

To order a NantHealth molecular profile, see instructions on the back of this form. Fax all documentation to 1.866.728.3945. For any questions, please contact 1.844.MY.OMICS.

ORDERING PHYSICIAN INFORMATION

▲ INSTITUTION NAME _____

▲ ORDERING PHYSICIAN _____ ▲ NPI# _____

▲ ADDRESS _____

▲ CITY _____ ▲ STATE _____ ▲ ZIP CODE _____

▲ PHONE _____ ▲ FAX _____

▲ EMAIL _____

TEST SELECTION Please select **ONE** of the following tests:

GPS COMPLETE (*GPS Cancer + Liquid GPS*)
 Our comprehensive molecular profile comprising GPS Cancer tissue-based profiling (tumor and normal DNA and tumor RNA)* and Liquid GPS blood-based profiling (cfDNA and cfRNA).

GPS Cancer
 Tissue-based profiling only

Liquid GPS
 Blood-based profiling only

Visit www.nanthealth.com for additional information and the latest test descriptions

BLOOD SPECIMEN INFORMATION

▲ SPECIMEN COLLECTION DATE _____

TISSUE SPECIMEN INFORMATION (Not required if ordering Liquid GPS only)

▲ SPECIMEN ID# TO BE TESTED _____

▲ SPECIMEN SOURCE _____

▲ COLLECTION LOCATION (STATE) _____ ▲ COLLECTION DATE _____

PATHOLOGY INFORMATION (Not required if ordering Liquid GPS only)

▲ LOCATION NAME _____

▲ PATHOLOGIST _____

▲ ADDRESS _____

▲ CITY _____ ▲ STATE _____ ▲ ZIP CODE _____

▲ PHONE _____ ▲ FAX _____

▲ EMAIL _____

PATIENT INFORMATION

▲ LAST NAME _____ ▲ FIRST NAME _____

▲ MEDICAL RECORD NUMBER _____

▲ ADDRESS _____

▲ CITY _____ ▲ STATE _____ ▲ ZIP CODE _____

▲ PHONE _____ ▲ SEX _____ ▲ DATE OF BIRTH _____

▲ EMAIL _____ Has patient had a transplant? YES NO

PATIENT DIAGNOSIS INFORMATION

▲ DIAGNOSIS _____

▲ ICD10 CODE _____

▲ STAGE _____

Unless otherwise specified, we will contact the pathology department noted to request your patient's tissue specimen.

Please check this box if you do not want us to provide this service

PATIENT INSURANCE INFORMATION

Patient relationship to insured? SELF SPOUSE CHILD OTHER

▲ NAME OF INSURED'S EMPLOYER _____

Bill to: Medicare

PATIENT STATUS AT TIME OF SPECIMEN COLLECTION (CHOOSE ONE):

Outpatient

Inpatient _____

▲ DISCHARGE DATE (REQUIRED) _____

Bill to: Insurance Self-pay* Contracted Facility*
 *Self-pay patients will be required to provide credit card information

Is this case related to Worker's Compensation? Yes No

If yes, please provide case manager name and phone number:

▲ NAME _____ ▲ PHONE NUMBER _____

*Selection of this test indicates approval to perform genomic mutation analysis using an alternate platform if there is insufficient tissue for whole genome DNA sequencing.

PHYSICIAN CERTIFICATION

My signature certifies that I have explained to the patient the nature and purpose of the testing to be performed and have obtained informed consent, as required by applicable state laws or regulations, to permit NantHealth to (1) perform the testing, (2) release the test results to the patient's third party payer when necessary as part of the reimbursement process, (3) retain the test results for an indefinite period of time for internal quality assurance or operations purposes, and (4) de-identify the test results and use or disclose such de-identified results for future unspecified research. I will maintain all signed consent forms as part of the patient file and make them available to NantHealth upon reasonable request. This requisition constitutes an order for services. I certify the services are medically indicated and necessary, and they will assist me in treating my patient.

▲ AUTHORIZED SIGNATURE _____ ▲ PRINTED NAME _____ ▲ DATE _____

This page provides ordering instructions and process details. It is not necessary to return this page to NantHealth.

Ordering Instructions Checklist

STEP 1:

Submit ordering documentation via fax to 1.866.728.3945

Ensure the required documents listed below are faxed to 1.866.728.3945. We will not start processing the order until all required documents are received. Once the documents are received, a NantHealth billing representative will contact the patient to process the financial commitment.

All Orders

- Clinical Requisition Form
- Copy of insurance card (front and back)
- Patient Agreement of Financial Responsibility Form
- Patient Informed Consent

GPS Cancer or GPS Complete Orders

- All documents in the "All Orders" section plus the following:
- Financial Assistance Application (NantAccess Program)
 - Pathology report

Liquid GPS or GPS Complete Orders

- All documents in the "All Orders" section plus the following:
- Advance Beneficiary Notice of Noncoverage (ABN) only for Medicare or TriCare patients

STEP 2:

Collect blood specimen and send with a copy of requisition

- Collect the blood specimen using the provided GPS blood kit (*fill both tubes following the instructions in the kit*)
- Enclose a copy of the signed requisition in the provided blood kit shipping package
- Return the shipping package to NantHealth using the enclosed label

Next Steps

1. If ordering GPS Cancer or GPS Complete, we will work with the designated pathology office to obtain tissue samples.
2. We will conduct testing and deliver the test report to you via mail and fax.
 - GPS Cancer and GPS Complete results are typically available three weeks after receipt of tissue and blood specimens.
 - Liquid GPS results are typically available seven days after receipt of blood specimen.
3. Schedule an optional physician consultation or tumor board review with our clinical and scientific team by contacting the GPS Care Center.

Contact Us

GPS CARE CENTER: 1.844.MY.OMICS (9am-8pm ET weekdays) | FAX: 1.866.728.3945 | E-MAIL: gps@nanthealth.com