Test Requisition Form

CAP ACCREDITED — COLLEGE of AMERICAN PATHOLOGISTS

onkos®

Patient information

Full name* (as per ID) _____ Biological sex* _____

Date of Birth* ___/___/___ ID*_____ (Country code) Cellphone* _____

E-mail*_____ City*_____ Country*_____

Select the requested test

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

○ mir-THYpe® full

Molecular classifier test for indeterminate nodules

Primary Indication: Bethesda III or IV

Supports medical decision-making between clinical follow-up without surgery and surgical indication and planning.

Diagnostic Markers

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

Prognostic Markers

- *BRAF* V600E
- *pTERT* C228/250T
- miR-375 (MTC)
- miR-146b (LN+ predictor)

Materials accepted for analysis

- ☑ FNA (cytology smear slides)
- ☑ Cell-Block, Core biopsy/Tru-Cut collected within the past year

Post-surgical pathology specimens are NOT accepted for this test.

○ mir-THYpe® pre-op

Pre-op molecular panel for prognostic assessment

Primary Indication: Bethesda V or VI

Aims to assess the potential aggressiveness of the 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

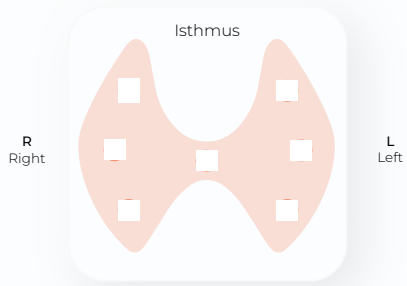
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- ☑ FNA (cytology smear slides)
- ☑ Core biopsy/Trucut
- ☑ Cell-Block
- ☑ Post-surgical AP

Clinical Information of the sample to be analyzed

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):

_____

What is the Bethesda category of the target nodule?

- ○ Bethesda III
- ○ Bethesda IV
- ○ Bethesda V
- ○ Bethesda VI

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

Full Name* _____ Physician Registry ID*_____

City*_____ Country* _____

(Country code) Cellphone* _____

Physician's e-mail address(es) for receiving the medical report

_____

Medical Specialty*

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

Signature

_____

Contact us:

+55 (16) 99700-4265

mir_thype

mir-thype.com

international@mir-thype.com

Doctor

mir-THYpe®
Thyroid Molecular Test

Do you have any questions about how to fill out the medical order?

Our advisory team can help you!

Patients

Reach out to us for information on payment methods, access, and sample handling.

WhatsApp:

or
international@mir-thype.com

How the process works

No new fine-needle aspiration (FNA) required.

The same sample that was previously collected - and is now stored - can be reused to perform the mir-THYpe® full test.

How do we pick up the sample?

Our team will coordinate the entire process with the lab or hospital where your thyroid sample is stored and arrange the pickup.

Onkos analyses your sample with molecular biology.

Your sample is analyzed using molecular biology and AI to provide clinically relevant information for medical decision-making.

Access your results

Your report will be available on our website within 12 business days.

https://portal.onkos.com.br/

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