

## CONTACT INFORMATION (REPORTING)

RESULTS WILL BE SENT TO THE PI/CLIENT LISTED

INSTITUTION \_\_\_\_\_

LAST NAME \_\_\_\_\_

PREFIX _____	FIRST NAME _____	MI _____
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QUOTATION NUMBER (REQUIRED) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

STREET ADDRESS LINE 2 \_\_\_\_\_

CITY \_\_\_\_\_

STATE _____	ZIP CODE _____	COUNTRY _____
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PRIMARY PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

## INSTRUCTIONS

Please fill out the test requisition form making sure to include the quotation number. Once completed, print out a copy to include with the sample and/or hard drive(s) and send electronically to **lab@personalgenome.com** along with the completed excel sample manifest.

## DATA REQUEST Pricing as specified in quotation

<p>WOULD YOU LIKE TO ORDER THE RAW DATA FOR YOUR PROJECT?</p> <p><input type="radio"/> YES    <input type="radio"/> NO</p> <p><input type="radio"/> FASTQ OR <input type="radio"/> BAM</p>	<p>IF SHIPPED - PROVIDE SHIPPING ADDRESS:</p> <p><input type="radio"/> SAME AS CONTACT INFORMATION</p> <p>FULL NAME _____</p> <p>EMAIL ADDRESS _____</p> <p>STREET ADDRESS _____</p> <table border="1"> <tr> <td>CITY _____</td> <td>STATE _____</td> </tr> <tr> <td>ZIP CODE _____</td> <td>COUNTRY _____</td> </tr> </table> <p>PHONE NUMBER _____</p>	CITY _____	STATE _____	ZIP CODE _____	COUNTRY _____
CITY _____	STATE _____				
ZIP CODE _____	COUNTRY _____				
<p>DELIVERY PREFERENCE:</p> <p><input type="radio"/> SHIPPED ON A DRIVE</p> <p>OR</p> <p><input type="radio"/> AS OTHERWISE SPECIFIED: _____</p>					

## AVAILABLE NEXT-GENERATION SEQUENCING ANALYSES

<p><b>TISSUE</b></p> <p><input type="radio"/> CancerSELECT™ R125</p> <p><input type="radio"/> CancerXOME™</p> <p><input type="radio"/> RNAcomplete™</p> <p>    <input type="radio"/> COEXTRACTION</p> <p>    <input type="radio"/> CancerXOME™ &amp; COEXTRACTION</p> <p>    <input type="radio"/> ImmunoSELECT™ &amp; COEXTRACTION</p> <p><input type="radio"/> ImmunoSELECT™</p> <p>    <input type="radio"/> CancerXOME™ &amp; NEOANTIGEN ANALYSIS</p> <p>    <input type="radio"/> NEOANTIGEN ANALYSIS ONLY*</p>	<p><b>PLASMA</b></p> <p><input type="radio"/> MetDETECT™</p> <p><input type="radio"/> PlasmaSELECT™ R64</p> <p>    <input type="radio"/> SEQUENCE MUTATION ANALYSIS</p> <p>    <input type="radio"/> STRUCTURAL ALTERATION ANALYSIS</p> <p>    <input type="radio"/> SEQUENCE MUTATION AND STRUCTURAL ALTERATION ANALYSIS</p> <p><input type="radio"/> CUSTOM PROJECT: _____</p> <p><small>*If analysis only, indicate PGDX # if previous exome analysis completed at PGDX.</small></p>
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## COMMENTS

SAMPLE TYPES	TUMOR	QUANTITY	NORMAL	QUANTITY
FFPE	<input type="radio"/>		<input type="radio"/>	
Frozen	<input type="radio"/>		<input type="radio"/>	
DNA*	<input type="radio"/>		<input type="radio"/>	
Xenograft	<input type="radio"/>		<input type="radio"/>	
Other _____	<input type="radio"/>		<input type="radio"/>	
Cell Line	<input type="radio"/>		<input type="radio"/>	
Plasma/Serum	<input type="radio"/>		<input type="radio"/>	
Whole Blood	N/A		<input type="radio"/>	

\*For DNA samples, please provide % tumor cellularity on sample manifest

## PGDX (FOR INTERNAL USE ONLY)

NORMAL	PGDX ID NUMBER	INITIALS	DATE OF RECEIPT
	COUNT	SAMPLE TYPE	TEMPERATURE
TUMOR	PGDX ID NUMBER	INITIALS	DATE OF RECEIPT
	COUNT	SAMPLE TYPE	TEMPERATURE