



## Physician Requisition Form

### Patient Information

Name:     
Last First MI

DOB:  Sex:  Male  Female

Address:

Hospital ID /MRN:

### Laboratory Test Requested

- EXaCT1 Whole Exome Sequencing  
 Oncomine Comprehensive

### Sample Information

Tumor:  FFPE

Specimen number/ID:

Date collected:

Anatomic site:

Collection procedure:

### Normal tissue is only required for EXaCT-1

Normal:  FFPE  Blood  Buccal Swab

Specimen number/ID:

Date collected:

Anatomic site:

Collection procedure:

### Indication For Testing / Clinical History

Clinical history:

### Ordering Physician Information

Physician:

Institution:

Address or Fax to Send Report

Phone:

Email:

As the referring physician named above, I certify that the patient whose specimen is being submitted for analysis has been informed of the benefits and limitations of the laboratory test(s) requested and has had all questions answered adequately,

X

\_\_\_\_\_  
Ordering physician signature (required) \_\_\_\_\_ Date

*Additional physicians can be added by email.*

### Pathology Information

Institution:

Primary contact:

City:

State:  Zip:

Phone:

Email:

Details regarding tissue requirements and processing can be found on our Tissue Requirements and Processing Information form.

Further questions should be addressed to the Laboratory Manager at [NGSInquiry@MED.CORNELL.EDU](mailto:NGSInquiry@MED.CORNELL.EDU) or by phone at **646.962.3816**