

Time Sensitive – Please Expedite

**\*Required Information**

PLEASE SEND COMPLETED FORM TO  
FOUNDATION MEDICINE WITHIN THE SPECIMEN KIT

**Customer Order Number:**

Patient Information			Ordering Physician Information				
Last Name*		First Name*		Hospital / Institution / Practice*			
Patient Date of Birth* (MM/DD/YYYY)	Patient Gender* <input type="checkbox"/> M <input type="checkbox"/> F		Country*		Physician First Name*		Physician Last Name*
Date of collection/ Blood Draw (MM/DD/YYYY)			Has the patient had any type of transplant? <input type="checkbox"/> Y <input type="checkbox"/> N				
			Street Address*				
			City*		State*	Postal Code*	Country*
			Phone*		Email Address*		

Tissue diagnosis of cancer established? [REQUIRED]			
<input type="checkbox"/> Yes	Tumor/Type of diagnosis (provide pathology report)	Stage	<input type="checkbox"/> Prior FMI Profile? TRF # (if available) <input type="checkbox"/> Prior Targeted Therapy?
<input type="checkbox"/> No	Reason for Profiling. (provide clinic note and/or radiology report or other documentation) FoundationOne Liquid is not a cancer screening test		

Additional Physician to be Copied	Lab Partner to be Copied [NOT IN REPORT]
Name (First Name, Last Name)	Name (First Name, Last Name)
Hospital / Institution / Practice*	Email Address
Email Address	

Profile Ordered* [CHECK THE BOXES ACCORDINGLY]	
<input type="checkbox"/> <b>FoundationOne® Liquid</b> <small>(Liquid biopsy for all solid tumors)</small>	<input type="checkbox"/> PD-L1

Authority given to Foundation Medicine to Change the Profile Selected Above Based on Requisition Form / Pathologist Information

Order Confirmation and Consent	Comments, Remarks or Special Requests						
<p>My signature certifies that I have explained to the patient the nature and purpose of the profiling to be performed and have obtained informed consent, to the extent legally required, to permit FMI to (a) perform the profiling specified herein, (b) retain the results for internal quality assurance/operations purposes, (c) de-identify the profile results and use or disclose such de-identified results for future genomic research.</p>							
	<table border="1"> <thead> <tr> <th colspan="2">Physician Signature*</th> </tr> </thead> <tbody> <tr> <td>Ordering Physician Signature*</td> <td>Date (MM/DD/YYYY)</td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	Physician Signature*		Ordering Physician Signature*	Date (MM/DD/YYYY)		
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