

PROTEOCYTE DIAGNOSTICS INC. LABORATORY MaRS Centre, South Tower 101 College St. Suite 200, O-219 Toronto, Ontario, Canada M5G 1L7

## Straticyte™

## **TEST REQUEST FORM**

TO AVOID DELAYS PLEASE COMPLETE ENTIRE FORM

Phone: 1-833-5-PROTEO | Fax: 1-888-521-1073 Email: proteocyte@patientcaresolutions.com

PATIENT INFORMATION PATIENT NAME (LAST, FIRST, MIDDLE INITIAL)  BIRTHDATE (DD/MM/YYYY)  BIRTHDATE (DD/								
SEX AT BIRTH	PATIENT INFORMATION			ORDERING PHYSICIAN				
DADRESS   ADDRESS   ADDRESS	PATIENT NAME (LAST, FIRST, MIDDLE INITIAL)			NAME (LAST, FIRST)				
DADRESS   ADDRESS   ADDRESS								
ADDRESS  FAX  E-MAIL  E-MAIL  E-MAIL  E-MAIL  Blopsy Type:    Dodrer:   Do	BIRTHDATE (DD/MM/YYYY)			OFFICE CONTACT (IF APPLICABLE)				
ADDRESS  ADDRESS  ADDRESS  CITY PROVINCE/STATE POSTAL/ZIP CODE  CITY PROVINCE/STATE POSTAL/ZIP CODE  DAYTIME PHONE NUMBER  PHONE FAX  E-MAIL  E-MAIL  CUNICAL INFORMATION  Procedure (biopsy) Date (DD/NM/YYYY)  Site of Biopsy:								
DAYTIME PHONE NUMBER	ADDRESS		□ DECLINE TO ANSWER	ADDRESS				
DAYTIME PHONE NUMBER  PHONE  FAX   CLINICAL INFORMATION  Procedure (biopsy) Date (DD/MM/YYYY)    Site of Biopsy:   Up	ADDITESS			TIBETICS .				
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E-MAIL    E-MAIL   E-MAIL   E-MAIL	DAYTIME PHONE NUMBER			PHONE		FAX		
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Procedure (biopsy) Date (DD/MM/YYYY)    Site of Biopsy:   Club	E-MAIL			E-MAIL				
Procedure (biopsy) Date (DD/MM/YYYY)    Site of Biopsy:   Club								
Corresponding pathology report attached   PLEASE ATTACH A COPY OF THE CORRESPONDING PATHOLOGY REPORT	CLINICAL INFORMATION							
Soft/Hard palate   Other:   Final Diagnosis of Biopsy (select all that applies):   Slopsy Type:   Slopsy Type	Procedure (biopsy) Date (DD/MM/YYYY) Site of Biopsy:							
Final Diagnosis of Biopsy (select all that applies):    No dysplasia   Mild dysplasia   Low-grade   Indicision     Moderate dysplasia   Severe dysplasia   Low-grade   Indicision     Moderate dysplasia   Severe dysplasia   High-grade     Other:    TEST REQUESTED  Straticyte - Uses a probability algorithm developed from an annotated cohort of reference cases to assess the 5-year probability of an oral potentially malignant lesion progressing to oral squamous cell carcinoma. It provides supplemental information for the corresponding pathology report. This test is not appropriate for lesions diagnosed as carcinoma.    SPECIMEN INFORMATION & RETRIEVAL			'					
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Moderate dysplasia   Severe dysplasia   High-grade   Excision			□I ow-grade					
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\*Personal information will be securely handled by PatientCare Solutions Inc., a third-party vendor working in association with Proteocyte AI for data processing, billing, reimbursement, and administration of services. The patient understands that they may revoke their consent at any time by contacting PatientCare Solutions at 1-833-5-PROTEO