE STUDY ID: 6V7 | | Date of Birth: | | EAR |] | | |
| FORM CODE: 6V7A | | 15 will be imputed by Q Squared Solutions | | | tions | | |
| NCI CTEP Site #:/Institution ID#: INVID | | Collection Date*: DAY MONTH YEAR | | | EAR |] | |
| Issued: 30 AUG 2017 CAU | | | | | | | ام ما رام ما |
| **Enclose copy of this completed form with each sample shipped and email copy to the contacts found in the Merck Procedure Manual** Visit: X S Screening Visit UNS Unschedule Type: RET Retest (Selet one IF applicable) | | | | | | | |
| Required Test(s) | Unique Specimen ID | | Specir | nen / Transport | Tube | | Ship |
| SLIDES/BLOCK* *Prefer 5 unstained slides | KITNUM Z59 | | Unsta | ained Slides (C | CO) | | co |
| Diana.Waterbury@merck.com. Please write "Tissue Sample Information Form for Alliance A031501" in the email subject line. Be sure to fill any blanks where appropriate for the items below. Retain the yellow copy of this form for your site records. Do not send this form to Q2 SOLUTIONS. QUEST, TETERBORO must query any blanks on this form when received unless otherwise specified. Incomplete forms will result in queries and delays in turnaround time. SITE GONTACT | | | | | | | |
| Responsible CRA Name: Email Address: Please Provide a pager or cell phone of the Number: Emergency Contact Number: for questions outside of regular busines | | | | | | | |
| Phone Number PATIENT INFORMATION | Elitaldatich of | Anaca (Anniber | | | | | |
| A diagnosis of bladder cancer | has been confirmed: | Yes 🗌 No (Lat | b to re | eject if No) | | | OPT2 |
| SAMPLE INFORMATION Enter the date that the biopsy/resection was performed for COLL1 | | | | | | | |
| Date of Tumor Tissue Biopsy/Resection: DAY MONTH YEAR the sample being submitted | | | | | | OPT3 | |
| Tissue Collection Method (Check One): | | | | | | | |
| | | | | | | OPT4 | |
| Reminder: Any tissue sample that was frozen at any point will not be acceptable Anotheric location of Turner Tissue Collection (Check One) provide "letted" (Fact listed): | | | | | | | |
| Anatomic location of Tumor Tissue Collection (Check One; provide "other" if not listed): Bladder Other (describe) SRC | | | | | | SRC | |
| Complete fields below based on relevant sample type being submitted | | | | | | | |
| We strongly recommend that sections are freshly cut from the FFPE block and sent within 7 days from sectioning in order for samples to be received within 14 days of site cutting date. Testing lab will query the site if the slide sectioning date is missing; testing cannot be performed if field is blank. | | | | | | | |
| Unstained Slides from FFPE Block | | | | | | | |
| 1. Block/Slide ID: | | | | | PBN | | |
| 2. Site Slide Sectioning Date*: DAY MONTH YEAR | | | | | | COLL3 | |
| 3. Section Thickness: ☐ 4-5 um OR ☐ Other: um | | | | | | ОРТ9 | |
| 4. # of slides submitted: ☐ 5 ☐ Other, specify: | | | | | | UCNT | |
| | | | | | | OPT10 | |
| Submission of the completed requisition form to Q Squared Solutions, constitutes confirmation that the subject has given consent at the indicated visit * | | | | | | | |

Q² Solutions



Q Squared Solutions E-Mail and Fax Notification of Shipment

| ***Notification Process: | Date: |
|---|------------------------------|
| 1. Please send an e-mail to: CTTeterboro@questdiagnostics.com | From: INAME |
| 2. Please fax this form to (201) 462-4772 | Acct: ACCTNUM Req: REQNUM |
| | Investigator Phone: APHONE |
| 1. E-mail to: CTTeterboro@questdiagnostics.com | Thomas Thomas |
| 1. E-mail to: CTTeterboro@questdiagnostics.com | |
| Please provide the following information in the e-mail: | [1 |
| | Internal Use Only |
| 1. Alliance_PT_ID#: | Date Delivered: |
| 3. Fed-Ex Air Waybill #: | Date Delivered. |
| 4. Protocol number: A031501/MK-3475-123 | |
| 5. Study ID: 6V7 | Name of Recipient: |
| | |
| | Fax received from recipient: |
| | _ |
| 2. Information for faxing this form with the above information completed: | |
| | Tracker Initials: |
| Fax (201) 462-4772 | Date: |
| Attn: Ronald D. Luff, MD, MPH | |
| Director Anatomic Pathology for Clinical Trials Quest Diagnostics | ' |
| Quest Diagnostics | |
| A Shipment will be sent today for: | Address of Sender: |
| Protocol: A031501/MK-3475-123 | |
| Study ID: 6V7 | Number and Street Address |
| Attention: Clinical Trials Department | Number and Select Address |
| Address: Quest Diagnostics One Malcolm Plaza | Suite Number |
| Teterboro, NJ 07608-1011 | Suite Ivanibei |
| | City State |
| Fax Prepared By: Date: | City, State |
| Initials | |
| | Zip Code |
| | |
| | Email Address |
| | |
| | Phone number |
| | |
| | Name of POC |
| | 1 |