



Test Requisition Form

Fax: 844.711.9132

Clinical Study:

Place Specimen Label Here From Kit Box

*Required Information

SUBMISSION STATUS

First Submission Resubmission Associated Order Number _____

CLINICAL INFORMATION AT TIME OF ORDER

NODAL STATUS*

- (NX) Not Submitted or Found
- (N0) Negative
- (N1) 1-3 Nodes
- (N2 or N3) ≥ 4 Nodes
- Clinical Assessment

TUMOR INFORMATION*

- Tumor Size (check one):
- ≤ 5.0 cm
 - > 5.0 cm
- Tumor Grade: 1 2 3
- Clinical Assessment

HORMONE RECEPTOR STATUS*

- | | Positive | Negative | Equivocal |
|------|--------------------------|--------------------------|--------------------------|
| ER | <input type="checkbox"/> | <input type="checkbox"/> | |
| PR | <input type="checkbox"/> | <input type="checkbox"/> | |
| HER2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TESTS ORDERED*

MammaPrint & Blueprint MammaPrint Only Blueprint Only

Agendia will perform any test(s) indicated by standing order on file from the ordering physician unless otherwise requested.
 Perform test(s) marked on requisition only

CLIENT INFORMATION*

Account Name _____

Account Address _____

Account City _____ Account State _____ Account Zip Code _____

Account Phone _____ Account Fax _____

ORDERING PHYSICIAN INFORMATION & SIGNATURE

As the physician of record, I have concluded that the test(s) I am ordering is medically necessary for treatment of this patient. I anticipate that this test(s) will provide prognostic and/or predictive information which has not been obtained already. This Order form is part of the medical record, is consistent with other entries in the record, and accurately describes the reason(s) I am ordering the tests. I confirm the patient has consented for this test to be performed, and for Agendia, Inc. to release test information when necessary to obtain reimbursement. In submitting this Order, I acknowledge that I have read and agree to be bound by Agendia's General Terms & Conditions.

Ordering Physician Name* _____

Ordering Physician Signature* _____ Date* _____

Ordering Physician NPI _____ Ordering Physician Fax _____ Ordering Physician Phone _____

Additional Report Recipient Email/Fax _____

PATIENT INFORMATION*

Patient Name: Last, First, Middle _____

Address _____

City _____ State _____ Zip _____ Country _____

Date of Birth _____ Patient Phone _____

Gender: Female Male

MRN: _____

Hospital Status Hospital Inpatient Hospital Outpatient Non Hospital Patient (Medicare Only) (>24hr Stay)

Date of Hospital Discharge: _____

BILLING INFORMATION

COMPLETE the following & attach copy of face sheet and front and back of insurance card

Billing Type: Private Insurance Medicare Patient Bill Client
Restricted to contracted accounts on file at Agendia

Submitting Diagnosis* _____
i.e. C50.21

ICD-10 Code* _____

Primary Insurance Name* _____ Member ID* _____

Prior Auth # (if available) _____ Phone* _____

Secondary (if applicable)* _____ Member ID* _____

Relationship to insured: Self (skip section) Spouse Dependent

Other: Insured DOB* MM/DD/YYYY _____

PATHOLOGY INFORMATION*

Agendia to request specimen from pathology Ordering physician to request specimen from pathology

Facility _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____ Email _____

Additional Comments

Note: Multiple specimens will be processed in the order indicated below. See reverse side for additional information.
PLEASE INCLUDE PATHOLOGY AND IMAGING REPORTS WITH TEST REQUEST

Collection Date*	Specimen ID*	Specimen Type*	Specimen Site*	Container Type*	Qty*
	1.	<input type="checkbox"/> Core Biopsy <input type="checkbox"/> Surgical <input type="checkbox"/> Other _____	<input type="checkbox"/> Left Breast <input type="checkbox"/> Right Breast <input type="checkbox"/> Other _____	<input type="checkbox"/> Block <input type="checkbox"/> Slides	
	2.	<input type="checkbox"/> Core Biopsy <input type="checkbox"/> Surgical <input type="checkbox"/> Other _____	<input type="checkbox"/> Left Breast <input type="checkbox"/> Right Breast <input type="checkbox"/> Other _____	<input type="checkbox"/> Block <input type="checkbox"/> Slides	
	3.	<input type="checkbox"/> Core Biopsy <input type="checkbox"/> Surgical <input type="checkbox"/> Other _____	<input type="checkbox"/> Left Breast <input type="checkbox"/> Right Breast <input type="checkbox"/> Other _____	<input type="checkbox"/> Block <input type="checkbox"/> Slides	

AGENDIA GENERAL TERMS AND CONDITIONS

- A. Agendia shall perform the ordered laboratory testing professionally and to the best of its abilities. However, the client acknowledges that Agendia can not and will not guarantee that the services will always be error-free. Agendia specifically disclaims any and all representations and warranties regarding its products and services, to the extent permitted by law, other than those expressly made in writing by Agendia, including the warranty literature for the product or service (if any). This disclaimer includes but is not limited to any representations or warranties as to the quality, reliability, fitness for purpose or any other feature of the products and/or services.
- B. The client agrees that a legally binding agreement that includes general conditions shall arise as soon as Agendia accepts the physician's order by email, written confirmation or the moment Agendia starts executing such an order.
- C. The client will at all times timely and completely provide Agendia with all data and other information required by Agendia and necessary for the delivery of the products and/or services.
- D. The client warrants that the information provided pursuant to Agendia is correct and complete, and that it is entitled to provide Agendia with such information for the delivery of the products and/or services. The client shall indemnify, defend, and hold harmless Agendia against all claims by a third party or governmental entity, relating to or arising out of the provision of such information to Agendia, and shall pay any costs incurred by Agendia relating thereto, including but not limited to attorney's fees, defense costs, and any award of damages.
- E. If any of the data provided is personal data or data otherwise protected by law, the client guarantees that with regard to such data, any and all applicable regulations and other legal requirements for the protection of privacy have been met and that Agendia is entitled to use and process such personal data. The client shall indemnify, defend, and hold harmless Agendia against any third party's claims relating to or arising out of any claim by a third party or governmental entity that appropriate privacy protections or legal requirements were not met and shall pay any costs incurred by Agendia relating thereto, including but not limited to attorney's fees, defense costs, and any award of damages. If and to the extent that the client provides Agendia with its own private, personal, sensitive, or protected data, the client herewith explicitly authorizes Agendia to keep and to process such data as reasonably necessary to fulfill Agendia's obligation under the agreement or other legal act existing between the Parties. Agendia will take all reasonable steps necessary to comply with any and all applicable privacy regulations and laws.
- F. The client shall give and make no warranty or representation on behalf of Agendia's Products and/or Services as to quality, reliability, fitness for purpose or any other feature of the Products and/or Services other than as explicitly set forth in writing by Agendia in the warranty literature applicable to the specific Product and/or Service (if any). If the client, or his or her representatives, staff, affiliates, or associates alters or expands any existing warranty or extends any additional warranty, expressly or impliedly, the client shall indemnify, defend, and hold harmless Agendia for any and all claims by a third party or governmental entity relating to such additional warranty and shall pay any costs incurred by Agendia relating thereto, including but not limited to attorney's fees, defense costs, and any award of damages.
- G. The client shall be solely liable for any claims arising out of or relating to the improper or faulty collection and/or handling of any sample(s), any errors in transmission of information or data to Agendia, or any illegal or tortious act committed by the client, or his or her representatives, staff, affiliates, or associates or its employees, agents or assigns. The client shall indemnify, defend, and hold harmless Agendia for any such claims by a third party or governmental entity and shall pay any costs incurred by Agendia relating thereto, including but not limited to attorney's fees, defense costs, and any award of damages.
- H. The client, and his or her representatives, staff, affiliates, and associates undertake to observe strict confidentiality with regard to all confidential information it receives from Agendia. It shall impose the aforementioned obligation on its employees as well as to third parties who have been employed by them in connection with the agreement between the parties. The client, his or her representatives, staff affiliates, and associates shall use the confidential information only for the purpose for which it has been provided.
- I. Regardless of the nature of such information, the client agrees to take any and all reasonable measures to keep any information confidential if Agendia indicates such information to be confidential.
- J. Agendia shall not be liable for any loss or damages, either direct or consequential, such as loss of business, profits, good will or similar, incurred by the client or by any third party, including any legal liability or damages. If Agendia is deemed liable despite this provision, any damages to be paid by Agendia to the client with respect to products or services provided under the agreement will, in any case, be limited to compensation of the direct damages and/or loss not to exceed the sum paid for the products or services provided under the order at issue. Agendia shall not be liable for any loss, damage or delay during shipping. Under no circumstances will any liability exceed the amount which is paid out in the matter concerned under the professional liability policy entered into by Agendia, to be increased by the amount of the deductible which according to the terms and conditions of the insurance policy will not be for the account of the insurer.
- K. Multiple specimens will be tested sequentially.
1. If the specimen generates a Low Risk MammaPrint® result, the next tumor specimen(s) will be processed unless otherwise instructed.
 2. If the specimen generates a High Risk MammaPrint® result, Agendia will consult with the ordering physician to determine how to proceed.

MEDICARE COVERAGE CRITERIA

MammaPrint® is a diagnostic test that analyzes the gene expression profile of FFPE breast cancer tissue samples to assess a patient's risk for distant metastasis. MammaPrint was prospectively validated as a microarray assay in the 6,693 patient MINDACT trial in early stage breast cancer, ≤ 5.0 cm, up to 3 positive lymph nodes and independent of receptor status.

INTENDED USE(S)

MammaPrint® FFPE is a qualitative in vitro diagnostic test, performed in a central laboratory, using the gene expression profile obtained from formalin-fixed paraffin embedded (FFPE) breast cancer tissue samples to assess a patient's risk for distant metastasis within 5 years.

The test is performed for breast cancer patients, with Stage I or Stage II disease, with tumor size ≤ 5.0 cm and lymph node negative. The MammaPrint® FFPE result is indicated for use by physicians as a prognostic marker only, along with other clinico-pathological factors.

SPECIAL CONDITIONS FOR USE STATEMENT(S)

For prescription use only.

MammaPrint FFPE is not indicated as a standalone test to determine the outcome of disease, nor to suggest or infer an individual patient's likely response to therapy. Results should be taken in the context of other relevant clinico-pathological factors and standard practice of medicine.