

Testing site & Shipping Address:

Hematology Translational Lab (HTL)

ATTN: Dr. Faisal Khan
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PATIENT INFORMATION

Name (Last, First)
 Medical Record #
 Date of Birth (YYYY/MM/DD):..... Gender: M F
 Address:..... City:.....
 Prov./State: Country: Postal/Zip code.....

ORDER INFORMATION

Requesting Physician.....Location/Facility
 Address.....City Prov./State Country: Postal/Zip code
 Phone Fax Email Report delivery method: Email Fax

DIAGNOSIS

Solid Tumor Type i.e., Lung (NSCLC)	Cancer Status: Metastatic YES NO	Other details: i.e., known genomic variant
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TEST REQUEST

SOLID TUMOR GENOMIC PANELS

OncoHelix-1 324 genes CGP Panel (Tissue: DNA)	CGP Assay uses the Roche AVENIO Tumor Tissue CGP Kit , which leverages a secondary process, the FoundationOne® Analysis Platform . *see pg3 for details	<u>SNVs & Indels</u> : 306 cancer-related genes (DNA) <u>Fusions</u> : 36 genes (DNA); <u>CNV</u> : 59 targets MSI and TMB
OncoHelix-2 170 genes CGP Panel (Tissue: DNA and RNA)	CGP Assay uses the Illumina TST-170 panel *see pg3 for details	<u>SNVs & Indels</u> : 133 cancer-related genes (DNA) <u>Fusions</u> : 55 genes (RNA); <u>CNV</u> : 59 targets
OncoHelix-3 170 genes CGP Panel (Tissue: DNA only)	CGP Assay uses the Illumina TST-170 panel (DNA only panel) *see pg3 for details	<u>SNVs & Indels</u> : 133 cancer-related genes (DNA) <u>Fusions</u> : NO fusions genes ; <u>CNV</u> : 59 targets
OncoHelix-4 38 genes – ctDNA panel (Blood: DNA)	Assay uses FOLLOW IT® ctDNA Liquid Biopsy Focused Panel Powered by Canexia Health™	<u>SNVs & Indels</u> : 38 cancer-related genes <u>CNV</u> : 9 targets

SELF-PAYMENT DETAILS

Contact Name: Patient or patient support person	Email: (Required)	Phone:
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SPECIMEN RETRIEVAL Path report included with TRF (Required)

<input type="checkbox"/> OncoHelix can contact Pathology Lab to obtain specimen	<input type="checkbox"/> Cancer Clinic will arrange the specimen shipment		
Pathologist Name:	Pathology Lab:	Phone:	Fax:
Specimen ID:	Specimen Site:	Date of Collection (YY/MM/DD):	

TEST AUTHORIZATION, CONSENT & SIGNATURES

I certify that I am the patient's treating physician and that results from this test/s may inform the patient's ongoing/future treatment. I have explained the nature and purpose of testing to the patient and have obtained informed consent, to the extent legally required, to permit OncoHelix to (a) perform the test/s specified herein, (b) retain de-identified test results as required or permitted by law for internal quality assurance/operational improvement, (c) use/disclose de-identified (without identifiable patient information) results and sequencing data for ongoing/future unspecified research and development purposes.

.....
 Ordering Physician signature Printed Name Date

I permit OncoHelix & partner lab HTL to (a) perform the test/s specified herein, that may include de-identified sequencing data analysis performed outside of Canada with final analysis and clinical interpretations by OncoHelix/HTL team in Canada (b) retain test results as required or permitted by law for internal quality assurance/operational improvement, reporting, submissions, publication, research or to improve the program and (c) use/disclose de-identified results and sequencing data for ongoing/future unspecified research and development purposes.

.....
 Patient's signature OR Check for Patient Verbal Consent Printed Name Date

IMPORTANT INFORMATION

Panels	Refer to Genomic panel descriptions for list of Genes on page 3
Specimens	Refer to sample requirements, guidelines and shipping instructions on page 2

SAMPLE REQUIREMENT & GUIDELINES

Nucleic Acid and Tissue for Solid Tumor Genomic Analysis Panels

Panel	DNA	RNA	Biopsy	FFPE	Blood	Guidelines for 35 to 306+ gene panels
OncoHelix-1 324 genes CGP Panel	250 ng	--	120 µm or 4 mm ³	✓	--	<ul style="list-style-type: none"> • Extracted nucleic acids and fresh frozen (FF) or formalin fixed paraffin embedded (FFPE) tissue samples are accepted • 120 µm of FFPE tissue section (4 scrolls of 30 µm thickness) with a minimum of 40% tissue content & 20% tumor cellularity*; or 2-4 FFPE cores of 1-2 mm³; or 4 mm³ FF tissue. For DNA only panels, the requirements are reduced to half *Please call HTL lab if tumour cellularity is <20% and ≥10%
OncoHelix-2 170 genes CGP Panel		150 ng				
OncoHelix-3 170 genes CGP Panel		--				
OncoHelix-4 38 genes – ctDNA panel	✓	--	--	--	✓	Blood Collection: 2 Streck blood tubes collected within 14 days of delivery / drop off to HTL genomic diagnostic lab

Specimen Type (select all that apply)

- Biopsy Type: FFPE Tissue FF Tissue Blood Other (specify)
- PARAFFIN BLOCK – no prepped scrolls or extracted nucleic acids
- DNA (ng) RNA (ng)

General Notes and Quality Recommendations:

- Minimum required nucleic acid concentrations are based on fluorometric estimation with Qubit reagents. A spectrophotometric method (nanodrop) overestimates the amount of nucleic acid and may only be used for the determination of sample purity (260/280 ≥ 1.8 for DNA and ≥ 1.9 for RNA)
- Nucleic acid must be extracted from a minimum of 1 ml of biopsy in EDTA, 120 µm or of FFPE tissue or 4 mm³ of FF tissue
- All nucleic acids will be tested for quality as per laboratory thresholds prior to processing

FF and FFPE Tissue Recommendations

- For FF tissue, samples must be flash-frozen in liquid nitrogen as quickly as possible after removal from patients and immediately delivered to the laboratory. Samples must be kept in -80°C freezers until DNA and RNA extraction
- For both FF and FFPE samples, H&E slides must be analyzed by the pathologist and estimation of tumor cellularity must be provided

SPECIMEN TYPE	SHIPPING & HANDLING INSTRUCTIONS	REJECTION CRITERIA
DNA & RNA	• Ship at -20°C (use dry ice)	<ul style="list-style-type: none"> • Suboptimal quantity/quality • FFPE/FF: Tissue content < 40%; Tumor cellularity < 20%
FF Tissue	• DNA only specimens may be shipped at 4 °C	
FFPE Tissue	• Ship at room temperature	<ul style="list-style-type: none"> • Collected > 14 days ago
2 Blood Streck Tubes	• Ship at room temperature	

CHECKLIST

- A completed requisition has been sent with the specimen/s
- A pathology report has been sent with the specimen/s
- Any available genomic (single gene or panel) profile report/s has been sent with the specimen/s

Please provide the following information:

Tissue content: _____ **Tumor cellularity:** _____ **Pathologist's Name:** _____

Shipping Address

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Hematology Translational Lab (HTL)
 HMRB 336, 3330, Hospital Drive NW,
 Calgary, AB, CANADA T2N 4N1

For HTL Laboratory Use Only

Sample Received (YYYY-MM-DD) (AM/PM)
 Specimen type
 #Tubes / Amount
 Lab Acc.#

