Test Requisition Form – EAP GenoPredicta™

Predicta

*Indicates a required field

Please include a copy of this form with the shipment (or via email)

LAB-TRF-01 v3.2

PATIENT INFORMATION

*Last:	*First:	MI:	*DOB:	MRN:
*Sex: ☐ Male ☐ Female	Ethnicity:	Phone:	Email:	
*Street Address:		*City:	*State:	*ZIP:
*Diagnosis:		*ICD-10 Dx Code:		

Clinical Status: If known

MGUS ☐ Yes ☐ No

Smoldering Myeloma Amyloidosis ☐ Yes ☐ No

Newly diagnosed Myeloma ☐ Yes ☐ No

Relapsed Myeloma 1-3 lines of therapy ☐ Yes ☐ No

Relapsed Myeloma >3 lines of therapy ☐ Yes ☐ No

*Current anti-CD38 therapy (e.g., daratumumab) ☐ Yes ☐ No

*Prior use of anti-CD38 therapy (e.g., daratumumab) ☐ Yes ☐ No

*Prior allogeneic transplant ☐ Yes ☐ No

Prior autologous transplant ☐ Yes ☐ No

Prior use of BCMA Bispecific ☐ Yes ☐ No

Prior use of BCMA CAR-T ☐ Yes ☐ No

Prior use of GPRC5D Bispecific ☐ Yes ☐ No

Prior use of GPRC5D CAR-T ☐ Yes ☐ No

Note: Samples collected from patients with a history of allogeneic transplantation cannot be accepted at this time.

PHYSICIAN INFORMATION

*Ordering Physician:	*Institution:	*NPI:
*Email (or Fax if unavailable):	Office Contact Email:	*Phone:
*Office Address:	*City, State, Zip:	

SPECIMEN INFORMATION AND RECORD REQUEST

TEST ORDERED: ☑GenoPredicta

***Collection Date (MMDDYYYY):** _____

***Collection Time (HHMM):** _____

Specimen ID #: _____

***Specimen type and requirements (select one):**

Please email, fax, or attach the following along with this form:

* ☐ Notes from last office visit including treatment history

☐ Prior histologic and cytogenetic findings if available

MARROW

☐ **Fresh bone marrow aspirate (BMA):**
One EDTA tube <24 hours old (≥ 2 mL).

☐ **Cryopreserved (viable) bone marrow mononuclear Cells (BMMCs):** ≥ 1 million cells.

BLOOD

☐ **Fresh peripheral blood:**
Three 10 mL EDTA tubes <24 hours old (≥ 10 mL total volume).

☐ **Cryopreserved (viable) peripheral blood mononuclear cells (PBMCs):**
: ≥ 5 million cells.

SHIPPING INSTRUCTIONS

Ship samples "First Overnight" to:

Predicta Biosciences
10 Prospect St, Suite 601
Somerville, MA 02143

Specimens accepted Monday – Friday (midday).
Please do not ship the day before a holiday.

Note: Specimens received outside of standard hours risk being deemed unviable.

For fresh material, ship on pre-frozen cold pack.
For frozen specimens, ship on dry ice.
Detailed instructions available at www.predictabiosciences.com

EARLY ACCESS PROGRAM – Important Information to the Provider

By ordering a no-cost GenoPredicta test as part of the Early Access Program, the licensed provider:

- Understands and agrees that he or she is prohibited from charging the patient or any third-party payor for the laboratory test or for any subsequent interpretation of the test.
- Understands and agrees that he or she has no obligation to order or recommend Predicta Biosciences tests in the future as a condition of his or her patients receiving free tests during this introductory period.
- May not advertise or promote the availability of free laboratory testing to his or her patients generally.

Provider Attestation: This requisition constitutes an order for services. My signature certifies the services requested are medically necessary and will assist in the medical management and treatment of the patient. I have provided information to the patient on the purpose of the testing to be performed, and informed consent has been obtained from the patient or his/her authorized representative, as required by applicable state law. Test results will be made available to me by Predicta Biosciences. Patients (and their personal representatives and designees) may receive their completed test reports from laboratories upon request. Test results may also be released to the patient's third-party payer when necessary, used in internal quality improvement initiatives or de-identified and used for future research.

*Ordering physician Signature:	*Printed Name:	*Date: (MM/DD/YYYY)

10 Prospect Street, Suite 601, Cambridge, MA 02143

Phone: +1 (781) 691-3159 Fax: +1 (857) 855-5272 Email: genopredicta@predictabiosciences.com

Additional copies of this form can be found at https://www.predictabiosciences.com/resources/

Test Requisition Form

Informed Consent

GenoPredicta™

Predicta

Please include a copy of this form with the shipment (or via email)

INFORMED CONSENT FOR PREDICTA BIOSCIENCES TESTS

Your healthcare provider wishes to order laboratory test(s) offered by Predicta Biosciences (a "Test" or the "Tests"), including a Predicta Biosciences' GenoPredicta test (for blood and/or bone marrow). The Test(s) utilize whole genome sequencing (WGS) performed on your biological sample (blood and/or bone marrow) to profile the genetic changes in your cancer cells, and subsequent reports provide information for your healthcare provider to review. The test(s) is/are intended to aid in medical management including therapy selection. Some test results may show one or more "actionable" genomic alterations, which means there may be FDA-approved therapies available for targeting a specific disease subtype, certain clinical trials may be available to you, or genetic information that may impact your ongoing health care management. There is no guarantee that a test report will reveal clinically relevant information or affect your healthcare provider's decision-making. There is a possibility of testing errors, and the results of the Test(s) can be affected by multiple factors including, but not limited to, specimen collection and storage processes. The lack of detection of a specific genomic alteration does not definitively rule out the possibility that the patient carries that said alteration. Detection of an alteration does not necessarily indicate the pharmacologic effectiveness (or lack thereof) of any particular therapy or therapeutic regimen. Decisions regarding your care and treatment, including therapy selection, are solely based on the independent medical judgment of your doctor. If you have any questions or need additional information, please consult your doctor. You confirm that you discussed the Test(s) with your medical practitioner, the reliability of positive or negative test results, and the level of certainty that a positive test result serves as a predictor of a particular disease or condition. Predicta Biosciences is not obligated to re-evaluate a test report based on new medical knowledge that emerges after those results have been sent to your healthcare provider. You consent to the transfer of your tissue samples and the disclosure of your protected health information ("PHI") for treatment purposes to Predicta Biosciences. Submitting your sample for testing is voluntary and you may choose not to have your sample tested. No Predicta clinical testing other than GenoPredicta shall be conducted on your biological sample(s). There are state and federal laws that prohibit discrimination against individuals for the purpose of employment or obtaining health insurance and prohibit insurers and employers from seeking an individual's genetic information without consent. However, it is your responsibility to consider the possible impact of your genetic test results as they relate to insurance rates and your ability to obtain disability and/or life insurance and employment. The federal Genetic Information Nondiscrimination Act (GINA) provides some protections against genetic discrimination. The sample you provided, and the results of the Test(s) performed on such sample shall remain your exclusive property.

You have been provided with information about obtaining genetic counseling prior to giving consent for this testing. You further understand your healthcare provider may recommend consultation with a medical geneticist, genetic counselor and/or a physician after the testing is completed. For a list of medical geneticists and counselors who may be available in your area, please visit the National Society of Genetic Counselors website at nsgc.org.

I consent to have my specimen used anonymously by Predicta Biosciences for the purposes of quality control or for research related to genetic disease and cancer. Although the results of research involving your de-identified test results, specimens, and clinical information may be patentable or have commercial value, you will have no legal or financial interest in any commercial development resulting from the research. You may withdraw your consent to use your test results, specimens, and clinical information for research purposes and/or request the destruction of your specimens or deletion of your information at any time, with the understanding that, to the extent such sample or information has already been de-identified or used, it cannot be destroyed or retrieved. You may request the destruction of your specimens or the deletion of your information by sending an email to genopredicta@predictabiosciences.com.

The healthcare provider ordering the Test(s) shall receive Test results from Predicta Biosciences. You understand that the results of the Test(s) will become part of your medical record and may only be disclosed to individuals and entities who have legal access to this record or to individuals who you designate to receive this information. To request results of Test(s) performed be provided directly to you and/or disclosed to others beyond the healthcare provider ordering the Test(s), please contact Predicta Privacy at +1 (781) 691-3159 or privacy@predictabiosciences.com.

GENOMIC SEQUENCING SECONDARY FINDINGS

The use of your genomic information may reveal one or more findings that are not related to the reason for the test(s), known as secondary findings. Many secondary findings are not related to cancer. Predicta Biosciences will not report secondary findings not related to cancer. Some secondary findings are related to cancer. Predicta Biosciences will provide secondary findings related to cancer because these findings may relate to your or your family's risk for certain cancers and may be beneficial for you and your family. Predicta Biosciences strongly recommends that you seek additional consultation from your doctor or a genetic counselor regarding any secondary results you receive.

I acknowledge that I have been given an opportunity to obtain a copy of Predicta's Notice of Privacy Practices, which could be accessed online at https://predictabiosciences.com/npp. If you would like to receive a copy of our Notice of Privacy Practices by mail/email, please contact Predicta Privacy at +1 (781) 691-3159 or privacy@predictabiosciences.com.

By signing below you confirm that you have read this consent form, that your physician has reviewed with you the purpose, benefits, and limitations of genomic/transcriptomic testing, and that you consent to: a) the release of your specimens and clinical information to Predicta Biosciences for testing; b) the retention and use of your de-identified specimens, test results, and clinical information for as long as deemed useful for research and development purposes, which may be indefinite; and c) to receive secondary findings.

Patient Signature:	Printed Name:	Date:

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