

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>TISSUE</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™ & COEXTRACTION</p> <p> <input type="radio"/> ImmunoSELECT™ & COEXTRACTION</p> <p><input type="radio"/> ImmunoSELECT™</p> <p> <input type="radio"/> CancerXOME™ & NEOANTIGEN ANALYSIS</p> <p> <input type="radio"/> NEOANTIGEN ANALYSIS ONLY*</p>	<p>PLASMA</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