

**ALLIANCE A032002
REQUISITION FORM -
SPECIMEN SUBMISSION FORM
FOR THE PD-L1 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 CellCarta (Formerly Known as Histogenex) Laboratory. **All fields are mandatory.**

Per Section 6.2 of the Protocol: Submit 5 charged ® Slides at 4–6-micron thickness from the prior to study treatment tumor tissue specimen. The specimens *must* be submitted to the central laboratory within 90 days of mounting the paraffin sections on slides (but within 14 days is preferred) for real time PD-L1 confirmation testing. Additionally, a de-identified surgical pathology report should be submitted along with the slides to the central laboratory.

Ship specimens to: CellCarta (Formerly Known as Histogenex).

**Attn: Sample Reception Team P1931
1331 W 75th Street, Suite 401
Naperville, IL, 60540**

Site Contact Information

Institution Name: _____
CTEP Institution ID: (e.g. XY123): _____
CRA Contact Information: (First) _____ (Last) _____
Email Address: _____

Treating/Enrolling Physician: _____
Treating Physician E-mail Address: _____
Physician Phone Number: (_____)
Alternative Phone Number: _____

Specimen Information

Patient Initials: First: ___ Last ___
Alliance Patient ID Number (e.g., 1234567): _____
Date Tissue Procured from Patient (MM/DD/YYYY) _____
Slide Section Mounting Date (MM/DD/YYYY): _____
Specimen Surgical Pathology Number/Block Number: _____
Tumor Type*: Primary Metastatic (*most recent/fresh tissue is preferred). Location: _____

Collection Method: Excision Re-section Biopsy
Fixation Method: Formalin Fixed, Paraffin Embedded (FFPE)
Slide Drying Method: Air Dried Unknown
Specimen Type(s): Positively Charged Unstained Slides
Slide Quantity: ___/5

De-identified Pathology Report Attached: Yes No, reason: _____
BioMS Shipment ID # (e.g., 12345678): _____