



SEND SAMPLES TO Biofocus LADR GmbH
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 Germany

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Requisition Form Molecular Oncology

PATIENT INFORMATION	
Name	
Address (Street/City/State/ZIP)	
DoB	<input type="checkbox"/> M <input type="checkbox"/> F
phone/fax	
email	

INSTITUTIONAL INFORMATION (if applicable)	
Clinic / Physician / Address (Street/City/State/ZIP)	
phone/fax	
email	

SAMPLE/CLINICAL DATA	
Sampling date	
Type of primary tumor	
Date of first diagnosis	
Stage	
Relapse	no <input type="checkbox"/> yes <input type="checkbox"/>
Metastasis	no <input type="checkbox"/> yes <input type="checkbox"/>

TREATMENT INFORMATION	
Surgery	no <input type="checkbox"/> yes <input type="checkbox"/>
Chemotherapy	no <input type="checkbox"/> yes <input type="checkbox"/>
Treatment with the following drugs	

TEST MENU				
#	Test type selection	Sample	Specimen	Cost €
1	<input type="checkbox"/> Isolation and detection of circulating tumor cells (CTCs)	CTC	Hep, 20ml	490
1.1	↳ <input type="checkbox"/> Basic testing of CTCs for most relevant chemotherapy drugs (no alternative agents)	CTC	Hep, 20ml	525
1.2	↳ <input type="checkbox"/> Advanced testing of CTCs for all chemotherapy drugs plus alternative agents	CTC	Hep, 20ml	1400
1.3	↳ <input type="checkbox"/> Testing of CTCs for alternative agents only (no chemotherapy drugs)	CTC	Hep, 20ml	840
1.4	↳ <input type="checkbox"/> Testing of CTCs for hypermethylation genotype [HDAC1, DNMT1 expression]	CTC	Hep, 20ml	150
1.5	↳ <input type="checkbox"/> Testing for PD1-Inhibitors (e.g. Nivolumab, Pembrolizumab) [PD-L1 expression]	CTC	Hep, 20ml	75
2	<input type="checkbox"/> "Liquid Biopsy" BRAF-mutation testing [BRAF V600E, V600K], esp. Melanoma, Colorectal CA	ctDNA	Hep 10ml	250
3	<input type="checkbox"/> "Liquid Biopsy" EGFR-mutation testing [L858R, DEL19, T790M] esp. Lung CA (NSCLC)	ctDNA	Hep 10ml	302
4	<input type="checkbox"/> "Liquid Biopsy" K-RAS-mutation testing [codon 12/13] esp. Colorectal CA	ctDNA	Hep 10ml	275

Specimen information: Test #1.1 to 1.5 require test #1 in addition. From 20 ml heparin-blood (Hep) in total, all tests can be performed.

Further information: www.biofocus.de.

Shipment information: samples should arrive at Biofocus during 48h (max 72h). For samples sent on Biofocus' FedEx account, 120.-€ shipping costs accrue. Please inquire for FedEx account number of Biofocus.

BILLING INFORMATION / CONSENT OF PATIENT	
Payment by Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	I have been informed by my physician about the requested analyses and accept payment and transmission of personal data to the laboratory LADR MVZ Recklinghausen
Card no.	
Expiry Security code	
Signature / date: _____	