

OmniSeq Specimen Instructions and Packing Sheet

This form is to be completed by pathology lab providing the tumor sample.

Patient Information

Last Name: _____ First Name: _____

Date of Birth: _____
YYYY/MM/DD

Requested Sample

Specimen ID: _____ For Clinical Use Only Collection Date: _____ / _____ / _____
Year Month Day

Tissue Submission Guidelines

Specimen must be labeled with the following patient identifiers: **block ID, patient name and date of birth.**

**PLEASE INCLUDE THE PATHOLOGY REPORT.
DO NOT SUBMIT Decalcified Specimens, Hematologic malignancies, or Cytology Smears**

Specimen Requirements

OmniSeq INSIGHTSM Assay

Block; or

20 unbaked, positively charged, unstained slides cut at 5 um

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

Recommended Specimen Submission

Specimens with very small amounts of tumor and/or less than requested number of slides will be accepted with the caveat that complete testing may not be possible. **Specimens should be selected by a board-certified pathologist and should contain neoplastic tissue.** It is recommended that USS are cut using standard DNA/RNA precautions (change microtome blade, wipe stage, never re-use blade for more than one case and remove floaters in water bath between cases).

Transportation Requirements

FFPE blocks are stored at room temperature and shipped with no special precautions, except when daily outside temperatures exceed 35°C, and then ship with cool packs to avoid paraffin meltdown. No special requirements for slide shipment.

SHIPPER: Please complete information below

If all specimens are labeled with the same identifier, please enter one line with appropriate quantity; otherwise please record each unique sample ID. Please include a copy of the pathology report.

Specimen ID: _____ Quantity of Blocks or Unstained Slides: _____ Collection Date: _____ / _____ / _____
Year Month Day

Ship to:

Dynacare
Molecular and Cellular Pathology
115 Midair Court
Brampton, Ontario, Canada, L6T 5M3
Tel: 888.988.1888 Fax: 905.697.1415

FOR OMNISEQ LAB USE ONLY

DATE RECEIVED: _____ TIME: _____

LAB ID#: _____