CAP #7186701 CLIA #99D1030993

DIATECH ONCOLOGY REQUISITION FORM

FAX COMPLETED REQUISITION TO 514-398-4939

Patient Name:		Institution/Hospital:
Patient's Sex: ☐M ☐F	Patient D.O.B.: (mm/dd/yyyy)	Referring Physician: Phone/Fax: Email:
Patient's Unique Identifier Number – (UHC Subscriber Number):		Physician performing biopsy: Phone/Fax: Email:
Sender Specimen #:		Send Report To:
ICD9 code:		Date/Time collected: ☐ am ☐ pm

Specimen Type: ☐Whole Blood ☐Bone Marrow ☐ Lymph node

☐ Tumor biopsy (specify site): _____ ☐ Other (specify): _____

PATIENT'S DIAGNOSIS

1. Original diagnosis (please specify subtype of the malignancy and staging):
2. Date the original diagnosis was made:
3. Is this the first presentation or relapse?
4. If prior systemic therapy was used, please describe:
   a. chemotherapeutic agents used (if known):
   b. patient's response to the treatment (CR, PR, No response):
   c. date of the most recent course of chemotherapy:
5. a. Drugs preferred to be tested:
   b. If cells are available, also test:
   c. Do not need to test:

BILLING INFORMATION

Face sheet and front/back of insurance card MUST BE attached or you will be contacted for billing information

Responsible Party	Responsible Party S.S. #		
Responsible Party Billing Address	City	State/Province	Zip Code
Responsible Party Telephone Number	Relationship to Patient ☐ Self ☐ Spouse ☐ Other:	Patient Birth Day	
Responsible Party Place of Employment	Employment Address	Business Telephone	

Type of billing: ☐ **Visa** ☐ **Master Card** ☐ **UnitedHealthcare Commercial Patient (Lung, Breast, Colon)**

Number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Exp. Date _ _ / _ _

INFORMED CONSENT FORM

To the patient. Since you were diagnosed with a cancer, your physician has ordered the MiCK assay to determine the sensitivity of your tumor cells to chemotherapy drugs. Specimens submitted for the MiCK assay may contain more cells than required for the test. The tumor cells not used for the MiCK assay are stored under special conditions at low temperatures. They may be used in the future for research purposes. Results of the research may be published, or used commercially in the area of new anti-cancer drug development. To assure your privacy, should the results of the studies be published, you will be referred to only by number. Your signature below indicates that you agree to these terms.

Patient Signature Date Signature of witness(es) (when applicable) Date