

Specimen Submission Sheet

For Clinic to Fill In (*Indicates required fields)

| | |
|-----------------------|---|
| *Clinic Name: | *Physician Name: |
| *Patient Information: | *Test Ordered: <input type="checkbox"/> Genecast Focus (41 Genes, Tissue) <input type="checkbox"/> Genecast Comprehensive (769 Genes, Tissue) <input type="checkbox"/> Genecast ctDNA Comprehensive (769 Genes, Blood) <input type="checkbox"/> Genecast MRD Minerva Prime (Personalized MRD) <input type="checkbox"/> Genecast PARP Guide (HRD) <input type="checkbox"/> Genecast SarcoFUSE (437 Genes, Sarcoma) <input type="checkbox"/> Genecast PD-L1 (IHC Test) |

*Specimen Retrieval Type

- Physician is Requesting a Specific Specimen (add specimen details below)
 Physician is Requesting the Pathologist to Choose Specimen

FFPE Slides Return Address (optional):

For Tissue Collection to Fill In (*Indicates required fields)

| | | |
|--|--|---------------------------------------|
| Pathology Lab Name: | *Specimen ID: | *Specimen (biopsy) Site: |
| *Date of Collection: (DD/MM/YYYY) | Time of Collection: (24HR) <input type="checkbox"/> No time available | Slide Section/Wax Roll Prepared Date: |
| *Tumor Cellularity, Specify: _____% | Thickness: _____µm (≥5µm required) | No. of Slides: _____ slides |
| | | No. of Wax Rolls: _____ rolls |

Requirements:

| Genecast Product | Tumor Content Requirement | Sample Requirements |
|----------------------------|---|--|
| Genecast Focus | ≥20% | ◆ If tumor content meets the requirement: <input type="checkbox"/> For tissue areas ≥ 0.5 cm ² , 4 wax rolls or 10 unstained slides (5–10 µm each). <input type="checkbox"/> For tissue areas < 0.5 cm ² or biopsy puncture samples, 6 wax rolls or 12 unstained slides (5–10 µm each). ◆ If tumor content does not meet but tumor cells can be enriched (microdissection): <input type="checkbox"/> 1 H&E slide marked dense tumor cells region+ 15 unstained slides. |
| Genecast Comprehensive | ≥20% | |
| Genecast PARP Guide | pre-treatment, preferred, ≥20%, post-treatment tissue ≥50% | |
| Genecast MRD Minerva Prime | ≥20% | |
| Genecast SarcoFUSE | ≥10% | |
| Genecast PD-L1 | ≥20% | |
| | | 1 H&E stained slide + 4 unstained slides |

If the number of wax roll or slides is insufficient, please send the available samples to Genecast Lab for nucleic acid extraction.

If tumor content is insufficient and cannot be enriched, please consult the physician to determine the next steps.

For Blood Collection to Fill In (*Indicates required fields)

| | | |
|---|--|---|
| * Blood Collection Time Point <input type="checkbox"/> Preoperative / Pre-treatment <input type="checkbox"/> Postoperative / Post-treatment | *Blood Collection Volume _____ mL _____ Tube(s) | *Date of Collection: (DD/MM/YYYY) *Time of Collection: (HH:MM) |
|---|--|---|

Requirements:

- For longitudinal MRD monitoring, please provide 2 tubes of blood; For other, 1 tube is sufficient. Each tube ≥8 mL.
- Please use the designated blood collection tubes provided by Genecast.

Please call Genecast lab at if you need any further information. Tel: +65 6047 0252