Instructions for completing the Foundation Medicine Test Requisition Form for all tests are outlined below. These provide a general overview, but please contact Client Services at 888.988.3639 or client.services@foundationmedicine.com for questions or further detail. For more information or to order online, visit www.foundationmedicine.com.

1. **Patient Demographics**
   - Patient Last Name, First Name: Enter patient’s full legal last name (including any hyphenations) and full legal first name (no nicknames).

2. **Treating Physician Information**
   - **Treating Physician Name:** Provide the full legal name of the physician here. This must match the signature line at the bottom of this form.
   - **Account Number:** If you do not know or do not have an account number, Foundation Medicine will create and/or enter it when we receive the order.
   - **Additional Physician to beCopied:** Physician indicated here will receive a copy of the report when it is available (if desired).
   - **Additional Physician to be Copied (optional):**
     - **Hospital ABC**
     - **Dr. John Smith**
     - **Fax**
     - **(617) 418-2290**
     - **Email**
     - **jbloggs@hospitalabc.com**

3. **Current Diagnosis/Patient History**
   - **Accurate diagnosis information helps inform health insurance coverage and supports faster turn-around-time by preventing follow-up from our Client Services, Billing and Pathology groups.**
   - **To prevent a delay in receiving results, include:**
     - **Stage OR Disease Status, AND**
     - **Cancer type, ICD Code(s)**
   - **Diagnosis:** Current diagnosis. Choose cancer type or fill out “other.” Provide any additional diagnosis information in the “Additional Details” section.
   - **Attachments:** Supplementary test results may assist our pathologists in their assessment of the case. Scan and include with submission. Utilizing online ordering will make this process easier.

4. **Test Selection**
   - **Select only one test (unless supplementing with IHC testing).** For information on what test is right for your patient, refer to our website or contact Client Services.
   - **FoundationOne®Liquid Reflex Option:** If patient tissue sample is insufficient for FoundationOne®CDx, you may prereauthorize Foundation Medicine to proceed with our liquid biopsy test, FoundationOne Liquid. We will work with you and your patient to obtain the necessary blood specimen for testing.

5. **Specimen Retrieval Information**
   - **Provide information only for the specimen type that is indicated.** If patient tissue sample is insufficient for FoundationOne®CDx, you may prereauthorize Foundation Medicine to proceed with our liquid biopsy test, FoundationOne Liquid. We will work with you and your patient to obtain the necessary blood specimen for testing.

6. **Billing Information**
   - **READ CAREFULLY TO PREVENT A DELAY IN RECEIVING RESULTS**
   - One of the 3 options (Insurance, Facility, Self-Pay) must be selected and all associated information must be provided.

7. **Certificate of Medical Necessity/Consent/Test Authorization and Physician Signature**
   - **Important information regarding the physician’s duty to inform the patient about the Foundation Medicine test. Read carefully.**
About the Test
FoundationOne®CDx is a next-generation sequencing based in vitro diagnostic device for detection of substitutions, insertion and deletion alterations, and copy number alterations in 324 genes and select gene rearrangements, as well as genomic signatures including microsatellite instability (MSI) and tumor mutational burden (TMB) using DNA isolated from formalin-fixed, paraffin-embedded (FFPE) tumor tissue specimens. For the complete Intended Use statement, including companion diagnostic indications, please see the FoundationOne CDx Technical Information page: www.foundationmedicine.com/f1cdx.

About the Test
FoundationOne®Liquid is a blood-based circulating tumor DNA (ctDNA) liquid biopsy test for solid tumors that identifies clinically relevant genomic alterations and provides an assessment of high microsatellite instability, across 70 genes known to be drivers of cancer. This test can assist physicians in identifying treatment options by providing clinically actionable information relevant to diagnosis, risk-stratification and prognosis. Test results provide information about potential targeted therapies and/or clinical trials to better inform treatment decisions.

About the Test
FoundationOne®Heme is a comprehensive genomic profiling test for hematologic malignancies and sarcomas. The test is designed to provide physicians with clinically actionable information to help with diagnostic sub-classification, prognosis assessment, and targeted therapeutic selection. Test results provide information about clinically significant alterations, potential targeted therapies, available clinical trials, and quantitative markers that may support immunotherapy clinical trial enrollment. FoundationOne Heme is validated to detect all classes of genomic alterations in more than 400 cancer-related genes. In addition to DNA sequencing, FoundationOne Heme employs RNA sequencing across more than 250 genes to capture a broad range of gene fusions, common drivers of hematologic malignancies and sarcomas.

IHC Testing
For tumors with no CDx indication, Foundation Medicine will perform PD-L1 testing using the Dako PD-L1 22C3 PharmDx assay. More information available at this web link: www.foundationmedicine.com/genomic-testing/order.

For Urothelial Carcinoma (URC), if PD-L1 testing with the Ventana SP142 clone is preferred, please indicate that preference on the test requisition form, via online ordering, or contact our client services team at client.services@foundationmedicine.com or by calling +1 888.988.3639.

Medicare Coverage Summary

Select Foundation Medicine tests are covered by Original Medicare and Medicare Advantage.

<table>
<thead>
<tr>
<th>TEST</th>
<th>CONDITIONS FOR MEDICARE COVERAGE</th>
<th>COVERAGE CRITERIA</th>
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</thead>
<tbody>
<tr>
<td>FoundationOne CDx</td>
<td>Covered if all coverage criteria are met. Advanced Beneficiary Notice (ABN) required if patient does not meet the coverage criteria or if person ordering the test is not a treating physician.</td>
<td>i) Patient has been diagnosed with a solid malignant neoplasm; AND</td>
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<td>ii) Patient has either recurrent, relapsed, refractory, metastatic, or advanced stages III or IV cancer (only requires one of these to be met); AND</td>
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<td>iii) Either</td>
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<td>Patient has not been previously tested using the same NGS test for the same primary diagnosis of cancer OR</td>
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<td>Patient is undergoing repeat testing using the same NGS test for a new primary cancer diagnosis made by the treating physician; AND</td>
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<td>iv) Patient has decided to seek further cancer treatment (e.g., therapeutic chemotherapy)</td>
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<tr>
<td>FoundationOne Liquid</td>
<td>Covered if all coverage criteria are met. ABN required if patient does not meet the coverage criteria or if person ordering the test is not a treating physician.</td>
<td>N/A</td>
</tr>
<tr>
<td>FoundationOne Heme</td>
<td>Not covered at this time. Foundation Medicine is working toward future coverage. ABN required for every case.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

References
1. Per the “Decision for Next Generation Sequencing (NGS) for Medicare Beneficiaries with Advanced cancer – CAG-00450N.”
2. Medicare administered by federal government.
3. Medicare administered by private insurers.