AVENTA Aventa Lymphoma

# Test Requisition Form

**Fax**: 1.866.960.9960 | **Email:** support@aventagenomics.com

## Patient Information

| First Name | MI | Last Name | Medical Record # | DOB | Sex |
|---|---|---|---|---|---|
| | | | | | ○ Male ○ Female |

| Address | City | State | Postal Code | Country | Primary Phone |
|---|---|---|---|---|---|
| | | | | | |

## Patient Medical History

| Primary ICD-10 | Stage |
|---|---|
| | |

Prior / Current Therapies (Optional)

## Diagnosis

- ○ Diffuse Large B Cell Lymphoma
- ○ Follicular Lymphoma
- ○ T Cell Lymphoma
- ○ Burkitt Lymphoma
- ○ Other B Cell Lymphoma
- ○ Other _____

## Disease Status *(Select all that apply)*

- Recurrent
- Refractory
- Primary
- Relapse
- Progression

## Attachments

- Copy of recent pathology/cytology reports.
- Test results from all other Molecular Diagnostic Assays by FISH, IHC, or other genetic assays.

## Ordering Physician Information

| Facility Name | Physician Name | |
|---|---|---|
| | | |
| **Address** | **Phone** | **Fax** |
| | | |
| **City** | **State** | **Postal Code** |
| | | |
| **Email** | | |
| | | |

Is the facility a hospital, hospital outpatient department, critical access hospital or ambulatory surgical center? (see back) ○ No ○ Yes →

If yes, what is the facility's network status with the patient's insurance plan?
○ In-Network ○ Out-of-Network ○ Unknown

| Genomic Test | Description | Accepted Specimen Type |
|---|---|---|
| ○ Aventa Lymphoma Test | CLIA-certified, test with a clinical report covering 417 genes implicated in hematolymphoid neoplasms.. | FFPE Tissue Block<br>**or**<br>10 x 5 µm FFPE Tissue Sections (unbaked) |

## Specimen Retrieval

| Submitting Pathologist Name | Pathology Lab Name | Email | Phone | Fax |
|---|---|---|---|---|
| | | | | |

I am requesting a specific specimen

| Collection Date (MM/DD/YYYY) | Specimen ID | Site of Biopsy |
|---|---|---|
| | | |

I will let the pathologist choose the specimen
I am providing FFPE block return address on back of form

**Shipment**
○ I will arrange for specimen shipment
○ Contact the pathology lab to obtain specimen

## Insurance Billing Information

| ○ Medicare – Part | *ABN Attached (If required) | Medicare Policy ID | *Patient status at the time of specimen collection: | ○ Office (non-hospital)<br>○ Outpatient<br>○ Inpatient → | Not yet discharged<br>Discharge date |
|---|---|---|---|---|---|
| | | | | | |

| ○ Insurance | Plan Name | Policy # | Group # | Prior Authorization # |
|---|---|---|---|---|
| | | | | |

| ○ Self-Pay | Contact Name | Email | Phone |
|---|---|---|---|
| | | | |

| Facility | Same as treating physician | Address | | |
|---|---|---|---|---|
| | | | | |
| | **City** | **State** | **Postal Code** | **Fax** |
| | | | | |

## Submission Checklist

- Demographic / Face Sheet
- Most recent office note
- Pathology Report
- Copy of insurance cards

## Physician Signature and Letter of Medical Necessity

My signature certifies that I have determined that the test(s) being ordered is medically necessary for the patient, certifies that the results of this test will inform the patient's ongoing treatment plan, and certifies that I am the patient's treating physician. I have explained to the patient the nature and purpose of the test(s) to be performed and have obtained informed consent, to the extent required under applicable law, to permit Aventa Genomics, or any laboratory with which Aventa Genomics as contracted, to (a) perform the test(s) specified herein, (b) analyze and report on other genetic information generated during the testing process or conduct additional analyses of the patient's sample for future diagnostic or monitoring use, (c) retain the test results and tissues, cells, and genetic material, including DNA and RNA information generated during the testing process, for an indefinite period for internal quality assurance/operations purposes, (d) remove information that directly identifies the patient from the test results, tissues, cells, and genetic material, including DNA and RNA information generated during the testing process, and use or disclose such information and materials for future unspecified research or other purposes, and (e) release the test results and related patient information to the patient's third-party payer as needed for reimbursement purposes.

| **Ordering Physician Signature** | **Date** |
|---|---|
| | |

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| FFPE Block Return Information | | | | |
|---|---|---|---|---|
| Return address | City | State | Postal Code | Country |
| | | | | |
| Email | Phone | Fax | | |
| | | | | |

| Additional Case Information |
|---|
| |

| Test Description | Sample Requirements |
|---|---|
| The Aventa Lymphoma test utilizes a method known as HiC sequencing which is designed specifically to capture a genome's sequence and structure (three-dimensional conformation). FFPE tissue sections are dewaxed and rehydrated. Then the cross-linked chromatin is digested using a restriction enzyme (RE) cocktail. The 5'-overhangs are then filled in with a biotinylated nucleotide. Next, spatially proximal digested ends of DNA are ligated, capturing the sequence and structure of the genome. The ligated DNA is then purified, producing pure proximally-ligated DNA. The proximally-ligated DNA is then fragmented, and the biotinylated fragments are enriched. DNA libraries are then prepared from these enriched libraries. Finally, libraries are sequenced in a "paired-end" mode.<br><br>**Secondary Analysis Methods:** The resulting data is processed using the Arima-SV Pipeline. The pipeline is used for calling and visualizing Structural Variants (SV). This pipeline preprocesses the data using HiCUP (Wingett et al. 2015) and calls SV's using hic_breakfinder (Dixon et al. 2018). The SV's are manually curated and processed to create a single VCF file that is directly ingested into CGW. | This testing service requires unbaked 10 x 5µm FFPE tissue sections or tissue block and an H&E stained tissue section.<br><br>**For information on ICD codes**<br>Visit this website: https://icd10cmtool.cdc.gov/ |

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