

**ADAPT IMMUNE® MAGE-A4 SPONSORED  
TESTING REQUISITION FORM (TRF)  
FOR SYNOVIAL SARCOMA**

**SPECIMEN INFORMATION**

Facility where specimen collected		Institution name	
Collection date	Collection time	Add1	
Specimen ID	Sublabel	Specimen source	
		Add2	
		City, state, zip	
		Phone	FAX#
		Ordering physician name	NPI#
		Ordering physician signature, credentials & date requested:	
<p>By signing this form, Ordering Physician attests that: (a) he/she is authorized by law to order this test, (b) that the patient meets program eligibility criteria (see below), (c) they have provided written notices of its privacy practices to patients and have obtained consents and authorizations from its patients as may be required by privacy laws or other state and federal laws to enable PhenoPath to receive and process the patient information, perform the requested testing services, and report the results.</p>			
<p><b>Program Eligibility Criteria</b> Through this program sponsored by Adaptimmune, eligible patients receive MAGE-A4 testing at no cost if they meet the following eligibility requirements:</p> <ul style="list-style-type: none"> <li>• Patient has synovial sarcoma, AND</li> <li>• Patient is being treated in the United States, AND</li> <li>• MAGE-A4 testing is being performed for non-clinical trial purposes, AND</li> <li>• Testing is being ordered by a licensed healthcare provider.</li> </ul> <p>Eligibility for sponsored testing does not depend on test result or treatment decision. Physicians ordering testing will not receive any compensation from Adaptimmune or Quest. Program is not valid where prohibited by law. Quest and Adaptimmune have the right to amend or end the program at any time.</p>			

**PATIENT INFORMATION**

Patient name		<input type="checkbox"/> Male	<input type="checkbox"/> Female
DOB			

**Fax a copy of the report also to the following physician(s):**

Name	FAX

**CONTACT INFORMATION**

Person completing form	
Date	Phone

**BILLING**

**Adaptimmune will be billed as sponsor of program**

**REQUIREMENTS**

- Pathology report
- 1 (one) Formalin – fixed, paraffin-embedded tumor tissue, either block or 5 unstained sections cut @ 4 um on positively charged slides (1 section per slide)
- Duration of Fixation: 6-72 hours
- Cold Ischemic time: < 30 minutes
- Ship ambient
- Rejection criteria: Decalcified specimens

**REQUEST**

MAGE-A4 1 F9 IHC pharmDx testing for presence of MAGE-A4 biomarker in tissue

**Supply Request:**  Transport Kit and FedEx Air Bill **Date Sent:** \_\_\_\_\_

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**By submitting a specimen with this requisition form, you agree:**

- 1) The information provided on this form and accompanying paperwork is complete and accurate.
- 2) If the test order is ambiguous, PhenoPath may contact Client to determine intent. Testing may be delayed.
- 3) Requests for testing PhenoPath does NOT perform (for current test menu, consult PhenoPath's website – [www.phenopath.com](http://www.phenopath.com) or contact Client Services at 1.206.374.9000, or Toll-free at 1.888.92.PHENO (1.888.927.4366):
  - a) PhenoPath may forward specimens to an alternate facility for testing it does not perform, upon authorization by Client.
  - b) PhenoPath will manage return of applicable specimen to Client.
  - c) By signing the authorization form, Client agrees to pay for authorized services that are not paid for by a third party. PhenoPath can only bill for professional services provided by PhenoPath.

**Physician Clinical Consultant:** PhenoPath's pathologists are available to discuss appropriate testing and test ordering with ordering physicians.