

**Completion of Requisition May Require Consultation with Your Pathology Department**

**Contact Quest/PhenoPath at 888-927-4366 or via email (lab@phenopath.com) at any point if you have questions**

**A. If Requisition Form Will be Sent Together With the Patient Specimen:**

If needed, contact Quest/PhenoPath at 888-927-4366 or [lab@phenopath.com](mailto:lab@phenopath.com) for transport kit, shipping supplies, and pre-paid air bills. Additionally, your pathology department might have their own kits and shipping process that can be used if preferred.

1. To package the specimen, place the following in the appropriate transport kit:
  - a. Completed Quest/PhenoPath requisition form (see page #2 attached)
  - b. Copy of pathology report(s) that corresponds to specimen(s)
  - c. Copy of any other relevant clinical data/reports (previous and presumptive diagnosis)
  - d. Specimen(s) for testing/consultation as defined on the requisition form in the REQUIREMENTS box
  - e. H&E of specimen to be tested, if available
2. Ship the transport kit
  - a. If using the Quest/Phenopath supplied kit:
    - i. Place transport kit in FedEx Clinical Pak and seal
    - ii. Adhere air bill to FedEx Clinical Pak
    - iii. Call FedEx (1-800- GoFedEx) to schedule pick-up or have your package picked up with your regularly-scheduled FedEx pick-up
  - b. If using another kit and shipping process:
    - i. Follow your usual protocol and have the kit shipped to:  
Phenopath  
1737 Airport Way South, Suite 201  
Seattle, WA 98134-1636  
888-927-4366

**B. If Requisition Form Will be Sent Without the Specimen (i.e., Phenopath/Quest Support Needed to Transfer Specimen)**

1. Complete the Quest/PhenoPath requisition form (see page #2 attached).  
***IMPORTANT: Be sure to specify the specific facility where the specimen is located. Please include contact information.***
2. Send the completed requisition form along with the pathology report to Quest/PhenoPath via
  - a. Fax: 1-206-347-9009
  - b. Secure Email: [lab@phenopath.com](mailto:lab@phenopath.com)
3. Quest/PhenoPath will reach out to the facility where the specimen is located to coordinate transfer of tissue to Quest/PhenoPath for testing

**US WorldMeds® MAGE-A4 SPONSORED  
TESTING REQUISITION FORM (TRF) FOR  
SYNOVIAL SARCOMA**

**SPECIMEN INFORMATION (As much information as possible)**

Specimen Location		Ordering Institution Name	
		Add1	
Specimen Location Phone Number	Specimen Location Fax Number	Add2	
Specimen Location Email	Collection Date	City, State, Zip	
Specimen ID	Sublabel	Specimen Source	Phone FAX#
			Ordering Physician Name NPI#
			Ordering Physician Email
			Ordering physician signature, credentials & date requested:
			By signing this form, Ordering Physician attests that: (a) he/she is authorized by law to order this test, (b) that the patient meets program eligibility criteria (see below), (c) they have provided written notices of its privacy practices to patients and have obtained consents and authorizations from its patients as may be required by privacy laws or other state and federal laws to enable PhenoPath to receive and process the patient information, perform the requested testing services, and report the results.
			<b>Program Eligibility Criteria:</b> Through this program sponsored by USWM, CT LLC (US WorldMeds), eligible patients receive MAGE-A4 testing at no cost if they meet the following eligibility requirements: <ul style="list-style-type: none"> <li>• Patient has synovial sarcoma, AND</li> <li>• Patient is being treated in the United States, AND</li> <li>• MAGE-A4 testing is being performed for non-clinical trial purposes, AND</li> <li>• Testing is being ordered by a licensed healthcare provider.</li> </ul> Eligibility for sponsored testing does not depend on test result or treatment decision. Physicians ordering testing will not receive any compensation from US WorldMeds or Quest. Program is not valid where prohibited by law. Quest and US WorldMeds have the right to amend or end the program at any time.

**FAX A COPY OF THE REPORT TO THE FOLLOWING PROVIDERS:  
Include Treating Physician, if not Same as Ordering Physician**

**PATIENT INFORMATION**

Patient Name	Name	FAX
DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	

**CONTACT INFORMATION**

Person completing form
Date Phone

**BILLING**

**US WorldMeds Will Be Billed as Sponsor for Program**

**REQUIREMENTS**

- Pathology report
- 1 (one) Formalin – fixed, paraffin-embedded tumor tissue, either block or 5 unstained sections cut @ 4 um on positively charged slides (1 section per slide)
- Duration of Fixation: 6-72 hours
- Cold Ischemic time: < 30 minutes
- Ship ambient
- Rejection criteria: Decalcified specimens

**REQUEST**

MAGE-A4 1 F9 IHC pharmDx testing for presence of MAGE-A4 biomarker in tissue

Supply Request:  Transport Kit and FedEx Air Bill

Date Sent: \_\_\_\_\_