

## Multi-cancer screening test

## Test Requisition Form

Instructions:

Kindly fill the form in BLOCK LETTERS

☐ 1st Sample ☐ Recollection

### Service User Information\*

Name: Dr./Mr./Ms./Mrs. \_\_\_\_\_

Gender at Birth: Male ☐ Female ☐ Date of Birth:         Age:  Years

Address: \_\_\_\_\_

Mobile No. \_\_\_\_\_ E-mail: \_\_\_\_\_

### Referring Clinician / Physician Information

Name: \_\_\_\_\_ Clinic / Hospital Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Clinic / Hospital Address: \_\_\_\_\_

### Specimen Information\*

Date and Time of Collection:         Sample collected By: \_\_\_\_\_

### Special Consent by Service User\*

- I am aware and made aware that EasyCheck 360® test is not for individuals with past history of any cancer or with any signs, symptoms or imaging suggestive of any cancer and I hereby confirm that I am asymptomatic of cancer.
- I am aware and made aware that EasyCheck360® test is offered to individuals of age 30 years (for Prostate 45 years) and above, but I can avail of this test with doctor's prescription if I am between 18-30 years of age (18-45 years for Prostate).
- (Applicable for women only) I am aware and made aware that EasyCheck 360® test is not performed on pregnant woman. I hereby confirm that I am not pregnant at the time of giving this sample.
- I am aware and made aware that if I am taking Aspirin or other blood thinners, bruising (hematoma) may occur at the site of blood draw.
- I am aware and made aware that my EasyCheck 360® test report will be shared with the prescribing doctor on request.
- I am aware and made aware that the company may use deidentified and anonymized data and/or residual surplus portion from my sample for scientific research including analysis and publication.
- **I am aware and made aware that the results of this test are not to be used as the sole means of diagnosis and are not intended to substitute standard of care procedures. I understand the limitations of the test which include the possibilities of 'false positives' and 'false negatives' for detection of CTCs due to biological variations beyond the performance spectrum of the test.**

I have read and understood the above information and I am aware and made aware that in certain cases recollection /additional sample of peripheral blood may be required for completion of the test. A mail for recollection / additional sample will be sent on the registered email ID. In such situation, the EasyCheck 360® test report will be available only 10 days after receipt of the second blood specimen. Agreed and declared as above.

\* All fields are mandatory. Mandatory information must be provided for the sample processing. Specifications and processes are subject to change without notice.

Signature \_\_\_\_\_