## ALLIANCE FOR CLINICAL TRIALS IN ONCOLOGY Protocol Number: A011106 (ALTERNATE Trial)

**Biomarker Assay Request Form**

**(Only for patients receiving Neoadjuvant Endocrine Therapy)**

**Note:** Ki67 analysis is only done for patients on neoadjuvant endocrine therapy at baseline, 4-week, 12-week, or surgery. Please **DO NOT** fill this form for samples collected on the Neoadjuvant Chemotherapy Group or at disease progression.

 **Patient Initial (First, Middle, Last):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alliance ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Collection Date (MM/DD/YYYY):\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_ AM/PM**

## CRA Ordering Test (please print):

Name (First, Last):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 City State Zip

Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Check One** | **Study Timepoint** | **Specimen type (enter number of specimens)** | **WU AMP Instructions** | **Ki67 Report** |
|   | **Pre-Treatment** | tissue cores in 10% formalin (number:\_\_\_\_\_) | Embed both cores in 1 block | 1 H&E 1 ER 1 Ki67 | Not Real Time |
|   | **4-Week\*** | tissue cores in 10% formalin (number:\_\_\_\_\_) | 1 H&E 1 Ki67 | **Real Time** |
|   | **12-Week\*** | tissue cores in 10% formalin (number:\_\_\_\_\_) | **Real Time** |
|   | **Surgery\* (core)** | tissue cores in 10% formalin (number:\_\_\_\_\_) |  | No H&E No IHC | Not required |
|   | **Surgery\* (resection)** | **Preferred**: □ unstained Superfrost slides (number:\_\_\_\_\_\_\_) **Alternatively (not preferred):** □Tumor rich block (number\_\_\_\_\_\_\_\_)  | 1 H&E, 1 ER and 1 Ki67 | **Real Time** |
| **\*post neoadjuvant endocrine therapy (anastrozole and/or fulvestrant) only.** |



**Please check mark the correct time point above and ship this order form with the sample**

**Shipping Address:** Alliance Central Specimen Bank, 425 S. Euclid Ave, Room 5120, St. Louis, MO 63110-1005

Phone: (314) 454-7615; Fax: (314) 454-5525; E-mail: tbank@wudosis.wustl.edu

* Fedex only on Mondays and Thursdays and No shipments to be made on Fridays or the day before a holiday.
* On the day that specimens are sent to the specimen bank, please contact the bank by phone, fax, or e-mail to notify what is being sent and when the shipment is expected to arrive.