



# TSQ Req ThyroSeq® GC Requisition

TSQ Req

Patie	ent Information (Please print legibly, fill in ALL informat	ion)	Account Information	
Last N		M.I. Gender		
	f Birth (MM/DD/YYYY)			
Addre:	/      /			
LLL City/S				
Phone	#			
LLL Client	Case # Patient Chart / MRN			
	ospital Inpatient		Physician Signature	
	ng Information (Please attach secondary insurance info		Submitting Physician (First & Last)	
☐ Se	lf-Pay ☐ Client ☐ Insurance Attach copy of front and ba	ck of insurance card	Referring Physician (First & Last)	
Insura	nce Name			
Subsc	riber Name	ID #	Referring Physician Fax #	
Group	#	Prior-Authorization #	Referring Physician Phone #	
		THOI 7 (difformediation in		_
ICD C	ode		Statement of Medical Necessity: When ordering tests for which reimbursement will be sought, physicians (or other individuals authorized by	
Prior-A	Authorization approval may be required for the patient if a ThyroSe	q test is requested.	law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient rather than for screening purposes.	
Clini	cal Information (Please provide clinical data relevant to	o specimen interpretation)		
Previo	us "Indeterminate" FNA Result: 🔲 No 🔲 Yes, specify:	□ Other	r	
		<del></del>		
				_
Colle	ection Details			
	ection Details tion Date:/ # of Containers:			
		PORT TO SPECIMEN	Specimen Type	
	tion Date:/ # of Containers:		Specimen Type  NODULE #1  FNA Sample, ThyroSeq®Preserve Solution	
	Nodule Site #1         PLEASE ATTACH CYTOPATHOLOGY RE           Thyroid:         □ Right Lobe         □ Left Lobe           □ Upper pole         □ Mid         □ Lower Pole	UPPER MARK ON		
	Nodule Site #1  PLEASE ATTACH CYTOPATHOLOGY RE  Thyroid:   Right Lobe   Upper pole   Mid  Lower Pole  Isthmus  Other:		NODULE #1	
	Nodule Site #1  PLEASE ATTACH CYTOPATHOLOGY RE  Thyroid: Right Lobe Left Lobe Upper pole Mid Lower Pole Isthmus Other:  Nodule Size:	UPPER MARK ON DIAGRAM MIDDLE LOWER	NODULE #1  ISTHMUS  □ FNA Sample, ThyroSeq®Preserve Solution □ FNA Sample, Fixed Cell Block Sections □ FNA Sample, Direct Smears (Pap or Diff-Quik™) □ Tissue, Paraffin sections (FFPE)	
Collect	Nodule Site #1  PLEASE ATTACH CYTOPATHOLOGY RE  Thyroid:	UPPER MARK ON DIAGRAM  LOWER	NODULE #1 ISTHMUS  FNA Sample, ThyroSeq®Preserve Solution  FNA Sample, Fixed Cell Block Sections  FNA Sample, Direct Smears (Pap or Diff-Quik™)  Tissue, Paraffin sections (FFPE)	
Collect	Nodule Site #1  PLEASE ATTACH CYTOPATHOLOGY RE  Thyroid: Right Lobe Left Lobe Upper pole Mid Lower Pole Isthmus Other:  Nodule Size: Bethesda Category: I I II III IV V V VI  Nodule Site #2  PLEASE ATTACH CYTOPATHOLOGY RE	UPPER MARK ON DIAGRAM  LOWER	NODULE #1  ISTHMUS  □ FNA Sample, ThyroSeq®Preserve Solution □ FNA Sample, Fixed Cell Block Sections □ FNA Sample, Direct Smears (Pap or Diff-Quik™) □ Tissue, Paraffin sections (FFPE)  Specimen Type	
Collect	Nodule Site #1  PLEASE ATTACH CYTOPATHOLOGY RE  Thyroid: Right Lobe Left Lobe Upper pole Mid Lower Pole Isthmus Other:  Bethesda Category: I I II III IV V V VI  Nodule Site #2  PLEASE ATTACH CYTOPATHOLOGY RE	UPPER MARK ON DIAGRAM  LOWER	NODULE #1  ISTHMUS  □ FNA Sample, ThyroSeq®Preserve Solution □ FNA Sample, Fixed Cell Block Sections □ FNA Sample, Direct Smears (Pap or Diff-Quik™) □ Tissue, Paraffin sections (FFPE)  Specimen Type  NODULE #2 □ FNA Sample, ThyroSeq®Preserve Solution	
Collect	Nodule Site #1  PLEASE ATTACH CYTOPATHOLOGY RE  Thyroid: Right Lobe Left Lobe Upper pole Mid Lower Pole Isthmus Other:  Nodule Size: Bethesda Category: I I II III IV V V VI  Nodule Site #2  PLEASE ATTACH CYTOPATHOLOGY RE	MARK ON DIAGRAM MIDDLE LOWER  PORT TO SPECIMEN  UPPER  MARK ON MIDDLE	NODULE #1 ISTHMUS  ☐ FNA Sample, ThyroSeq®Preserve Solution ☐ FNA Sample, Fixed Cell Block Sections ☐ FNA Sample, Direct Smears (Pap or Diff-Quik™) ☐ Tissue, Paraffin sections (FFPE)  Specimen Type ☐ FNA Sample, ThyroSeq®Preserve Solution ☐ FNA Sample, Fixed Cell Block Sections ☐ FNA Sample, Fixed Cell Block Sections	
Collect	Nodule Site #1  PLEASE ATTACH CYTOPATHOLOGY RE  Thyroid: Right Lobe Left Lobe Upper pole Mid Lower Pole Isthmus Other:  Nodule Size:  Bethesda Category: I I II III IV V V VI  Nodule Site #2  PLEASE ATTACH CYTOPATHOLOGY RE	MARK ON DIAGRAM  UPPER  MIDDLE  LOWER  PORT TO SPECIMEN  UPPER  MARK ON DIAGRAM  MIDDLE	FNA Sample, ThyroSeq®Preserve Solution   FNA Sample, Fixed Cell Block Sections   FNA Sample, Direct Smears (Pap or Diff-Quik™)   Tissue, Paraffin sections (FFPE)    Specimen Type   FNA Sample, ThyroSeq®Preserve Solution   FNA Sample, Fixed Cell Block Sections   FNA Sample, Direct Smears (Pap or Diff-Quik)	
	Nodule Site #1  PLEASE ATTACH CYTOPATHOLOGY RE  Thyroid: Right Lobe Left Lobe Dupper pole Mid Lower Pole Isthmus Other:  Nodule Size: Bethesda Category: I I II III IV V V V  Nodule Site #2  PLEASE ATTACH CYTOPATHOLOGY RE  Thyroid: Right Lobe Left Lobe Dupper pole Mid Lower Pole Dupper pole Mid Lower Pole Dupper pole Mid Lower Pole Disthmus Other:	MARK ON DIAGRAM MIDDLE LOWER  PORT TO SPECIMEN  WARK ON DIAGRAM MIDDLE LOWER  LOWER	NODULE #1 ISTHMUS  ☐ FNA Sample, ThyroSeq®Preserve Solution ☐ FNA Sample, Fixed Cell Block Sections ☐ FNA Sample, Direct Smears (Pap or Diff-Quik™) ☐ Tissue, Paraffin sections (FFPE)  Specimen Type ☐ FNA Sample, ThyroSeq®Preserve Solution ☐ FNA Sample, Fixed Cell Block Sections ☐ FNA Sample, Fixed Cell Block Sections	
Collect	Nodule Site #1  PLEASE ATTACH CYTOPATHOLOGY RE  Thyroid: Right Lobe Left Lobe Dupper pole Mid Lower Pole Isthmus Other:  Bethesda Category: I I II III IV V V V VI  Nodule Site #2  PLEASE ATTACH CYTOPATHOLOGY RE  Thyroid: Right Lobe Left Lobe Dupper pole Mid Lower Pole Disthmus Other:  Nodule Site #2  Thyroid: Right Lobe Left Lobe Dupper pole Mid Lower Pole Disthmus Other: Nodule Size:	MARK ON DIAGRAM  MIDDLE LOWER  PORT TO SPECIMEN  UPPER  MARK ON DIAGRAM  MIDDLE LOWER  LOWER	FNA Sample, ThyroSeq®Preserve Solution   FNA Sample, Fixed Cell Block Sections   FNA Sample, Direct Smears (Pap or Diff-Quik™)   Tissue, Paraffin sections (FFPE)	
Collect	Nodule Site #1  PLEASE ATTACH CYTOPATHOLOGY RE  Thyroid: Right Lobe Left Lobe Upper pole Mid Lower Pole Isthmus Other:  Bethesda Category: I I II III IV V V V  Nodule Site #2  PLEASE ATTACH CYTOPATHOLOGY RE  PLEASE ATTACH CYTOPATHOLOGY RE  Left Lobe Upper pole Mid Lower Pole Isthmus Other:  Nodule Size: Deft Lobe Upper pole Mid Lower Pole Isthmus Other:  Nodule Size: Dethesda Category: I I II III IV V V V VI	MARK ON DIAGRAM MIDDLE LOWER  MARK ON DIAGRAM MIDDLE LOWER  MARK ON DIAGRAM MIDDLE LOWER  PORT TO SPECIMEN	FNA Sample, ThyroSeq®Preserve Solution   FNA Sample, Fixed Cell Block Sections   FNA Sample, Direct Smears (Pap or Diff-Quik**)   Tissue, Paraffin sections (FFPE)	
Collect	Nodule Site #1  PLEASE ATTACH CYTOPATHOLOGY RE  Thyroid: Right Lobe Left Lobe Upper pole Mid Lower Pole Isthmus Other:  Bethesda Category: I II III IV V V V  Nodule Site #2  PLEASE ATTACH CYTOPATHOLOGY RE  Thyroid: Right Lobe Left Lobe Upper pole Mid Lower Pole Isthmus Other:  Nodule Size: Bethesda Category: II III III IV V V V V  Nodule Size: Bethesda Category: II III III IV V V V V  Nodule Size: Bethesda Category: II III III IV V V V V  Nodule Size: Bethesda Category: II III III IV V V V V  Nodule Site #3  PLEASE ATTACH CYTOPATHOLOGY RE  Thyroid: Right Lobe Left Lobe Upper pole Mid Lower Pole	MARK ON DIAGRAM  MIDDLE LOWER  PORT TO SPECIMEN  MARK ON DIAGRAM  MIDDLE LOWER  PORT TO SPECIMEN  UPPER  UPPER	FNA Sample, ThyroSeq®Preserve Solution   FNA Sample, Fixed Cell Block Sections   FNA Sample, Direct Smears (Pap or Diff-Quik**)   Tissue, Paraffin sections (FFPE)	
Collect	Nodule Site #1  PLEASE ATTACH CYTOPATHOLOGY RE  Thyroid: Right Lobe	MARK ON DIAGRAM MIDDLE LOWER  MARK ON DIAGRAM MIDDLE LOWER  MARK ON DIAGRAM MIDDLE LOWER  PORT TO SPECIMEN	FNA Sample, ThyroSeq®Preserve Solution   FNA Sample, Fixed Cell Block Sections   FNA Sample, Direct Smears (Pap or Diff-Quik™)   Tissue, Paraffin sections (FFPE)	
Collect	Nodule Site #1  PLEASE ATTACH CYTOPATHOLOGY RE  Thyroid: Right Lobe Left Lobe Dupper pole Mid Lower Pole Isthmus Other:  Bethesda Category: I I II II IV V V VI  Nodule Site #2  PLEASE ATTACH CYTOPATHOLOGY RE  Thyroid: Right Lobe Left Lobe Dupper pole Mid Lower Pole Isthmus Other:  Nodule Size: Bethesda Category: I II III IV V V V VI  Nodule Size: Bethesda Category: II III III IV V V V VI  Nodule Size: Bethesda Category: II III III IV V V V VI  Nodule Size: Bethesda Category: II III III IV V V V VI  Nodule Size: Bethesda Category: II III III IV IV V V VI  Nodule Size: Other: Size: Other: Other: Other: Nodule Size: Other: Other: Nodule Size: Other:	MARK ON DIAGRAM MIDDLE LOWER  MARK ON DIAGRAM MIDDLE LOWER  MARK ON DIAGRAM MIDDLE LOWER  PORT TO SPECIMEN  UPPER  MARK ON UPPER  MARK ON	FNA Sample, ThyroSeq®Preserve Solution   FNA Sample, Fixed Cell Block Sections   FNA Sample, Direct Smears (Pap or Diff-Quik**)   Tissue, Paraffin sections (FFPE)	
Collect	Nodule Site #1  PLEASE ATTACH CYTOPATHOLOGY RE  Thyroid: Right Lobe	MARK ON DIAGRAM  MIDDLE LOWER  PORT TO SPECIMEN  MARK ON DIAGRAM  MIDDLE LOWER  PORT TO SPECIMEN  UPPER  MARK ON DIAGRAM  MIDDLE LOWER  LOWER  LOWER  LOWER  LOWER	FNA Sample, ThyroSeq®Preserve Solution   FNA Sample, Fixed Cell Block Sections   FNA Sample, Direct Smears (Pap or Diff-Quik**)   Tissue, Paraffin sections (FFPE)	

15625 Rev B



## SPECIMEN NUMBER ON STICKER MUST MATCH SPECIMEN SITE NUMBER ON REQUISITION

Site 1	DOB:	Site 1	DOB:	Site 1	DOB:	Site 2	DOB:	Site 2	DOB:	Site 2	DOB:	Site 3	DOB:	Site 3	DOB:	Site 3	DOB.	Site:	DOB:	Site:	DOB:
ThyroSeq Patient:	Specimen Site:	ThyroSeq Patient:	Specimen Site:	ThyroSeq Patient:	Specimen Site:	ThyroSeq Dationt:	en Site:	ThyroSeq Dationt.	Specimen Site:	ThyroSeq	Patient. Specimen Site:	ThyroSeq Dationt:	Specimen Site:	ThyroSeq	Specimen Site:	ThyroSeq	Patient:Specimen Site:	Patient:	Specimen Site:	Patient:	Specimen Site:



## ThyroSeq® GC Requisition

#### ThyroSeq Genomic Classifier DESCRIPTION:

ThyroSeq Genomic Classifier (GC) is a test for the pre-operative assessment of thyroid nodules with indeterminate cytology, which offers accurate assessment of cancer probability in a given nodule and additionally provides information on cancer prognostication, helping to select the most optimal patient management.

#### **PATIENT INFORMATION**

Enter patient name, gender, date of birth, and patient address information as it is necessary for billing purposes. You may choose to enter Patient Chart or Medical Record Number for the patient. If you are providing patient information with a copy of a face sheet, you must still enter patient name, gender, and date of birth. If the patient is registered as a Hospital Inpatient or Outpatient, or Non-Hospital, check the box.

#### **BILLING INFORMATION**

Check the box indicating the party responsible for payment. Self-Pay, Client or Insurance: Provide a clear copy of the front and back of the patient's primary insurance/ Medicaid/ other payor card. If the patient has a secondary insurance, please provide a clear copy of the front and back of the secondary insurance card.

- Client: Check box if Lab is to bill the clinic, laboratory or affiliated institution.
- Patient Self-Pay (no insurance): Patients may be contacted for payment information such as credit card or bank wire. Note: that payment may be required prior to ThyroSeq GC Testing.

#### PHYSICIAN INFORMATION (or authorized healthcare provider)

Select or write the name of submitting and referring/ treating physician. In addition, please verify submitting physician address information. If you would like a copy of the report sent to the referring physician, please provide that fax number. Patient report will be delivered to submitting and referring/ treating physician.

#### **MEDICAL NECESSITY AND PATIENT CONSENT:**

If required by law, regulation or commercial payors, the submitting physician should sign the requisition indicating the test meets applicable medical necessity and/ or state law requirements regarding patient consent.

The referring/ treating physician has obtained the patient's consent, where required for Laboratory to submit and, if necessary appeal claims on the patient's behalf to seek reimbursement for ThyroSeq GC.

### Billing Code for ThyroSeq® GC: 0026U

### ICD DIAGNOSIS CODES:

The ICD Diagnosis code(s) must be defined by the most detailed level of specificity available and should always be based on what has been documented in the patient's medical record. If a diagnosis code cannot be supported by the patient's medical record, then the code should not be used for ordering laboratory services.

### **CLINICAL HISTORY:**

Provide relevant clinical history for this patient. When describing ultrasound characteristics, please do so on a per nodule basis. Please provide relevant medical records when requested by patient's insurance carrier for reimbursement.

### **COLLECTION INSTRUCTIONS:**

## Instructions for storage of ThyroSeq*Preserve* vials <u>prior</u> to specimen collection:

ThyroSeq*Preserve* solution is light sensitive, always store vials in dark place (inside the collection kit transport box or dark bag) and at room temperature (+15 to +25°C) until expiration date. (Continued on next column...)

## Instructions for storage of ThyroSeq*Preserve* vials <u>after</u> specimen collection:

- No longer than 3 hours at room temperature (+15 to 25°C)
- No longer than 24 hours at +2 to +8°C, i.e. in a refrigerator
- Up to 12 months at -15 to -25°C, i.e. in a freezer

**Note:** if any crystallization forms inside the ThyroSeq vial or if the ThyroSeqPreserve solution turns yellow, appropriately discard the tube and collect the specimen using another ThyroSeq tube.

#### Instructions for collecting an FNA Sample for ThyroSeq testing:

- Label the ThyroSeq vial with the patient's name and specimen site using labels from the test requisition form.
- 2. Place a full SECOND FNA pass into the ThyroSeqPreserve solution vial.
- 3. In addition, for better representation of large-size nodules, wash the needle from all other passes taken from the nodule and express them into the SAME ThyroSeq vial. However, be sure that the solution is not retained in the needle or the syringe and the final volume in the vial remains the same.
- After collection, secure the tube cap and invert several times to mix the collected sample then place the ThyroSeq tube into the dark bag along with a flat frozen ice pack.
- 5. Specimens collected into the ThyroSeqPreserve vial can be kept:
  - a. No longer than 3 hours at room temperature (+15 to +25°C)
  - b. No longer than 24 hours at +2 to +8°C, i.e. in a refrigerator
  - c. Up to 12 months at -15 to -25°C, i.e. in a freezer
- 6. When collection of a fresh FNA sample into the ThyroSeq*Preserve* is not possible, the following are acceptable specimen types:
  - a. FNA Sample, Fixed Cell Block Sections
  - b. FNA Sample, Direct Smears (Pap or Diff-Quick)
  - c. Tissue, Paraffin sections (FFPE)

## Instructions for shipping a collected FNA Sample and ThyroSeq specimen:

- Ensure that all vials, tubes and slides are labeled with at least two unique patient identifiers.
- 2. Place the ThyroSeq specimen vial(s) that are inside the dark bag in the bio-hazard bag along with a flat frozen cold pack then place the specimen inside the foam insert in the transport kit along with all other tubes and slides used for specimen collection.
- 3. Include a completed test requisition
- 4. Call for courier/ carrier pick-up.

### **INDETERMINATE CYTOPATHOLOGY RESULTS:**

Please attach cytopathology report to specimen for ThyroSeq GC only orders. Further classification of indeterminate results:

- Atypia of undetermined significance (Bethesda Category III)
- Follicular lesion of undetermined significance (Bethesda Category III)
- Hurthle cell nodule (Bethesda Category III: Hurthle cell lesion of undetermined significance)
- Follicular neoplasm (Bethesda Category IV: Follicular neoplasm or suspicious for follicular neoplasm)
- Follicular Neoplasm, Hurthle Cell (Oncocytic Type) (Bethesda Category IV: Follicular Neoplasm, Hurthle Cell (Oncocytic Type) / Suspicious for Follicular Neoplasm, Hurthle Cell (Oncocytic Type).
- Suspicious for malignancy (Bethesda Category V: Suspicious for malignancy)





# TSQ Req ThyroSeq® GC Requisition

TSQ Req

rau	ent Information (Please print legibly, fill in ALL informa	tion)	Account Informa	tion
Last N	Name First Name	M.I. Gender		
Date	of Birth (MM/DD/YYYY)			
Addre	/	_		
L_L_L City/S				
Phone	9 #			
L_L_L Client	Case # Patient Chart / MRN			
Щ		<u>                                     </u>		
	Hospital Inpatient Hospital Outpatient Non-Hospital Patie	Physician Signature		
	ng Information (Please attach secondary insurance inf	-	Submitting Physician (Fi	rst & Last)
	off-Pay ☐ Client ☐ Insurance Attach copy of front and basince Name	ick of insurance card <b>L</b>	Referring Physician (Firs	t & Last)
1115016	uice name		Referring Physician Fax	#
Subso	criber Name	ID#	Referring Physician Pho	ne #
Group	#	Prior-Authorization #		
ICD C	ode			Necessity: When ordering tests for which
Prior-/	Authorization approval may be required for the patient if a ThyroSe	ea test is requested.	law to order tests) shou	ought, physicians (or other individuals authorized by Id only order tests that are medically necessary for the
				of a patient rather than for screening purposes.
	ical Information (Please provide clinical data relevant t	_		
Previo	ous "Indeterminate" FNA Result: 🔲 No 🔲 Yes, specify:	U	Other:	
Colle	ection Details			
	ction Date:/ # of Containers:			
	Nodule Site #1 PLEASE ATTACH CYTOPATHOLOGY RE	PORT TO SPECIMEN		Charles Time
	Thyroid: ☐ Right Lobe ☐ Left Lobe			Specimen Type
	_	UPPER	NODULE #1	☐ FNA Sample, ThyroSeq®Preserve Solution
	☐ Upper pole ☐ Mid ☐ Lower Pole	MARK ON MIDDLE	ISTHMUS	
	_	MARK ON DIAGRAM MIDDLE	ISTHMUS	☐ FNA Sample, ThyroSeq®Preserve Solution
	☐ Upper pole ☐ Mid ☐ Lower Pole ☐ Isthmus ☐ Other:	MARK ON MIDDLE	ISTHMUS	☐ FNA Sample, ThyroSeq®Preserve Solution ☐ FNA Sample, Fixed Cell Block Sections
S	Upper pole Mid Lower Pole Isthmus Other:  Nodule Size:	MARK ON MIDDLE DIAGRAM LOWER	ISTHMUS	☐ FNA Sample, ThyroSeq® Preserve Solution ☐ FNA Sample, Fixed Cell Block Sections ☐ FNA Sample, Direct Smears (Pap or Diff-Quik™)
SITES	Upper pole	MARK ON MIDDLE LOWER  PORT TO SPECIMEN	RIGHT LEFT	□ FNA Sample, ThyroSeq®Preserve Solution □ FNA Sample, Fixed Cell Block Sections □ FNA Sample, Direct Smears (Pap or Diff-Quik™) □ Tissue, Paraffin sections (FFPE)  Specimen Type
GY SITES	Upper pole	MARK ON MIDDLE LOWER  PORT TO SPECIMEN  UPPER	RIGHT LEFT  NODULE #2 ISTHMUS	☐ FNA Sample, ThyroSeq®Preserve Solution ☐ FNA Sample, Fixed Cell Block Sections ☐ FNA Sample, Direct Smears (Pap or Diff-Quik™) ☐ Tissue, Paraffin sections (FFPE)
OLOGY SITES	Upper pole	MARK ON MIDDLE LOWER  PORT TO SPECIMEN	RIGHT LEFT  NODULE #2 ISTHMUS	□ FNA Sample, ThyroSeq® Preserve Solution □ FNA Sample, Fixed Cell Block Sections □ FNA Sample, Direct Smears (Pap or Diff-Quik™) □ Tissue, Paraffin sections (FFPE)  Specimen Type □ FNA Sample, ThyroSeq® Preserve Solution
YTOLOGY SITES	Upper pole	MARK ON MIDDLE LOWER  PORT TO SPECIMEN  UPPER  MARK ON MIDDLE	RIGHT LEFT  NODULE #2 ISTHMUS	□ FNA Sample, ThyroSeq®Preserve Solution □ FNA Sample, Fixed Cell Block Sections □ FNA Sample, Direct Smears (Pap or Diff-Quik™) □ Tissue, Paraffin sections (FFPE)  Specimen Type □ FNA Sample, ThyroSeq®Preserve Solution □ FNA Sample, Fixed Cell Block Sections
CYTOLOGY SITES	Upper pole   Mid   Lower Pole   Isthmus   Other:   Nodule Size:   Bethesda Category:   I   II   III   IV   V   V   V   Nodule Site #2   PLEASE ATTACH CYTOPATHOLOGY RE   Upper pole   Mid   Lower Pole   Isthmus   Other:   Nodule Size:   Nodule Size:   Bethesda Category:   I   II   III   IV   V   V   V   V   V	MARK ON DIAGRAM MIDDLE  PORT TO SPECIMEN  UPPER  MARK ON DIAGRAM MIDDLE  LOWER	RIGHT LEFT  NODULE #2 ISTHMUS	□ FNA Sample, ThyroSeq®Preserve Solution □ FNA Sample, Fixed Cell Block Sections □ FNA Sample, Direct Smears (Pap or Diff-Quik™) □ Tissue, Paraffin sections (FFPE)  Specimen Type □ FNA Sample, ThyroSeq®Preserve Solution □ FNA Sample, Fixed Cell Block Sections □ FNA Sample, Direct Smears (Pap or Diff-Quik) □ Tissue, Paraffin sections (FFPE)
CYTOLOGY SITES	Upper pole	MARK ON DIAGRAM MIDDLE  PORT TO SPECIMEN  UPPER  MARK ON DIAGRAM MIDDLE  LOWER	RIGHT LEFT  NODULE #2 ISTHMUS	□ FNA Sample, ThyroSeq® Preserve Solution □ FNA Sample, Fixed Cell Block Sections □ FNA Sample, Direct Smears (Pap or Diff-Quik™) □ Tissue, Paraffin sections (FFPE)  Specimen Type □ FNA Sample, ThyroSeq® Preserve Solution □ FNA Sample, Fixed Cell Block Sections □ FNA Sample, Direct Smears (Pap or Diff-Quik)
CYTOLOGY SITES	Upper pole	MARK ON DIAGRAM MIDDLE  PORT TO SPECIMEN  UPPER  MARK ON DIAGRAM MIDDLE  LOWER	RIGHT LEFT  NODULE #2 ISTHMUS  RIGHT LEFT	□ FNA Sample, ThyroSeq®Preserve Solution □ FNA Sample, Fixed Cell Block Sections □ FNA Sample, Direct Smears (Pap or Diff-Quik™) □ Tissue, Paraffin sections (FFPE)  Specimen Type □ FNA Sample, ThyroSeq®Preserve Solution □ FNA Sample, Fixed Cell Block Sections □ FNA Sample, Direct Smears (Pap or Diff-Quik) □ Tissue, Paraffin sections (FFPE)  Specimen Type □ FNA Sample, ThyroSeq®Preserve Solution
CYTOLOGY SITES	Upper pole	MARK ON DIAGRAM MIDDLE  PORT TO SPECIMEN  WARK ON DIAGRAM MIDDLE LOWER  PORT TO SPECIMEN  UPPER  MARK ON  UPPER  MARK ON	RIGHT LEFT  NODULE #2 ISTHMUS  RIGHT LEFT  NODULE #3 ISTHMUS	□ FNA Sample, ThyroSeq®Preserve Solution □ FNA Sample, Fixed Cell Block Sections □ FNA Sample, Direct Smears (Pap or Diff-Quik™) □ Tissue, Paraffin sections (FFPE)  Specimen Type □ FNA Sample, ThyroSeq®Preserve Solution □ FNA Sample, Pixed Cell Block Sections □ FNA Sample, Direct Smears (Pap or Diff-Quik) □ Tissue, Paraffin sections (FFPE)  Specimen Type □ FNA Sample, ThyroSeq®Preserve Solution □ FNA Sample, Fixed Cell Block Sections
CYTOLOGY SITES	□ Upper pole □ Mid □ Lower Pole □ Isthmus □ Other: □ Nodule Size: □ Bethesda Category: □ I □ II □ III □ IV □ V □ VI  Nodule Site #2 PLEASE ATTACH CYTOPATHOLOGY RE □ Upper pole □ Mid □ Lower Pole □ Isthmus □ Other: □ Nodule Size: □ □ II □ III □ IV □ V □ VI  Nodule Site #3 PLEASE ATTACH CYTOPATHOLOGY RE Thyroid: □ Right Lobe □ Left Lobe □ Upper pole □ Mid □ Lower Pole	MARK ON DIAGRAM  MIDDLE LOWER  PORT TO SPECIMEN  UPPER MARK ON DIAGRAM  UPPER LOWER  MARK ON DIAGRAM  UPPER MARK ON DIAGRAM  MIDDLE MARK ON DIAGRAM  MIDDLE	RIGHT LEFT  NODULE #2 ISTHMUS  RIGHT LEFT  NODULE #3 ISTHMUS	□ FNA Sample, ThyroSeq®Preserve Solution □ FNA Sample, Fixed Cell Block Sections □ FNA Sample, Direct Smears (Pap or Diff-Quik™) □ Tissue, Paraffin sections (FFPE)  Specimen Type □ FNA Sample, ThyroSeq®Preserve Solution □ FNA Sample, Fixed Cell Block Sections □ FNA Sample, Direct Smears (Pap or Diff-Quik) □ Tissue, Paraffin sections (FFPE)  Specimen Type □ FNA Sample, ThyroSeq®Preserve Solution □ FNA Sample, Fixed Cell Block Sections □ FNA Sample, Fixed Cell Block Sections □ FNA Sample, Direct Smears (Pap or Diff-Quik)
CYTOLOGY SITES	Upper pole	MARK ON DIAGRAM MIDDLE  PORT TO SPECIMEN  WARK ON DIAGRAM MIDDLE LOWER  PORT TO SPECIMEN  UPPER  MARK ON  UPPER  MARK ON	RIGHT LEFT  NODULE #2 ISTHMUS  RIGHT LEFT  NODULE #3 ISTHMUS	□ FNA Sample, ThyroSeq®Preserve Solution □ FNA Sample, Fixed Cell Block Sections □ FNA Sample, Direct Smears (Pap or Diff-Quik™) □ Tissue, Paraffin sections (FFPE)  Specimen Type □ FNA Sample, ThyroSeq®Preserve Solution □ FNA Sample, Pixed Cell Block Sections □ FNA Sample, Direct Smears (Pap or Diff-Quik) □ Tissue, Paraffin sections (FFPE)  Specimen Type □ FNA Sample, ThyroSeq®Preserve Solution □ FNA Sample, Fixed Cell Block Sections

15625 Rev B



### SPECIMEN NUMBER ON STICKER MUST MATCH SPECIMEN SITE NUMBER ON REQUISITION

Site 1 DOB:	Site 1 DOB:	Site 1 DOB:	Site 2 DOB:	Site 2 DOB:	Site 2 DOB:	Site 3 DOB:	Site 3 DOB:	Site 3 DOB:	Site: Site: Site:	DOB:
ThyroSeq Patient: Specimen Site:	ThyroSeq Patient:Specimen Site:	ThyroSeq Patient:	ThyroSeq Patient:Specimen Site:	ThyroSeq Patient: Specimen Site: Date:	ThyroSeq Patient: Specimen Site:	ThyroSeq Patient: Specimen Site:	ThyroSeq Patient: Specimen Site: Date:	ThyroSeq Patient: Specimen Site: Date:	Patient:Specimen Site:	Patient:Specimen Site: