26 Forest Street, Suite 110
Marlborough, MA 01752
Phone: (833) 593-9522 Fax: (888) 466-7298
Medical Director: Thomas King, MD, PhD
CLIA # 22D2227265 CAP # 8509901

Test Requisition

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): ___/___/______

Phone #: ____________

Email Address: ____________

Shipping Address: ____________

City, State, ZIP Code: ____________

Billing Address (if different): ____________

City, State, ZIP Code: ____________

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

Provider Name: ____________

Institution Name: ____________

Location Address: ____________

City, State, ZIP Code: ____________

Phone #: ____________

Secure Fax #: ____________

NPI #: __ __ __ __ __ __ __ __ __ __

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)

- ☐ Hereditary breast/ovarian cancer syndrome (BRCA1, BRCA2, PALB2)
- ☐ Lynch syndrome (MLH1, MSH2, MSH6, PMS2, EPCAM)
- ☐ Familial adenomatous polyposis (APC)
- ☐ Peutz-Jeghers syndrome (STK11/LKB1)
- ☐ Familial atypical multiple mole melanoma, FAMMM (P16INK4A, CDKN2A)
- ☐ Hereditary pancreatitis (PRSS1, SPINK1)
- ☐ Cystic fibrosis (CFTR)
- ☐ Ataxia-telangiectasia (ATM)
- ☐ Unknown

Other Risk Factors

- ☐ Familial pancreatic cancer (# of first-degree relatives with pancreatic cancer: _____)
- ☐ New-onset diabetes (onset within 3 years)
- ☐ Chronic pancreatitis
- ☐ Intraductal papillary mucinous neoplasm (IPMN)
- ☐ Mucinous cystic neoplasm (MCN)
- ☐ History of smoking
- ☐ >3 alcoholic drinks per day
- ☐ Increased body mass index (BMI >40 kg/m^2)
- ☐ Routine use of diabetes medication
- ☐ Other: ____________
- ☐ Unknown

Patient-Reported Ethnicity

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ 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: ____________

Immunovia, Inc. Use Only			Immunovia, Inc. Label Only
Data Entry	NanoCool °C	# MCTs Rcvd	
Check	Hemolysis Yes / No	Icterus Yes / No	

Section 5: Additional Information

- ☐ HCP in-office phlebotomy
- ☐ Immunovia, Inc. to coordinate phlebotomy with patient
- ☐ Bill patient
- ☐ Bill provider *(except **NY, NJ, RI**)*

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.

Date Collected	Time Collected AM PM
Phlebotomy Partner Name	**Phlebotomy Partner Phone #**

Note: The IMMray® PanCan-d test is not yet approved for individuals who reside in 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.ImmunoviaInc.com/privacy-policy/.

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