Block/Slide Sample Collection

To be completed by specimen storage/collection location.

Phone: 00 41 21 533 53 00 | Fax: 00 41 21 533 53 01 | Email: InternationalSupport@CarisLS.com

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PATIENT INFORMATION

First Name	Last Name	MI
DOB (DD/MM/YYYY)	Biological Sex ☐ M ☐ F	

CASE INFORMATION

Treating Physician Name	Case Number/ID (if available)

SPECIMEN INFORMATION

Facility Name Where Procedure Performed/Collected	City	Country

Specimen Collection Location (Place of Service)
☐ Hospital Inpatient: Discharge Date _____ ☐ Office/ASC
☐ Hospital Outpatient: Discharge Date _____ ☐ Other: _____

Most Recent Specimen
☐ Yes ☐ No

Specimen/Block ID Number(s)	Specimen Type ☐ Block ☐ Unstained Slides	Slide Cut Date ____/____/_____

Collection Date
____/____/_____ ____ : ____ ☐ AM ☐ PM
DAY MONTH YEAR

Date Removed from Storage
____/____/_____
DAY MONTH YEAR

Fixation Details (CAP/ASCO Requirement)

Cold ischemic time ≤ 1 hour:	☐ Yes	☐ No	☐ Unknown
10% neutral buffered formalin:	☐ Yes	☐ No	☐ Unknown
Fixation duration 6 to 72 hours:	☐ Yes	☐ No	☐ Unknown

Note: The information provided does not constitute an order for services. The Tumor Profiling Requisition (order) is required to initiate testing.

4610 South 44th Place, Suite 100 / Phoenix, Arizona 85040 / (888) 979-8669 / Fax: (866) 479-4925 / CLIA 03D1019490 / CAP 7195577 / ISO 13485:2016 / ISO 15189:2022

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ADDITIONAL INFORMATION