

**STAR**

BIOSCIENCES

Empowering Every Patient with Precision Cancer Treatment**TEST REQUISITION FORM**

First Submission	Second Submission	Third Submission	Fourth Submission
Sample Order Date	__ / __ / ____ (dd/mm/yyyy)	Sample Pick Up Date	__ / __ / ____ (dd/mm/yyyy)

PATIENT INFORMATION

Patient ID #		First Name	
Address		Last Name	
		Age	
		Sex	Male [] Female []
Race / Ethnicity		Nationality	
Mobile Phone Number:		Email:	

CLINICAL HISTORY

Diagnosis <small>(PLEASE PROVIDE PATHOLOGY REPORT)</small>		Date of Diagnosis	__ / __ / ____ (dd/mm/yyyy)
		Stage of Cancer <small>(PLEASE CIRCLE)</small>	Stage-I Stage-II Stage-III Stage-IV
Type of Therapy Received	Chemotherapy [] or Targeted Therapy []	Disease spread to other organs <small>(on PET CT or clinically)</small>	
Name of Drugs & Number of ChemoTherapy cycles:		Radiation Therapy Received	Yes [] No [] Number of cycles: _____ Date of last cycle: __ / __ / ____ (dd/mm/yyyy)
Date of last chemotherapy cycle :	__ / __ / ____ (dd/mm/yyyy)		
Any Molecular Tests Performed Till Date <small>LIST THE TESTS</small>		Clinically Relevant Findings if Any	

SELECT TESTS

(TICK THE BOX OR CLIRCLE TO SELECT TEST)

IMMUNO ONCOLOGY TESTS	TUMOR MUTATION BURDEN (TMB) ----- 407 Genes + TMB	MICRO SATELLITE INSTABILITY (MSI) ----- IHC + Sanger Sequencer	EXTENDED TUMOR MUTATION BURDEN (TMB) PANEL ----- 407 Genes + TMB + MSI + PDL1
LIQUID BIOSPY (ctDNA)	LUNG CANCER ----- SCREENS 11 LUNG CANCER GENES	LUNG CANCER ----- EGFR L858R, E746_A750del,& T790M)	COLON CANCER ----- BRAF NRAS KRAS / NRAS / BRAF
NEXT GENERATION SEQUENCING TESTS	52 GENE HOT SPOT PANEL ----- (DNA – RNA – Pharmacogenomics)	LUNG MUTATION & FUSION PANEL ----- 23 genes and 6 fusion transcripts	LUNG FOCUS PANEL ----- 52 genes, 26 copy Numbers
SINGLE GENE TESTS <small>(PLEASE CIRCLE)</small>	C-KIT NRAS BRAF	KRAS EGFR HER2	ROS1 MET ALK RET
FISH	PDL-1	LYMPHOMA - LEUKEMIA <small>SELECT FROM TEST LIST</small>	OTHER (PLEASE SPECIFY FROM TEST LIST) ----- ROS1 MET ALK RET
HEREDITARY CANCER	BRCA 1 & BRCA 2 ----- SCREENS 21 ADDITIONAL GENES FOR BREAST AND OVARIAN CANCER	BRCA 1 & BRCA 2 ----- BREAST AND OVARIAN CANCER	HEREDITARY CANCER ----- SCREENS 143 GENES FOR 25 HEREDITARY CANCERS
OTHER <small>PLEASE SPECIFY FROM TEST LIST</small>			

PATIENT DECLARATION

I Mr / Mrs / Ms _____ s/o or d/o _____ do hereby solemnly give my informed consent for in vitro diagnostics or molecular testing of my blood sample or tissue biopsy. I have been fully appraised of the nature of the test being performed. I understand that the outcome of the test is not guaranteed and Star BioSciences will do its best possible efforts to deliver good quality of services.

Signature: _____ Date: __ / __ / ____ (dd/mm/yyyy)

PHYSICIAN NAME & SIGNATURE

NAME: _____ EMAIL: _____ MOBILE#: _____

Signature: _____ Date: __ / __ / ____ (dd/mm/yyyy)