

JAX ADVANCED PRECISION MEDICINE LABORATORY – ONCOLOGY



All Fields Required

PATIENT INFORMATION

Name (First, MI, Last)

Date of Birth

Sex

☐ Male

☐ Female

Address

City

State

Zip Code

Country

Primary Phone #

Medical Record #

ORDERING PHYSICIAN INFORMATION

Treating Physician Name

NPI #

Practice/Institution

Facility Address

City

State

Zip Code

Country

Primary Phone #

Fax # or Email

TEST MENU

Please choose the appropriate test to be executed on the submitted specimen

☐ JAX SomaticSeq

☐ JAX SomaticSeq Complete – Includes PD-L1 IHC

☐ JAX OncoMethyl™ Array

☐ JAX MGMT Promoter Methylation

SPECIMEN INFORMATION

Please see specimen requirements for test specific acceptance criteria

Specimen ID

Specimen Site

Date & Time Collected

Primary Specimen Site

Date Removed From Storage

Diagnosis

BILLING INFORMATION

Please check one

☐ Institution or Study

Institution/Study Name

Account/Study #

☐ Self-pay

Contact Name

Email

Phone #

AUTHORIZATION

I certify (a) that the laboratory test requested is medically necessary and will assist me in treating my patient, (b) that I have informed the patient and/or their legal representative of the benefits, risks, and limitations of the test, (c) and that I have obtained the patient's informed consent, to the extent legally required, to permit The Jackson Laboratory to (i) perform the testing specified herein, (ii) retain the test results for an indefinite period for internal quality assurance/operations purposes, (iii) de-identify the test results and use or disclose for future unspecified research or other purposes, and (iv) release the test results to the patient's third party payor as needed for reimbursement purposes.

Ordering Physician Signature

Date

Laboratory Use Only

Date and Time of Specimen Receipt

Accessioning Tech Initials

Order ID #

Notes/Event #

Specimen ID #

SPECIMEN REQUIREMENTS

Specimen Type	Available Tests	Shipping Temperature	Sample Storage for Transport	Amount & Quality Requirements
FFPE Slides	JAX SomaticSeq JAX SomaticSeq Complete JAX MGMT Promoter Methylation	Ambient	Uncoated, unbaked slides placed in plastic slide containers	1 H&E slide and 10 adjacent unstained 5um sections. (3 additional unstained slides needed if SomaticSeq Complete is ordered). Area of tumor cell content should be a minimum of 3x3mm or 5,000 cells and be comprised of at least 30% cancer cells.
	JAX OncoMethyl™ Array			1 H&E slide and 10 adjacent unstained 5um sections. Area of tumor cell content should be a minimum of 3x3mm or 5,000 cells and be comprised of at least 70% cancer cells. Necrosis and inflammation in the area of highest neoplastic content should be mild or less.
FFPE Blocks	JAX SomaticSeq JAX SomaticSeq Complete JAX MGMT Promoter Methylation	Ambient	Sealed biohazard bag	Area of tumor cell content should be a minimum of 3x3mm or 5,000 cells and be comprised of at least 30% cancer cells.
	JAX OncoMethyl™ Array			Area of tumor cell content should be a minimum of 3x3mm or 5,000 cells and be comprised of at least 70% cancer cells. Necrosis and inflammation in the area of highest neoplastic content should be mild or less.

All specimens must be accompanied by a pathology report.

Unacceptable FFPE specimens include specimens fixed/processed in alternative fixatives (e.g., alcohol or heavy metal fixatives), decalcified specimens, and frozen specimens.

During warm summer months, please ship FFPE slides and blocks in a cooled shipping container to prevent melting during transit.

All specimens should be shipped priority overnight in appropriate packaging container per relevant shipping conditions (see table above) and comply with relevant shipping criteria (e.g., DOT and/or IATA). Shipments should be planned to arrive to JAX Monday-Friday only.

Please label all specimens with at least two identifiers corresponding to the patient or specimen information provided on this form and ensure that this completed form is included in the shipment.

Any specimens not meeting the above criteria will be processed at the discretion of the Clinical Laboratory Director. All samples are subject to additional downstream QC requirements. Please contact the laboratory for questions regarding acceptable specimens.

OTHER INDIVIDUALS TO BE COPIED ON REPORT

Name	Name
Email or Fax #	Email or Fax #

SHIPPING ADDRESS

JAX Advanced Precision Medicine Laboratory
The Jackson Laboratory for Genomic Medicine
10 Discovery Drive
Farmington, CT 06032

CONTACT JAX

Phone # 860-837-2320
Fax # 855-414-4792
Email CGL_CS@jax.org
Please use this email for service-related questions only. Due to the sensitive nature of PHI, do not submit this requisition via unencrypted email.