Test Requisition Form

delphi diagnostics®

SEE BACK FOR COLLECTION & SHIPPING INSTRUCTIONS
FAX COMPLETED FORM TO: 832.442.8762

BOLD FIELDS ARE REQUIRED

RESET FORM

TESTING REQUESTED:

Endocrine Activity Index (EAI) - *EAI can only be performed in pathologically staged tumors (refer to specimen requirements)*

PATIENT INFORMATION

Patient Name (Last, First, MI): _____ **DOB** (MM/DD/YYYY)**:**_____ Phone #:_____

Sex Assigned at birth: ☐ Male (X,Y) ☐ Female (X,X) ☐Other:_____(X,____) Medical Record Number (MRN): _____

Street Address:_____ City:_____ State:_____ Postal Code:_____

CLINICAL INFORMATION: [COPY OF PATHOLOGY REPORT FROM SURGICAL EXCISION OF TUMOR IS REQUIRED]

Tumor Status: *(pathologic, AJCCv8)* **Tumor Size:** _____ mm | **Tumor Stage:** ◯ pT1 ◯ pT2 ◯ pT3 ◯ pT4

ER Status: ◯ Positive ◯ Negative ◯ Inconclusive by IHC

PR Status: ◯ Positive ◯ Negative ◯ Inconclusive by IHC ◯ Not Tested

HER2 Status: ◯ Positive ◯ Negative

Menopausal Status (female only)**:** ◯ Postmenopausal ◯ Premenopausal ◯ Unknown

Nodal Status: *(pathologic, AJCCv8)* ◯ Negative ◯ Positive _____ # of Positive Nodes Pathologic N Stage (pN):_____ ☐ LN Not Tested (clinically node negative)

BILLING INFORMATION

ICD-10 Code(s):_____

Bill to: ◯ Insurance ◯ Patient ◯ Client Secondary Insurance? (if yes please include): ◯ Yes ◯ No

☐ Insurance Card Attached? **Name of Subscriber:**_____ Relationship:_____

Patient Insurance Number:_____ Insurance Authorization Number:_____

Insurance Address:_____ City:_____ State:_____ Postal Code:_____

ORDERING PROVIDER INFORMATION

Delphi Diagnostics Client ID:_____

Provider Name:_____ **NPI #:** _____ **Fax #:** _____

Office/Practice/Institution: _____ **Provider Email:** _____

Street Address:_____ City:_____ State:_____ Postal Code: _____

Office Contact Phone:_____ Contact Email: _____

My signature is a Certificate of Medical Necessity by the treating provider that this testing has been explained and is authorized for the care of the patient. I have obtained consent, to the extent required under applicable law, for Delphi to release test results and corresponding medical information, as necessary to submit insurance claims to the patient's third-party payer as needed for reimbursement, processing of insurance claims, and /or appeal of any denied charges, I agree to support these claims with additional information as needed. Unless otherwise indicated, it is acknowledged that Delphi Diagnostics may direct the testing selected approach listed on the Delphi Diagnostics website, according to the pathology reports, and status or quantity of the specimen received.

Ordering Provider Signature: _____ **Printed Name:** _____ **Date:** _____

SPECIMEN RETRIEVAL

◯ Delphi Diagnostics to request specimen from Pathology ◯ Ordering Provider to request specimen from Pathology

Location of Specimen: _____ Phone:_____ Fax: _____

PATHOLOGY & SPECIMEN INFORMATION:

Notes:

Specimen ID:_____ Date of Collection: _____

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8515 Fannin St., Suite 105 Houston, TX 77054 | support@delphi-diagnostics.com | fax: 832.442.8762 | phone: 281.896.0056
CLIA ID#: 45D2339502 | Medical Director: Federico A. Monzon, M.D., FCAP

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SPECIMEN REQUIREMENTS, PACKING, & SHIPPING GUIDELINES

Provider Ordering Instructions:

1. Complete Test Requisition Form - ***bold fields are required***
2. Fax Completed Requisition along with a copy of the patients insurance card and pathology report to: 832.442.8762. If requested Delphi will contact pathology laboratory to obtain the specimen

Specimen Submission Instructions:

1. Select the formalin-fixed paraffin-embedded (FFPE) block with the highest amount of invasive breast carcinoma from core biopsy or surgical resection that is morphologically consistent with the submitting diagnosis.
    a. Please ensure the tumor area has at least 10% invasive tumor (using estimated number of invasive tumor cells divided by the total number of all cells with nuclei)
    b. Invasive carcinoma requires an area ≥ 5 mm in largest dimension (including any associated in situ disease, stroma, fat or fibrosis) and containing at least 25 cancer cells.
    c. A macrodissection will be performed at the lab to avoid large areas of ductal carcinoma in situ (DCIS), necrosis, adipose tissue, stroma, and/or hemorrhage, because these cellular elements will reduce the tumor cell percentage.
2. Use 10% neutral-buffered formalin for 6-72 hours to preserve nucleic acid integrity. DO NOT use other fixatives
3. DO NOT decalcify sample.
4. Samples with only ductal carcinoma in situ (DCIS), lobular carcinoma in situ (LCIS), or microinvasive carcinomas (one or more foci <0.1 cm) are not acceptable samples.
5. Send Block OR Prepare five 4-10 µm serial unbaked unstained slides with one serial section per slide. If sending slides:
    a. Mount sections onto charged glass slides (standard 1" x 3" or 25 mm x 75 mm size).
    b. Allow the slides to air dry. DO NOT place the slides on a hot plate.
    c. DO NOT cover slips the unstained slides.
    d. The EAI™ test needs a minimum area of 9mm2 per tissue section. Please submit additional slides if there is lower tumor content per slide.
6. Submit one additional H&E stained slide or an 4 or 5 µm unstained slide. The H&E slide is used to assess tumor cell percentage.

Labeling:

1. Label the blocks or slides with your pathology sample identification number and an additional patient specimen identifier (e.g. patient name, medical record number, etc).

Packing:

1. Pack the block or slides in a slide container to protect from breakage along with an ice pack
2. Please ensure clinical and/or pathological staging is provided on the requisition form
3. Ensure a copy of the pathology report has been sent or is included with the specimen
4. If sending a block; please enclose block return information
5. Send the sample to: Delphi Diagnostics; 8515 Fannin St., Suite 105, Houston, TX 77054

Questions: Delphi Diagnostics Contact Customer Service at 281.896.0056 or support@delphi-diagnostics.com

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