

Test requisition form for the
Pervenio Lung NGS Panel
Pervenio Cell-Free NGS Assay for NSCLC

Thermo Fisher Scientific: Life Technologies™ Clinical Services Lab

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Complete all fields below and attach the pathology report and front and back of the insurance card(s).

Please fax to 855-896-0909. See reverse for specimen requirements.

1. Ordering provider information			
Name:		NPI:	
Organization:			
Address:			
City:	State:	ZIP:	
Phone:	Fax:		
Email:			
3. Additional recipient			
Name:		NPI:	
Organization:			
Address:			
City:	State:	ZIP:	
Phone:			
Fax:			
5. Specimen information			
Primary tumor site:		Specimen site:	Date/time of collection:
Specimen type:	Block	Slides	Plasma
Other	Other		
Archive retrieval date:		ICD-9/10 codes listed:	
Date of collection:		Specimen ID:	
Permission to exhaust block only if necessary: Yes No			
6. Billing information			
Bill: Insurance Medicare Patient Hospital/facility		Relationship to insured: Self Spouse* Dependent* Other*	
Patient status: Inpatient* Outpatient Nonhospital patient		* Please complete the following information:	
* If inpatient, provide hospital discharge date:			
Primary insurance:		Insured name:	
Subscriber ID:		Insured date of birth:	
Group #:		Insured address (if different from patient):	
Secondary insurance: Yes No If yes, please attach.		City:	State:
			ZIP:
7. Test ordered			
Pervenio Lung NGS Panel*		* Please perform confirmatory testing by FISH if an ALK translocation is detected. By checking this box, I understand that an additional 3-4 days and an additional three 4 µm slides will be required.	
Pervenio Cell-Free NGS Assay for NSCLC			
Comments/special requests:			
8. Certificate of medical necessity, consent, test authorization, and physician signature			
The patient consents to: (1) Testing of the specimen in accordance with the Test Requisition Form, (2) The use of the specimen and resulting data for quality assurance and related purposes, (3) The use of the specimen and resulting data in connection with the further evaluation of the assay used herein and the development or modification of additional assays, (4) The use of the deidentified specimen and resulting data in additional research and development by Life Technologies Clinical Services Lab, and (5) Submission of the test results to third parties as needed in connection with seeking reimbursement.			
9. Ordering provider's signature			
Signature:			Date:
LIFE TECHNOLOGIES CLINICAL SERVICES LAB USE ONLY			
Accession No.:	Specimen ID:	Date specimen received:	Received by Signature:

Specimen requirements

Pervenio Lung NGS Panel

Next-generation sequencing (NGS)

TEST DESCRIPTION:

The Thermo Scientific™ Pervenio™ Lung NGS Panel is an NGS-based test that detects genomic alterations in solid tumor cancer–related genes in patients with non–small cell lung cancer (NSCLC).

- Mutations in the following genes are assessed by NGS: *AKT1, ALK, BRAF, CTNNB1, DDR2, EGFR, ERBB2, ERBB4, FBXW7, FGFR1, FGFR2, FGFR3, KRAS, MAP2K1, MET, NOTCH1, NRAS, PIK3CA, PTEN, SMAD4, STK11, TP53*
- Translocations in the following genes are assessed by NGS: *EML4/ALK, RET, ROS1, NTRK1*

SAMPLE REQUIREMENTS:

- The specimen must be NSCLC

BLOCK:

- Submit a single FFPE block containing the highest percentage of tumor

SLIDES:

- Ten 7 µm unstained sections mounted on slides must be submitted for each specimen to be tested
- Each slide must be clearly labeled with the institutional FFPE block number

Pervenio Cell-Free NGS Assay for NSCLC

TEST DESCRIPTION:

The Thermo Scientific™ Pervenio™ Cell-Free NGS Assay is designed to detect somatic DNA variants, copy number variants (CNVs), and gene fusions in cell-free total nucleic acid (cTNA) derived from whole blood.

- Mutations in the following genes are assessed by NGS: *AKT1, ALK, AR, ARAF, BRAF, CHEK2, CTNNB1, DDR2, EGFR, ERBB2, ERBB3, ESR1, FGFR1, FGFR2, FGFR3, FGFR4, FLT3, GNA11, GNAQ, GNAS, HRAS, IDH1, IDH2, KIT, KRAS, MAP2K1, MAP2K2, MET, MTOR, NRAS, NTRK1, NTRK3, PDGFRA, PIK3CA, RAF1, RET, ROS1, SF3B1, SMAD4, SMO, APC, FBXW7, PTEN, TP53*
- Translocations in the following genes are assessed by NGS: *ALK, BRAF, ERG, ETV1, FGFR1, FGFR2, FGFR3, MET, NTRK1, NTRK3, RET, ROS1*
- Splicing alterations in the following genes are assessed by NGS: *MET exon 14 skipping*
- CNVs in the following genes are assessed: *CCND1, CCND2, CCND3, CDK4, CDK6, EGFR, ERBB2, FGFR1, FGFR2, FGFR3, MET, MYC*

SAMPLE REQUIREMENTS:

- The specimen must be NSCLC
- Plasma obtained from two 10 mL K₂EDTA (lavender top) tubes at a minimum
- Whole blood should be processed within 6 hours post-collection
- Whole blood samples should be spun for 10 minutes at 1,000–2,000 x g in a refrigerated centrifuge
- Plasma should be separated from whole blood after centrifugation is completed, taking care not to disturb the buffy coat

SHIPPING INSTRUCTIONS:

- Ship priority overnight Monday–Thursday (no Friday shipments)
- Ship on an ice pack or frozen in dry ice
- Notify clientservices.lifesci@thermofisher.com (no protected health information) or fax 855-896-0909 with tracking information

More information

For more information or to order kits, please call **888-734-8588** from 9 a.m. to 5 p.m. PT, Monday–Friday; email clientservices.lifesci@thermofisher.com; or go to our website at lifelabdx.com. The forms and specimen requirements can also be downloaded and printed from lifelabdx.com.

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