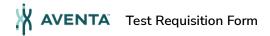


Patient Information														
First Name		MI	Last Nan	lame			Medical Record #		С	DOB			Sex	
												O Male O Female		
Address			City			State	Postal Code	Count	ry		Primary	Phon	ie	
Patient Medical Histo	nrv.				Diagnosis					Disease St	atus /Se	lect	all that apply)	
Primary ICD-10	J1 Y	Stage	9	_	Colorectal Ca	arcinoma	0.1	ISCLC		O Metastatio	•		O Recurrent	
		5-												
Prior / Current Therapies	(Optiona	l)		C) Breast	O Pros	tate O N	/lelanoma		O Refractory	/		O Relapse	
				С) Ovarian	O Othe	er	·			O None		O Progression	
Attachments														
O Copy of recent pathology/cytology reports including (if available), CBC/differential, BMA differential, FAB classification. O Test results from all other Molecular Diagnostic Assays by FISH, IHC, or other genetic assays, e.g., ER, PR, HER2, EGFR, KRAS, etc.														
CDC/amerendat, DMA ame	i ciidat, i i	AD classificat	1011.				diei genede asse	ays, c.g., Lix, i i	I IL	INZ, LOI IN, INI	(A), ctc.			
Ordering Physician Inf	ormatio	n												
Facility Name							Physician Na	me						
Address							Phone	Phone			Fax			
City		State	F	Postal Code			Email							
To all a Zouthan (1997)				1			If you what :-	the facility's	ot: · ·	ele ototuo usial	h +ho ==±:			
Is the facility a hospital, ho access hospital or ambulat	•			oritical O No O Yes →			O In-Network	If yes, what is the facility's net				O Unknown		
	, Juigh			1			O m-Metwori	N .		O Out-of-Network			O OTINIOWII	
Genomic Test				De	scription					Accepted Sp	pecimen	Type		
O Aventa FusionPlus Tes	st				•	st with a cli	nical report cove	ring 361	_	FFPE Tiss		.,,		
							nors across multi	•		0 10 x 5 μm		sue S	ections	
				typ	es.									
6 . 5														
Specimen Retrieval Submitting Pathologist Na	me	Pathology	/ Lab Name		E	mail		Phone				F:	ax	
Submitting Fathologist Nai	ille	ratifology	/ Lab Ivallie			ilait		Filone				1 '	34	
☐ I am requesting a specifi	ic specime	en								Shipm	ent:			
Collection Date (MM/DD/YYYY) Specimen ID				Site o			of Biopsy			☐ I will arrange for specimen shipment			ecimen shipment	
										☐ Con	tact the p	atholo	ogy lab to obtain specimen	
☐ I will let the pathologist ☐ I am providing FFPE bloc			ack of form											
ram providing FFE bloc	on recuiii		.ck of follil											
Insurance Billing Infor	mation													
O Medicare – Part B:		V Attached		Medic	are Policy ID		*Patient status	at the time		Office (non-h	nosnital I		☐ Not yet discharged	
O Miculcuit - Fait D.	□ *ABN Attached (If required, see back)			-			of specimen collection:			☐ Office (non-hospital☐ Outpatient☐ Inpatient:☐ Inpat			- Not yet distributed	
		(,										\rightarrow	Discharge date	
												<u> </u>		
O Insurance:	Plan Name			Policy #			Group #	1			Prior Authorization #			
								•						
O Solf Page	Conta	t Name				Email				Phor				
∪ seu-ray:	O Self-Pay: Contact Name			Email							IE			
O Hospital / Institution: O Same as treating physician Address														
City		State			Postal Code			Fax						
Submission Checklist		Physician 9	Signatura	and	etter of Mo	dical Nos	essity							
								lly necessary for t	he pa	tient, certifies tl	nat the resu	lts of t	his test will inform the patient's	
☐ Most recent office note		ongoing treatm	nent plan, and	d certifie	es that I am the p	atient's treati	ng physician. I have	explained to the	patier	nt the nature an	d purpose o	f the t	est(s) to be performed and have	
obtained informed consent, to the extent required under applicable law, to permit Aventa Genomics, or any laboratory with which Aventa Genomics is contracted, the test(s) specified herein, (b) analyze and report on other genetic information generated during the testing process or conduct additional analyses of the patient's														
Copy of insurance cards							erated during the testing process,							
for an indefinite period for internal quality assurance/operations purposes, (d) remove information that directly identifies the patient from the test results, tis genetic material, including DNA and RNA information generated during the testing process, and use or disclose such information and materials for future ur														
	genetic material, including DNA and RNA information generated d or other purposes, and (e) release the test results and related patie				=									
		or other purpos	ses, and (e) re	elease th	he test results an	nd related pat	ient information to t	the patient's third	-party	payer as neede	ed for reimb	ursem	ent purposes.	
		Ordering Ph				nd related pat	ient information to t	the patient's third	-party	payer as neede	ed for reimb	Date		

T: 1.689.788.4080

F: 1.866.960.9960



FFPE Block Return Information									
Return address	City	State		Postal Code	Country				
Email	Phone			Fax					

Additional Case Information		

Test Description

The Aventa FusionPlus test utilizes a method known as HiC sequencing which is designed specifically to capture a genome's sequence and structure (three-dimensional conformation). FFPE tissue sections are dewaxed and rehydrated. Then the cross-linked chromatin is digested using a restriction enzyme (RE) cocktail. The 5'-overhangs are then filled in with a biotinylated nucleotide. Next, spatially proximal digested ends of DNA are ligated, capturing the sequence and structure of the genome. The ligated DNA is then purified, producing pure proximally-ligated DNA. The proximally-ligated DNA is then fragmented, and the biotinylated fragments are enriched. DNA libraries are then prepared from these enriched libraries. Finally, libraries are sequenced in a "paired-end" mode.

Secondary Analysis Methods:

The resulting data is processed using the Arima-SV Pipeline. The pipeline is used for calling and visualizing Structural Variants (SV). This pipeline preprocesses the data using HiCUP (Wingett et al. 2015) and calls SV's using hic_breakfinder (Dixon et al. 2018). The SV's are manually curated and processed to create a single VCF file that is directly ingested into CGW.

Sample Requirements

This testing service requires 10 x 5µm FFPE tissue sections, scrolls or tissue block and an H&E stained tissue section.

For information on ICD codes

Visit this website: https://icd10cmtool.cdc.gov/