



# Penn Medicine

Center for Personalized Diagnostics

**Fax form to:** 215.898.9817  
**Phone:** 215.615.3966 (8:30AM-5:00PM EST)  
**Send specimen to:**  
 Hospital of the University of Pennsylvania  
 3020 Market Street, Suite 220  
 Philadelphia, PA 19104

## \* Required Information

First Submission ☐ Repeat Study ☐

PATIENT INFORMATION			
First Name*	Last Name*	Patient Gender*	Reported Ethnicity
		<input type="checkbox"/> M <input type="checkbox"/> F	
DOB*	Medical Record #	Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/>	

SAMPLE INFORMATION	PHYSICIAN INFORMATION	PHYSICIAN TO BE COPIED
Specimen I.D.*	NAME*	NAME
FFPE Block ID      Tumor %	UPHS <input type="checkbox"/> Other <input type="checkbox"/>	UPHS <input type="checkbox"/> Other <input type="checkbox"/>
Collection Date*      Stage	Phone*	Phone
Specimen Site*	Email	Email
Diagnosis*	Fax*	Fax
ICD10 Code(s)*		
Known prior or tandem outside studies <input type="checkbox"/> Y <input type="checkbox"/> N		
Prior bone marrow transplant <input type="checkbox"/> Y <input type="checkbox"/> N		
<b>SAMPLE TYPE*</b>	<b>PATHOLOGY INFORMATION (TO RETURN TISSUE BLOCK)</b>	
Contact your Pathology Dept. to release	Name	Phone
<input type="checkbox"/> Bone Marrow in EDTA (purple top)	Hospital/Institution	Email
<input type="checkbox"/> Blood in EDTA (purple top)	Address	Fax
<input type="checkbox"/> FFPE Tissue		
<input type="checkbox"/> Tissue/Fluid in PreservCyt		
<input type="checkbox"/> DNA (note concentration and volume)		

BILLING INFORMATION		
<b>Check One:</b> <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare-Part B <input type="checkbox"/> Hospital/Institution	<input type="checkbox"/> <b>Self-Pay:</b> credit card info required	
Primary Insurance	Group #	Name on credit card
Institution Name	Discharge Date	Card Holder Address
Policy #	Insured DOB	Credit Card #
Insured Name		Exp. Date
Patient relationship to the insured	<b>Note:</b> Include front/back of insurance card and/or face sheet	Security Code
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		

TEST(S) ORDERED (CHECK BOX(ES)) *
NOTE: See <a href="http://pathology.med.upenn.edu">pathology.med.upenn.edu</a> for full gene lists
<input type="checkbox"/> PennSeq™ Solid Tumor Panel <input type="checkbox"/> PennSeq™ Hematological Malignancies <input type="checkbox"/> Fusion Transcript Panel <input type="checkbox"/> Targeted Expedited Molecular Profiling (TEMP) <input type="checkbox"/> PennSeq™ Comprehensive Panel (Heme + Solid genes)
<b>Please attach the following:</b>
<input type="checkbox"/> Copy of recent pathology/cytology reports <input type="checkbox"/> Test results from all other Molecular Diagnostics Assays by FISH, IHC or other genetic assays
<b>Comments</b>
<b>Physician Signature*</b> _____ <b>Date*</b> _____

	Bone Marrow	Peripheral Blood	Isolated Genomic DNA	FFPE Tissue	Tissue or fluid in PreservCyt
PennSeq™ Hematological Malignancies Panel	X	X	X	X	X
PennSeq™ Solid Tumor Panel	X	X	X	X	X
Fusion Transcript Panel				X	X
Targeted Expedited Molecular Profiling (TEMP)				X	X

**NOTE:**

- Given the analytical sensitivity of the tests, specimens must contain a minimum of 10% tumor nuclei across the entire tissue.
- Submitted specimens must contain a copy of the corresponding pathology report.

**Specimen Type: Bone Marrow**

**Requirements:** 2-4 cc drawn in an EDTA (purple-top) tube.

**Transport Conditions:** Transport with cold packs in an insulated container by same day or overnight courier. Do not freeze. Specimens should arrive in the laboratory within 48 hours of collection.

**Specimen Type: Peripheral Blood**

**Requirements:** 3-5 cc drawn in an EDTA (purple-top) tube. (White blood cell count > 10,000 cells/mL with at least 10% circulating blasts or malignant cells.)

**Transport Conditions:** Transport with cold packs in an insulated container by same day or overnight courier. Do not freeze. Specimens should arrive in the laboratory within 48 hours of collection.

**Specimen Type: Formalin Fixed, Paraffin Embedded Tissue (FFPE Tissue)**

**Requirements:** When less than 40% tumor nuclei in sample: 15 unstained 5 µM FFPE slides containing adequate amounts of tumor to be analyzed. Areas containing tumor must be marked on an adjacent H&E slide. Greater than 40% tumor nuclei in sample: 9 rolls cut at 10 µM and placed 3 each in 3x1.5 mL tubes. Alternatively, the tissue block can be sent for process and evaluation. All samples must come with a corresponding H&E slide from the top and bottom of the sample. All samples must include a copy of the surgical pathology report. Specimens fixed or processed with alternative fixatives may result in DNA that fails QC and therefore will be rejected. Specimens containing less than 10% total tumor nuclei will also be rejected.

**Transport Conditions:** Transport at ambient temperature in an insulated container by same day or overnight courier. Do not heat or freeze. Avoid direct exposure to light.

**Specimen Type: Isolated Genomic DNA**

**Requirements:** Must be isolated in a certified CLIA laboratory. 20 µL at a minimum of 35 ng/µL determined by a fluorescent based assay (i.e. Qubit, picogreen). All DNA received by the laboratory not meeting our quality control standards will not be tested and an inadequate specimen report will be generated.

**Transport Conditions:** Transport with cold packs or frozen in an insulated container by same day or overnight courier.

**Specimen Type:** Tissue in PreservCyt - Fine Needle Aspirate Rinse Material containing Malignancy (confirmed with on-site evaluation by Penn Medicine cytopathology or final interpretation)

**Requirements:** PreservCyt vial prepared for potential molecular testing from Cytopathology sent within three weeks of original collection date. (Note, FNA cell blocks if adequate can be utilized longer than 3 weeks).

**Transport Conditions:** Transport with cold packs in an insulated container by same day or overnight courier. Do not freeze. Specimens should arrive in the laboratory within 48 hours of collection.

**Specimen Type: Fluid in PreservCyt - Malignant Effusions, Liquid**

**Requirements:** Minimum of 20 cc PreservCyt vial prepared for potential molecular testing from Cytopathology sent within three weeks of original collection date. (Note, a malignant effusion cell block if adequate can be utilized longer than 3 weeks; follow formalin fixed, paraffin embedded tissue specimen type).

**Transport Conditions:** Transport with cold packs in an insulated container by same day or overnight courier. Do not freeze. Specimens should arrive in the laboratory within 48 hours of collection.

