

(To Be Completed by MGP Staff)

Received Date Accession #

## PancreaSeq® Genomic Classifier (GC) Test Requisition Form

*Pancreatic Cyst Fluid Test: 74 genes for mutations, copy number alterations, gene fusions and gene expression, NGS, and CEACAM5 (CEA) mRNA expression, qRT-PCR*

### PATIENT IDENTIFICATION

Last Name		First Name		M.I.	SSN/MRN
Birthdate (mm/dd/yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Diagnosis	ICD-10 Code(s)		Surgical Path/Cytology #

### CLIENT INFORMATION

Requesting Institution, Physician Name	
Requesting Institution / Physician Address	
Phone Number	Fax Number

### BILLING INFORMATION

Institution Responsible For Payment	
Billing Address	
Phone Number	Fax Number

### SPECIMEN INFORMATION

**Submitted Specimen(s):**

- Specimen(s) must be collected in approved vials containing MGP *Preserve* solution.
- Please indicate the submitted specimen type and sample collection date.
- Complete specimen detail box(es) below.
- Endoscopy or cytology report is **required** and must be submitted with specimen(s).

SUBMITTED SPECIMEN(S)	SAMPLE COLLECTION	PATIENT INFORMATION LABEL
<input type="checkbox"/> Pancreatic Cyst Fluid <input type="checkbox"/> Pancreatic Duct Fluid <input type="checkbox"/> Pancreatic Solid Mass <input type="checkbox"/> Other _____	Sample Collection Date: (mm/dd/yyyy)  ____/____/____	Place patient information label here, if applicable. You do not need to fill out the patient information above if all information is included on label in this area.

<p><b>Specimen 1:</b></p> <p>Cyst Location: <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Body <input type="checkbox"/> Tail <input type="checkbox"/> Duct</p> <p>Cyst Size: _____ cm (greatest diameter)</p> <p>Other / Comment: _____</p> <p><b>Specimen 2:</b></p> <p>Cyst Location: <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Body <input type="checkbox"/> Tail <input type="checkbox"/> Duct</p> <p>Cyst Size: _____ cm (greatest diameter)</p> <p>Other / Comment: _____</p>	<p>Copy of Endoscopy or Cytology Report Required</p>
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