

### CLIENT INFORMATION

Client Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
Ordering Physician (print): \_\_\_\_\_  
 Endocrinologist  Pathologist  Other: \_\_\_\_\_  
NPI #: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_  
(Physician or Authorized Designee)\*\*  
\*\*The signatory declares by his signature that he/she is authorized to order the services.

### REFERRING PHYSICIAN (Copy of report will be provided)

Name: \_\_\_\_\_  
Facility/Office Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### PATIENT INFORMATION

(Please attach patient face sheet, clinical history, pathology report along with front and back of primary and secondary insurance card)

Name (Last, First): \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F  
Patient Status:  Hospital Inpatient  Hospital Outpatient  
 Non-hospital Patient  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Medical Record #: \_\_\_\_\_  
Hospital/Facility Name: \_\_\_\_\_

### BILLING Copies of Insurance Cards Attached

Bill To:  Medicare  Insurance  Client  Patient  
Insurance Name: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Policy Holder Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Relationship:  Self  Spouse  Child  Other Referral #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Secondary Insurance: \_\_\_\_\_

### SPECIMEN & SHIPPING REQUIREMENTS

- For RosettaGX Reveal the preferred specimen type is a thyroid smear slide. Each slide must contain sufficient amount of thyroid cells that can be/has been used for diagnostic purposes. Cellblock\*\* and ThinPrep is also acceptable. Slide should be taken from a >0.5 cm nodule and be marked with two unique patient identifiers. Acceptable stains for the test: PAP, Diff-Quik, Giemsa. Ship sample to East Lab (address above) using the RosettaGX Reveal kit provided.
- FNA Cytology slides should be taken from a nodule >0.5 cm and the slides marked with two unique patient identifiers. Place wet slides into slide holder containing alcohol and place dry slides into the dry slide holder. For Liquid-Based FNA Cytology, express each thyroid aspirate into PreservCyt solution: 2-4 passes per nodule. Label vial with two patient identifiers. FNA Cytology smears and Liquid-based FNA Cytology should be shipped to West Lab (address above) using a RosettaGX FNA Thyroid Cytology Kit (smears) or a RosettaGX Thyroid Liquid Cytology Kit (ThinPrep).

Top Copy (White) – RosettaGX • Bottom Copy (Yellow) – Client

\*\*The RosettaGX Reveal™ Test was validated in a blinded study on FNA smears classified as Bethesda III, IV, V.

In a separate non-blinded study using cell blocks, the Test performed at the same levels as samples in the blinded validation study.

- Bar D., Meiri E., et al., International Thyroid Congress, Orlando, October 18-23, 2015
- Benjamin H, Schnitzer-Perlman T, Shtabsky A, et. al. Analytical Validity of a microRNA-based Assay for Diagnosing Indeterminate Thyroid FNA Smears from Routinely Prepared Cytological Slides. Cancer Cytopathology. May 25, 2016.

<http://onlinelibrary.wiley.com/doi/10.1002/cncy.21731/>

### TEST MENU

- RosettaGX Reveal™** (Thyroid microRNA Classifier)  **FNA Cytology**
- FNA Cytology** with Reflex to **RosettaGX Reveal™** for Bethesda III, IV, V  
Reflex only for:  AUS/FLUS (Bethesda III)  FN/SFN (Bethesda IV)

### CLINICAL INFORMATION

ICD-10 CODES - \_\_\_\_\_  
Primary Secondary

Possible codes for your consideration are listed below. (Fill in above; please do not circle):

- E04.2 Nontoxic multinodular goiter  
 E04.0 Nontoxic diffuse goiter  
 E04.1 Nontoxic single thyroid nodule  
 E04.8 Other, specified nontoxic goiter  
 E06.3 Autoimmune thyroiditis (hashimoto)  
 D44.0 Neoplasm of uncertain behavior of thyroid gland  
 E01.0 Iodine-deficiency related diffuse (endemic) goiter  
 E01.1 Iodine-deficiency related multinodular (endemic) goiter

See ICD-10 manual for additional codes. Testing cannot be done unless ICD-10 code(s) are included.

Specimen Type:  FNA Smear (Diagnostic slide preferred)  Cellblock\*\*  
 ThinPrep

Check to Request Image of Slide for RosettaGX Reveal (Email Required)

Email for Slide Image: \_\_\_\_\_

Number of slides: \_\_\_\_\_

Stain Type Used:  Giemsa  PAP  Diff-Quik  Other: \_\_\_\_\_

Date of FNA Procedure (sample collection): \_\_\_\_\_

Submitting Lab Accession Number(s): \_\_\_\_\_

Size of Nodule(s): \_\_\_\_\_

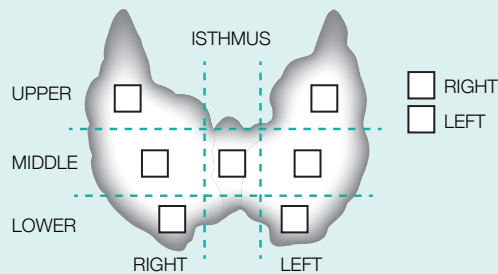
Cytology Diagnosis (Bethesda Category):

- Atypical/FLUS (III)  Suspicious for Neoplasm (Hurthle or Follicular) (IV)  
 Suspicious for Cancer (V)  Other, Please Specify: \_\_\_\_\_

### NODULE COLLECTED

(Use Separate Requisition & Kit Per Nodule)

Please Mark Diagram or Select Right or Left



### TEST DESCRIPTION

RosettaGX Reveal™ is a Rosetta Genomics propriety assay designed to assist clinicians in accurately differentiating benign thyroid nodules from nodules that are suspicious for malignancy. The assay also measures a marker for medullary carcinoma. RosettaGX Reveal was clinically validated in a blinded multi-center study<sup>1</sup> for cytologically indeterminate thyroid nodules, that are greater than 0.5 cm and for patients 18 years or older. Results are only relevant for the nodule which is sampled. The assay performance is calculated using the validation cohorts Bethesda classifications and rates of malignancy. Additionally, the assay is not trained for non-thyroid tumors.