ONCOHELIX

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PATIENT INFORMATION

Name (Last, First) .....

Medical Record # .....

Date of Birth (YYYY/MM/DD):..... Gender: M ◯ F ◯

Address:..... City:.....

Prov./State: ..... Country: ..... Postal/Zip code.....

ORDERING PHYSICIAN INFORMATION

Requesting Physician.....Location/Facility .....

Address.....City ..... Prov./State ..... Country: ..... Postal/Zip code .....

Phone Fax Email Report delivery method: Email ☐ Fax ☐

TEST REQUEST

☐ Thyroid GuidePx®

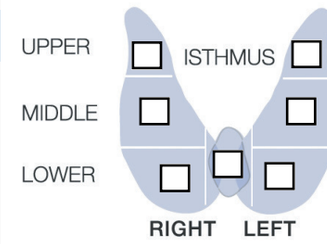
COLLECTION DETAILS

☐ Path report included with TRF (if available)

Collection Date (dd-mmm-yyyy): | Collection Time:

☐ Fine Needle Aspirate	☐ FFPE Block	☐ FFPE Slides
Specimen ID: Tumor Size (cm): Enlarged Lymph Nodes? ☐ Yes ☐ No	Specimen ID: Tumor Size (cm): T Stage: N Stage:	Number of Slides: Specimen ID: Tumor Size (cm): T Stage: N Stage:

Mark on Diagram:



CLINICAL UTILITY (Check one)

☐ The patient is being considered for a total thyroidectomy. A "low risk" result will be used to select more conservative treatments including thyroid lobectomy, radiofrequency ablation and/or active active surveillance.

☐ The patient had a thyroid lobectomy. A "high risk" result will be used to consider a completion thyroidectomy.

☐ The patient had a total thyroidectomy. A "high risk" result will be used to consider radioactive iodine.

PATIENT BILLING INFORMATION

Patient Name..... Phone ..... e-mail.....

Address.....City ..... Prov./State ..... Country: ..... Postal/Zip code .....

TEST AUTHORIZATION, CONSENT & SIGNATURES

I certify that I am the patient's treating physician and that results from this test/s may inform the patient's ongoing/future treatment. I have explained the nature and purpose of testing to the patient and have obtained informed consent, to the extent legally required, to permit OncoHelix to (a) perform the test specified herein, (b) retain de-identified test results as required or permitted by law for internal quality assurance/operational improvement, (c) use/disclose de-identified (without identifiable patient information) results and sequencing data for ongoing/future unspecified research and development purposes.

....
Ordering Physician signature Printed Name Date

I permit OncoHelix & partner lab HTL to (a) perform the test specified herein, that may include de-identified sequencing data analysis performed outside of Canada with final analysis and clinical interpretations by OncoHelix/Qualisure team in Canada (b) retain test results as required or permitted by law for internal quality assurance/operational improvement, reporting, submissions, publication, research or to improve the program and (c) use/disclose de-identified results and sequencing data for ongoing/future unspecified research and development purposes.

..... ☐ ....
Patient's signature **OR** Check for Patient Verbal Consent Printed Name Date

Official Partners: Hematology Translational Lab; Qualisure DIAGNOSTICS INC.

OncoHelix Inc. and Hematology Translational Laboratory are Accredited by the College of Physicians and Surgeons of Alberta (CPSA)

ONCOHELIX

SAMPLE REQUIREMENT & GUIDELINES

Nucleic Acid and Tissue Requirements

DNA	RNA	Biopsy	FFPE	Guidelines
250 ng	150 ng	120 µm or 4 mm^3	Block, scrolls, or slides	• Extracted nucleic acids, fine needle aspirates (FNA), and fresh frozen (FF) or formalin fixed paraffin embedded (FFPE) tissue samples are accepted • 120 µm of FFPE tissue section (4 scrolls of 30 µm thickness) with a minimum of 40% tissue content & 20% tumor cellularity*; or 2-4 FFPE cores of 1-2 mm^3; 10 unstained FFPE slides or 4 mm^3 FF tissue/FNA. *Please call HTL lab if tumour cellularity is <20% and ≥10%

Specimen Type (select all that apply)

- Biopsy: ☐ FF Tissue ☐ FNA
- FFPE: ☐ Block ☐ Scrolls ☐ Slides
- ☐ RNA …… (ng) …… (µL)

General Notes and Quality Recommendations:

- Minimum required nucleic acid concentrations are based on fluorometric estimation with Qubit reagents. A spectrophotometric method (nanodrop) overestimates the amount of nucleic acid and may only be used for the determination of sample purity (260/280 ≥ 1.9 for RNA)
- Nucleic must acid be extracted from a minimum of 120 µm or of FFPE tissue, or 4 mm^3 of FF tissue
- All nucleic acids will be tested for quality as per laboratory thresholds prior to processing

FF and FFPE Tissue Recommendations

- For FF tissue, samples must be flash-frozen in liquid nitrogen as quickly as possible after removal from patients and immediately delivered to the laboratory. Samples must be kept in −80°C freezers until RNA extraction
- For both FF and FFPE samples, H&E slides must be analyzed by the pathologist and estimation of tumor cellularity must be provided

SPECIMEN TYPE	SHIPPING & HANDLING INSTRUCTIONS	REJECTION CRITERIA
RNA & FF Tissue	• Ship at -20°C (use dry ice)	• **Suboptimal quantity/quality** • **FFPE/FF: Tissue content < 40%; Tumor cellularity < 20%**
FNA	• Ship at 4°C (use ice packs)	
FFPE Tissue	• Ship at room temperature	

CHECKLIST

- ☐ A completed requisition has been sent with the specimen/s
- ☐ A pathology report has been sent with the specimen/s
- ☐ Any available genomic (single gene or panel) profile report/s has been sent with the specimen/s

Please provide the following information:

Tissue content:	**Tumor cellularity:**	**Pathologist's Name:**

Shipping Address	For HTL Laboratory Use Only
ATTN: Dr. Faisal Khan **Hematology Translational Lab (HTL)** HMRB 380, 3330, Hospital Drive NW, Calgary, AB, CANADA T2N 4N1	Sample Received …… (YYYY-MM-DD) …… (AM/PM) Specimen type …… #Tubes / Amount …… Lab Acc.# ……