FOUNDATIONONE®HEME

Sample Type Recommendations

for Hematological Malignancies and Sarcomas

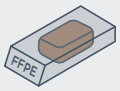
Below are general guidelines regarding suggested sample types, however, the most appropriate sample type is patient-dependent and **requires ≥ 20% lesional/tumor nuclei**. For more information on preparation of each of these sample types, please refer to our specimen guidelines.

Acute Leukemia, MDS, MPN, MDS/MPN

PREFERRED SAMPLE TYPES:

Peripheral Whole Blood or

Bone Marrow Aspirate



SECONDARY SAMPLE TYPE:

Bone Marrow FFPE clot section

Lymphoma

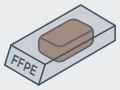
PREFERRED SAMPLE TYPE:

FFPE biopsy material

SECONDARY SAMPLE TYPE:

Peripheral Whole Blood

Sarcoma



PREFERRED SAMPLE TYPE:

FFPE biopsy material

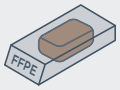
SECONDARY SAMPLE TYPE:

If tissue is unavailable, use Peripheral Whole Blood with **FoundationOne®Liquid CDx for Sarcomas**

Multiple Myeloma

PREFERRED SAMPLE TYPE:

Bone Marrow Aspirate



SECONDARY SAMPLE TYPE:

Bone Marrow FFPE clot section

DO NOT USE strong acids (e.g. hydrochloric acid, sulfuric acid, picric acid) as these destroy nucleic acid. When decalcification is required, the use of EDTA is recommended.

Extracted Nucleic Acid (DNA and RNA) from any sample that has adequate tumor is acceptable.

Peripheral whole blood and bone marrow aspirate must be received the day after collection for optimal analysis, as the specimen may degrade with time.

For questions regarding sample types, please contact Client Services at (888) 988.3649 to be connected with one of our pathologists. Do not submit any sample type not listed above without consultation with a Foundation Medicine pathologist.

FoundationOne®Heme is a laboratory developed test that was developed and its performance characteristics determined by Foundation Medicine. FoundationOne Heme has not been cleared or approved by the U.S. Food and Drug Administration. For more information on FoundationOne Heme, please see its Technical Specifications at foundationmedicine.com/heme.

FoundationOne®Liquid CDx is for prescription use only and is a qualitative next-generation sequencing based *in vitro* diagnostic test for advanced cancer patients with solid tumors. The test analyzes 324 genes utilizing circulating cell-free DNA and is FDA-approved to report short variants in 311 genes and as a companion diagnostic to identify patients who may benefit from treatment with specific therapies (listed in Table 1 of the Intended Use) in accordance with the approved therapeutic product labeling. Additional genomic findings may be reported and are not prescriptive or conclusive for labeled use of any specific therapeutic product. Use of the test does not guarantee a patient will be matched to a treatment. A negative result does not rule out the presence of an alteration. Patients who are negative for companion diagnostic mutations should be reflexed to tumor tissue testing and mutation status confirmed using an FDA-approved tumor tissue test, if feasible. For the complete label, including companion diagnostic indications and complete risk information, please visit http://www.F1LCDxLabel.com.

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