

Complete and Return with Epic Collection Kit

CTC Liquid Biopsy Blood Collection Kit Requisition Form

Test Ordered: DecisionPoint AR-V7

Study Sponsor: _____

Protocol Number (Study Information/Code): _____

Patient/Subject ID: _____

DOB (dd/mmm/yyyy): _____ Medical Record (if applicable): _____

Diagnosis Information (complete all)

Metastatic castration-resistant prostate cancer (mCRPC): Yes No

Note: This test is valid only in metastatic castration-resistant prostate cancer.

Results of Most Recent PSA: _____ ng/mL

Date of Most Recent PSA (dd/mmm/yyyy): _____

Prior Therapies (check all that apply):

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Abiraterone | <input type="checkbox"/> Docetaxel | <input type="checkbox"/> Radium Ra 233 dichloride |
| <input type="checkbox"/> Enzalutamide | <input type="checkbox"/> Sipuleucel-T | <input type="checkbox"/> Investigational androgen receptor signaling inhibitor |
| <input type="checkbox"/> Apalutamide | <input type="checkbox"/> Cabazitaxel | <input type="checkbox"/> Other chemotherapy |
| <input type="checkbox"/> None of the above | | |

Laboratory/Phlebotomist to Complete

Collection Site Name: _____

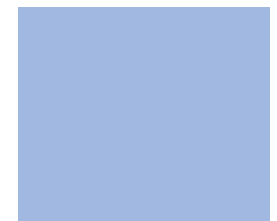
Phone Number: _____

Specimen ID: _____
(if different than Patient/Subject ID)

Date of Collection (dd/mmm/yyyy): _____

Time of Collection: _____ AM PM

Phlebotomist Initials: _____ Zip Code: _____



Affix the barcode from the specimen collection kit in this location

Laboratory Comments: