



**Instructions:** The information requested below is important for interpretation of the LUCHM / LiquidHALLMARK® ctDNA and ctRNA\*\* test result. To help provide the best possible service, answer the questions completely and **send the paperwork with the specimen**. All answers will be kept confidential.

If available, also provide a copy of the pathology report. While testing may proceed without this report, it aids in providing a more thorough and accurate interpretation. **It is strongly encouraged to provide this information with the specimen.**

**Patient Information (required)**

Patient Name (Last, First Middle)		Birth Date (mm-dd-yyyy)
Medical Record Number/Patient ID	Legal/Administrative Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	

**Ordering Healthcare Professional Information**

Ordering Healthcare Professional Name (Last, First)	Phone	Email
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**Reason for Testing**

ICD-10 Diagnosis Code(s) (required): _____
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**Clinical History (required)**

The following information must be provided before testing can proceed.	
1. Original diagnosis date (mm-dd-yyyy): _____	
2. Cancer diagnosis: <input type="checkbox"/> Lung <input type="checkbox"/> Breast <input type="checkbox"/> Colon <input type="checkbox"/> Prostate <input type="checkbox"/> Ovarian <input type="checkbox"/> Not specified <input type="checkbox"/> Other: _____	
3. Disease stage: <input type="checkbox"/> Advanced cancer <input type="checkbox"/> Not specified <input type="checkbox"/> Other: _____	
4. Current therapy and response: _____	
5. Disease status: <input type="checkbox"/> Metastatic <input type="checkbox"/> Refractory <input type="checkbox"/> Progression <input type="checkbox"/> Recurrent <input type="checkbox"/> Relapse <input type="checkbox"/> Not specified <input type="checkbox"/> Other: _____	

**General Collection Instructions (Collection Area Information)**

1. Draw blood into the two 10-mL Streck cell-free DNA tubes provided in the kit.
2. Invert several times to mix well.
3. Do not centrifuge or aliquot. Processing will occur once the specimen is received at Mayo Clinic Laboratories (MCL).
4. Transport the specimens to MCL at ambient temperature and ensure they are received at MCL within 4 days of collection.

\* This is NOT an order form; it is only for patient information. The corresponding test LUCHM will be ordered in either MayoACCESS or MayoLink by the client lab.

\*\* Testing performed by Lucence Health