

OmniSeq Test Requisition Form

Ordering Provider Information

Provider Name: _____
Licence#: _____
Hospital/Practice Name: _____
Street Address: _____
Number Street Suite #
City Province Postal Code
Tel: _____ Country: _____
Fax: _____ Account: **Dynacare, 3885, boul. Industriel, Laval (QC) H7L 4S3**
Email Address: _____

Patient Information

Last Name: _____ First Name: _____
Date of Birth: _____ Sex at Birth: F M
Street Address: _____
Number Street Apt #
City Province Postal Code
Tel: _____ (primary) Tel: _____ (secondary)
Patient Email: _____
Health Insurance No.: _____
Reference No.: _____

Copy To (Send Copy Of Report)

Name/credentials: _____ Licence#: _____
Address: _____
Number Street Suite # City Province Postal Code
Tel: _____ Fax: _____

Test/Service Requested

- OmniSeq INSIGHTSM Assay** DNA & RNA-Seq for targeted therapy, TMB, MSI, PD-L1 and gene expression for immune therapy
 Please contact the patient for genetic counseling related to this test/clinical indication

Clinical Indication

Diagnosis/Primary Cancer Type

- Lung Breast Colorectal Melanoma Kidney Ovarian Head & Neck
 Other: _____
Stage: _____ History/Clinical Information: _____

Specimen Information (If tumor is to be procured by Dynacare please fax this form to 905-697-1415)

Facility Where the block/Slides Are Located _____ Date of Procedure _____
Specimen ID#(s) _____ Specimen Source (ie. lung, colon, etc.) _____
 I authorize Dynacare to procure tumor sample from above location

Dynacare Billing

- Patient (please include completed payment form) Ministry (please include authorization letter)
 Institution Account # _____ or contact us for account setup at 888.988.1888

Provider Signature

Signature: _____ Date: _____

NOTICE: This requisition constitutes an order for services by me, as a licensed medical provider. I certify the medical necessity of OmniSeq® testing and the intent to use the results in the medical management and treatment decisions for the patient. I understand that the selection of any, all or none of the matched therapies reported by OmniSeq INSIGHT resides solely with the treating physician. Associated therapies may or may not be suitable for administration to a specific patient. Neither OmniSeq, Inc., nor Dynacare promises or guarantees that a specific drug may be effective in the treatment of the tested patient's disease, or that a drug with potential lack of benefit may not provide clinical benefit to the tested patient. As the ordering physician, I have explained to the patient about the need for molecular testing and the requirement that their specimen will be sent to a laboratory located in the United States which requires that their personal information, including but not limited to name, date of birth and the test result itself will be part of the data file. Personal information held in the United States could be subject to disclosure to government or other authorities under the Patriot Act. I understand that I may be contacted by the Dynacare genetic counselling team via email regarding testing ordered by me.

Send completed requisition, copy of specimen pathology report and block/slides to:

Please note that slides will not be returned. Any remaining tissue from blocks will be returned.

**Dynacare Molecular and Cellular Pathology
115 Midair Court, Brampton, Ontario,
Canada, L6T 5M3 888.988.1888**