



Transcriptome Analysis for Darwin OncoTarget™ and OncoTreat™ Requisition Form

PATIENT INFORMATION:			ORDERING PHYSICIAN INFORMATION:		
LAST NAME:	FIRST NAME:	M.I.:	LAST NAME:	FIRST NAME:	M.I.:
DATE OF BIRTH:	MRN:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	INSTITUTION:	NPI #:	
ADDRESS:			ADDRESS:		
CITY, STATE & ZIP:			CITY, STATE & ZIP:		
HOME PHONE:	WORK PHONE:		TELEPHONE NUMBER:	FAX NUMBER:	
IRB INFORMATION:			<p style="color: red; margin: 0;">NOTE TO ORDERING PHYSICIAN:</p> <p style="margin: 0;">For Paraffin Embedded Tissue samples, fax completed form to Surgical Pathology at (212)305-2301</p> <p style="margin: 0;">If the specimen is NOT from CUMC Pathology, please include outside Surgical Pathology Report.</p>		
INSTITUTION:					
IRB NUMBER:					
PI NAME:	PI EMAIL ADDRESS:				
INCLUSION CRITERIA:					
INSTITUTIONAL BILLING:					
DO YOU HAVE A PGM BILLING ACCOUNT?					
<input type="checkbox"/> YES P.O. # _____ <input type="checkbox"/> NO (EMAIL PGMBILLING@CUMC.COLUMBIA.EDU TO ESTABLISH AN ACCOUNT)					

E. TEST ORDERED (FILL IN COMPLETELY):		
<i>DARWIN ONCOTARGET™ AND DARWIN ONCOTREAT™</i>		
<input type="checkbox"/> A. FRESH/FROZEN TUMOR - SPECIMEN ID NUMBER: _____ If FFPE, # of slides: _____		
<input type="checkbox"/> B. PARAFFIN TISSUE BLOCK - SPECIMEN ID NUMBER: _____ Unstained Slides: _____		
<input type="checkbox"/> C. RNA FROM FORMALIN FIXED PARAFFIN EMBEDDED TISSUE - H&E Slide included: _____ If no H&E slide included – The tissue contains >50% tumor, identified by (Pathologist's name/Signature): _____		
Ordering Pathologist: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Pathologist's Name (Printed) Pathologist's Signature </div>		
<input type="checkbox"/> D. RNA FROM FRESH/FROZEN TISSUE		
DATE SPECIMEN COLLECTED:	TIME: _____ AM _____ PM	DATE ORDERED:

LABORATORY USE ONLY:	
MOP#: _____	Date Received: _____
Description: _____	
If Slides with H&E, Reviewed by: _____	Dissected by: _____
Preliminary Results: _____	