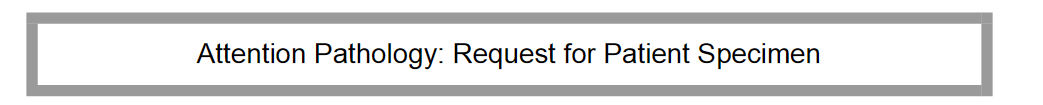
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Attention Pathology: Additional Specimen Request

Dear {{TableStart:Case}}{{Contact Name: Salutation 1}} {{Contact Name: First Name 1}} {{Contact Name: Last Name 1}}{{TableEnd:Case}}:

Thank you for submitting **Specimen ID (\_\_\_\_\_\_\_\_\_)** in response to our request for patient {{TableStart:Case}}{{Patient\_Initials}} (DOB: {{DOB\@ MM/dd/yyyy}}{{TableEnd:Case}}). Upon review of the H&E slide for the submitted specimen, our pathologist requests another specimen containing the largest cross section of highest grade **\_\_\_\_\_\_\_\_\_** disease be sent for testing.

* Please ensure that all available surgical cases are reviewed. The additional specimen may come from the same surgical case or any other available surgical case (resections only for Onco*type* DX® Colon)
  + Please note, this request is only made if our deeper sections of the submitted specimen appear to contain minimal amounts of residual disease, does not contain disease sufficiently representative of the tumor, or the area of interest is not amenable to Genomic Health Inc.’s dissection process.

If an additional specimen is available please enter the specimen ID and date of collection below, and Genomic Health will fax a formal request for this specimen to your lab.

An additional specimen is available for send-out (Circle One): Yes / No

|  |  |
| --- | --- |
| If Yes, please complete below:  Accession Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Collection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | If No, please complete below (if applicable):  Facility which may have additional sample (i.e. core biopsy):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please fax this completed request to 866-444-0640.

We appreciate your assistance with this matter. Should you have any questions or concerns, please feel free to contact Customer Service directly (866-662-6897).

Best Regards,

Genomic Health, Inc. ®

Customer Service

Telephone: 866-662-6897 / www.oncotypeDX.com