

Section 1: Patient Information – Please print clearly and legibly

Last Name: _____ First Name: _____ Patient ID / MRN# _____

Sex: Male Female Prefer not to answer

Last 4 digits of SSN: ____ _

DOB: (mm/dd/yyyy): ____/____/____ City, State, ZIP Code: _____

Phone #: _____ Shipping Address: _____

Email Address: _____ Billing Address (if different): _____

City, State, ZIP Code: _____

Section 2: Provider Information – Must be signed by a licensed provider

Provider Name: _____ NPI #: _____

Institution Name: _____

Location Address: _____

City, State, ZIP Code: _____

Phone #: _____

Secure Fax #: _____

By submission of this test order and accompanying blood sample(s), I (i) authorize Immunovia, Inc. to perform this test; (ii) certify that the ordered test(s) are reasonable and medically necessary for this patient; and (iii) certify that I am authorized to order indicated test(s) and receive test results at the secure fax number provided.

Ordering Provider Signature: _____

Date: _____

Section 3: Clinical Information* (check all that apply)

**see reverse side*

Genetic Risk Factors (known genes)	Other Risk Factors	Patient-Reported Ethnicity
<input type="checkbox"/> Hereditary breast/ovarian cancer syndrome (BRCA1, BRCA2, PALB2) <input type="checkbox"/> Lynch syndrome (MLH1, MSH2, MSH6, PMS2, EPCAM) <input type="checkbox"/> Familial adenomatous polyposis (APC) <input type="checkbox"/> Peutz-Jeghers syndrome (STK11/LKB1) <input type="checkbox"/> Familial atypical multiple mole melanoma, FAMMM (P16INK4A, CDKN2A) <input type="checkbox"/> Hereditary pancreatitis (PRSS1, SPINK1) <input type="checkbox"/> Cystic fibrosis (CFTR) <input type="checkbox"/> Ataxia-telangiectasia (ATM) <input type="checkbox"/> Unknown	<input type="checkbox"/> Familial pancreatic cancer (# of first-degree relatives with pancreatic cancer: _____) <input type="checkbox"/> New-onset diabetes (onset within 3 years) <input type="checkbox"/> Chronic pancreatitis <input type="checkbox"/> Intraductal papillary mucinous neoplasm (IPMN) <input type="checkbox"/> Mucinous cystic neoplasm (MCN) <input type="checkbox"/> History of smoking <input type="checkbox"/> >3 alcoholic drinks per day <input type="checkbox"/> Increased body mass index (BMI >40 kg/m ²) <input type="checkbox"/> Routine use of diabetes medication <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer

Section 4: Billing – Must be signed by the patient

The IMMray PanCan-d test is not yet covered by health insurance and is offered for self-pay billing only. The patient agrees to pay Immunovia, Inc. directly for invoiced charges upon test completion. Please call Immunovia, Inc. at (833) 593-9522 for information about the test cost and financial assistance that may be available to you.

Patient or Authorized Signature: _____

Date: _____

Section 5: Additional Information

<input type="checkbox"/> HCP in-office phlebotomy <input type="checkbox"/> Immunovia, Inc. to coordinate phlebotomy with patient	<input type="checkbox"/> Bill patient <input type="checkbox"/> Bill provider (<i>except NY, NJ, RI</i>)
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Phlebotomy Information - Required

- Do not draw blood on Friday, Saturday, or Sunday
- Follow all sample collection and processing instructions included with the blood collection kit.

Immunovia, Inc. Use Only			Immunovia, Inc. Label Only	Section 5: Additional Information		
Date Entry	NanoCool °C	# MCTs Rcvd		Date Collected	Time Collected	AM PM
Check	Hemolysis Yes / No	Icterus Yes / No		Phlebotomy Partner Name	Phlebotomy Partner Phone #	

Note: The IMMray® PanCan-d test is not yet approved for individuals who reside in California or New York.

Fax completed form to (888) 466-7298

Selected Pancreatic Ductal Adenocarcinoma (PDAC) Genetic Risk Factors

Genetic Risk Factor	Increased PDAC Risk	Gene
Familial breast and ovarian syndrome	2 - 3.5	BRCA1, BRCA2, PALB2
Lynch Syndrome	8.6	MLH1, MSH6, MSH2, PMS2, EPCAM
Familial adenomatous polyposis (FAP)	4.5 – 6	APC
Peutz-Jeghers syndrome	132	STK11/LKB1
Familial atypical multiple mole melanoma (FAMMM)	47	CDKN2A
Hereditary Pancreatitis	69	PRSS1
Ataxia-telangiectasia	Increased	ATM
Familial pancreatic cancer (2 or more first-degree relatives)	9 - 32	Unknown
First-degree relative of person with sporadic pancreatic cancer	2 - 4	Unknown

Becker AE, Hernandez YG, Frucht H, Lucas AI. *World J Gastroenterol.* 2014;20(32):11182-11198.

Klein AP, Brune KA, Petersen GM et al. *Cancer Res.* 2004;64;2634-2638.

Schenk M, Schwartz AG, O'Neal E et al. *J Natl Cancer Inst.* 2001;93(8):640-644.

Lustgarten Foundation. "What is pancreatic cancer?" <https://lustgarten.org/patient-journey/what-is-pancreatic-cancer/> (Accessed November 16, 2021).

Contraindications and Warnings

- Patients should refrain from consuming biotin supplements for 2 days before blood collection.
- Samples should not be drawn for at least 2 weeks after a patient has had major surgery, has experienced significant physical trauma, or has received cancer chemotherapy.
- IMMray® PanCan-d results are determined by the levels of 9 biomarkers including CA19-9. Individuals with CA19-9 values <2.5 are likely to have a Lewis Antigen Null genotype (le/le) and cannot produce CA19-9. Test performance may be compromised in these individuals. Therefore, if your patient is known to have a CA19-9 level below 2.5, testing with IMMray PanCan-d is not recommended. If a patient sample received for IMMray PanCan-d testing is found to have a CA19-9 value of 2.5 or less, the test will not be performed, the patient will not be charged, and the ordering provider will be notified.
- Do not draw blood on Friday, Saturday, or Sunday.
- Follow **all** sample collection and processing instructions included with blood collection kit.
- Ship using FedEx® Priority Overnight to Immunovia, Inc., in an activated NanoCool® shipper (call Customer Support at (833) 593-9522 to request a shipper).

Immunovia, Inc. de-identifies and uses samples for research and for clinical testing purposes only.

For more information, please visit www.ImmunovialInc.com/privacy-policy/.

Questions? Call Customer Support at (833) 593-9522 or visit www.ImmunovialInc.com.

IMMray is a registered trademark of Immunovia, Inc.

FedEx is a registered trademark of the Federal Express Corporation.

NanoCool is a registered trademark of Pelican BioThermal, LLC.

IMMray PanCan-d incorporates biomarker technology licensed from JW BioScience Corporation.

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