Test Requisition Form

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CAP ACCREDITED COLLEGE of AMERICAN PATHOLOGISTS

onkos®

PATIENT INFORMATION

*Can be filled in by the patient | Required fields**

Full name* | ID* | Date of Birth* | Biological sex*

/ / M ☐ F ☐

City* | Country* | (CODE) Cell phone* | E-mail(s) for sending the medical report and notifications*

( )

SELECT THE REQUESTED TEST

*Must be filled by the requesting physician | Required field**

mir-THYpe® full

MOLECULAR CLASSIFIER TEST FOR INDETERMINATE NODULE

Primary Indication: Bethesda III or IV

Help the medical decision between clinical follow-up without surgery or the indication and planning of surgical extension.

Diagnostic Markers

- Panel of microRNAs ("benign" vs "malignant")

Prognostic Markers

- *BRAF V600E*
- *TERT C228/250T*
- miR-375 (Medullary)
- miR-146b

Materials accepted for analysis

- ✓ FNA (cytology smear slides)
- ✓ Cell-Block, Core Biopsy/TruCut up to 1 year from collection

*AP post-surgical is **NOT** accepted for this test*

mir-THYpe® pre-op

PRE-OP MOLECULAR PANEL TEST FOR PROGNOSTICS

Primary Indication: Bethesda V or VI

Aims to assess the **aggressiveness potential** of the studied nodule through molecular markers with prognostic relevance, supporting decisions such as **surgical extent planning, follow-up intensity**, and **pre- or post-surgical staging.**

It can be performed on **post-surgical material.**

Prognostic Markers

- *BRAF V600E*
- *TERT C228/250T*
- miR-375 (Medullary)
- miR-146b

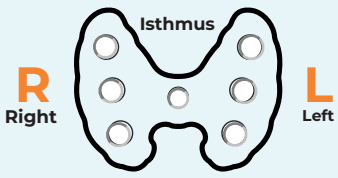
Materials accepted for analysis

- ✓ FNA (cytology smear slides)
- ✓ Core Biopsy/TruCut
- ✓ Cell-Block
- ✓ Post-surgical AP

CLINICAL INFORMATION OF THE SAMPLE TO BE ANALYZED

*Must be filled by the requesting physician**

Mark the location of the target node*



☐ **CERVICAL LYMPH NODE**
Location:_____

Fill a **single application per node*

Sample report date* / /

Laboratory, Clinic or Hospital where the sample was prepared*

Does the patient have more than 1 punctured nodule?*

○ No ○ Yes *(Specify the code - **as in the report** - of the nodule to be analyzed):* _____

Which is the Bethesda category of the target nodule?

○ Bethesda 3 ○ Bethesda 5

○ Bethesda 4 ○ Bethesda 6

Target nodule size (cm): _____

US category (ACR TI-RADS): _____

Other information: _____

ATTENTION: If the patient has more than one nodule (or more than one FNA of the same nodule), specify above the date and the same ID/code/number used in the report to identify the nodule to be analyzed.

REQUESTING PHYSICIAN

*Must be filled by the requesting physician | Required fields**

Full Name* | Physician Registry ID* | (CODE) Cell phone*

( )

City* | Country* | E-mail(s) of the physician to send the medical report*

Medical Specialty*

- ☐ Endocrinology
- ☐ Head and Neck Surgery
- ☐ Gynecology
- ☐ (Cyto)Pathology
- ☐ General Surgery / Oncology
- ☐ Oncology
- ☐ Radiology
- ☐ Other (Specify): _____

Signature

Ⓧ *I request the molecular test selected above for the patient specified above*

_____

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