

# THERAMAP™ Order Form

Please fax to: 888.611.6373  
 Email: precisioncare@navican.com  
 Questions? Call 801.441.7277



\* INDICATES REQUIRED FIELD

PATIENT INFORMATION			SPECIMEN INFORMATION		
Last Name*		First Name*	Diagnosis/ICD10 Code*		
MRN*	Date of Birth* MM/DD/YYYY	Ethnicity*	Specimen ID	Date of Collection MM/DD/YYYY	Stage
Street Address 1		Street Address 2	Specimen Site*	Histopathology*	
City	State	Postal Code	PATHOLOGY INFORMATION		
Study ID	Phone ( )	Sex* <input type="checkbox"/> Male <input type="checkbox"/> Female	Pathology Lab Name*		Pathology Phone ( )

ORDERING PHYSICIAN/PROVIDER INFORMATION			
Name*		NPI	Institution/Office/Practice Phone
Postal Code	Additional Copies to:		

CLINICAL INFORMATION (PLEASE ATTACH CLINICAL HISTORY AND PROGRESS REPORT)		
Is this patient on hospice or planning to enter hospice before testing is complete? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Additional Testing: <input type="checkbox"/> PD-L1 by IHC	Please Include*: <input type="checkbox"/> Copy of insurance card(s) <input type="checkbox"/> Pathology Report
Previous Treatment: <input type="checkbox"/> Not Started <input type="checkbox"/> Surgery <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiotherapy <input type="checkbox"/> Targeted Therapy <input type="checkbox"/> Immunotherapy	Current Treatment: <input type="checkbox"/> Not Started <input type="checkbox"/> Surgery <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiotherapy <input type="checkbox"/> Targeted Therapy <input type="checkbox"/> Immunotherapy	

BILLING INFORMATION (PLEASE ATTACH FRONT AND BACK OF INSURANCE CARD(S))			
Billing Method*: <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Hospital/Institution <input type="checkbox"/> Self-Pay			Specimen Collection As* <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Outreach (non-hospital)
Insured Name	Primary Insurance	Policy #	Group #
Secondary Insurance		Policy #	Group #
Claims Address		Insured Date of Birth MM/DD/YYYY	Relationship to Insured

MEDICAL JUSTIFICATION	
<input type="checkbox"/> Patient newly diagnosed with stage IV non-small lung cancer (NSCLC)	<input type="checkbox"/> Patient newly diagnosed with stage IV solid tumor who has a poor prognosis and experienced limited benefits from standard lines of therapy
<input type="checkbox"/> Patient newly diagnosed with cancer of unknown primary	<input type="checkbox"/> Patient newly diagnosed with stage IV rare solid tumor; limited/no known therapies included in guidelines
<input type="checkbox"/> Patient newly diagnosed with stage IV solid tumor who has exhausted standard lines of therapy and requests additional treatment	<input type="checkbox"/> Other

COMMENTS		
Comments	Physician Signature*	Date* MM/DD/YYYY

**Statement of Medical Necessity/Consent**  
 "I hereby order Navican Genomics, Inc. to conduct the above test(s) and furnish the TheraMap™ service(s), which I have determined to be medically necessary. The medical necessity of the above test(s) and service(s), including navigation services, have been adequately documented in the patient's medical record. I have explained the risks, benefits and limitations of the above test(s) and service(s) to this patient, and have received informed consent from the patient, to the extent legally required, to permit Navican to (i) perform the test(s) and service(s) specified herein, (ii) retain the test results for an indefinite period for internal quality/operations purposes, (iii) de-identify the test results and use or disclose such de-identified results for future unspecified research or other purposes, and (iv) release the test results to the patient's third-party payer as needed for reimbursement purposes. I agree to provide Navican with the information and documentation needed for Navican to bill and collect for the above test(s) and service(s)."

Please see next page for sample specifications and shipping.

## Sample Specifications & Shipping

We request the most recent specimen (recurrence, metastases biopsy or post therapy specimen, if available) to be sent as follows:

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### TUMOR SPECIMEN

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- One FFPE block or
- Minimum of 10 sections of 4-5 microns thickness provided on unstained, unbaked slides with minimum surface area of 25 mm<sup>2</sup> per slide – if the tissue area is smaller please cut additional slides for a total of 15-20 slides
- Corresponding H&E if available
  - A minimum of 20% tumor nuclei
  - If more than one block is available, please select the most recent block that has the greatest amount of tumor nuclei

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### NORMAL SPECIMEN FOR MSI (IF AVAILABLE)

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- One FFPE block or
- Minimum of 3 sections of 4-5 microns thickness provided on unstained, unbaked slides with minimum surface area of 25 mm<sup>2</sup> per slide – if the tissue area is smaller please cut additional slides for a total of 5-10 slides
- Corresponding H&E if available

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### PD-L1

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- Can be performed on the tumor specimen FFPE block if provided, or:
  - Additional 1-2 sections of 4-5 microns thickness provided on unstained, unbaked positively charged slides
  - A minimum of 50-100 tumor nuclei present

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### GENERAL

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- Include a copy of this form with the specimen
- Include surgical pathology report
- Acceptable specimens include Formalin Fixed Paraffin Embedded (FFPE) surgical resections, fine-needle aspirates and needle core biopsies fixed in 10% neutral buffered formalin (alcohol fixed and decalcified samples are unacceptable)
- All specimens need to be labeled with specimen/block ID + additional patient identifier

If you have any questions or the above requirements can't be met, please notify us as soon as possible by calling 801-441-7277

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### NAVICAN ORDER FORM AND TRANSPORT USING A NAVICAN SPECIMEN SHIPPER

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1. We will fax the TheraMap™ Order Form to the appropriate laboratory along with pre-paid shipping label as documentation to support the shipment of tissue for processing
2. When preparing the tissue for shipment, you can use the NAVICAN specimen shipper or your own packaging
3. Please ensure the specimen is labeled with two identifiers from the corresponding pathology report
4. Please include cold packs when shipping specimens to our facility. It can be hot in some areas, and cold packs can prevent the block(s) from melting
5. Please use pre-paid shipping label

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### CARE INSTRUCTIONS AND MATERIAL RETURNS

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FFPE blocks will be returned upon the completion of analysis

Please reach out to us at 801-441-7277 with questions or concerns. Thank you for your collaboration.