

**Order Form**

**Tumor-sensitivity assay for the efficacy prediction of a chemotherapy**

Laboratory for Applied  
Neoplasia Research  
and Cytostatics  
Evaluation Inc.

Christian Kurbacher  
MD, Ph.D.  
Professor Uwe Reinhold  
MD, Ph.D.

Friedrich-Breuer-Str. 72-78  
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Fon +49-228-4335836  
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info@lance.de  
www.lance.de

To  
L.a.n.c.e.  
Laboratory for Applied Neoplasia Research  
and Cytostatics Evaluation Inc.  
Christian Kurbacher, MD, Ph.D.  
Professor Uwe Reinhold, MD, Ph.D.

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➔ **• Patient data:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 female  male Date of sample collection: \_\_\_\_\_

➔ **• Tumor-related information:**

Type of tumor: \_\_\_\_\_ Stage/TMN classification: \_\_\_\_\_  
 First time occurrence  Relapse Type of collection:  Material from surgery  Biopsy  
 Visceral cavity puncture (ascites/pleura effusion; ca. 1 liter)  
 Material from:  Primary tumor  Lymph nodes  Metastasis (localization: \_\_\_\_\_)

➔ Pretreatment with cytostatics:  no  yes (therapy regimen: \_\_\_\_\_)

➔ **Important information for sample preparation and transport:**

1. Please place the tumor material (surgery material, ca. 1 g, 'fingertip sized') immediately and covered with sterile isotonic infusion solution (i.e. phys. NaCl or Ringer solution) into the transport units right away.
2. Until transport, the sample material can be stored refrigerated. It must NOT be frozen in any case and no formalin may be added!
3. **Important:** Samples must **arrive within 24 hours (Monday until Thursday)** at L.a.n.c.e.!
4. Please notify L.a.n.c.e. before mailing the sample at +49-228-4335836. Your contact person: Ms. Beier.
5. Please remember to enclose the separate 'Patient Informed Consent Form' with every shipped sample. Thank you!

➔ **• Test size:**

- One test series (up to (7) cytostatics or combinations)  
 Two test series (up to (14) cytostatics or combinations)  
 Three test series (up to (21) cytostatics or combinations)

The choice of the regimen to be tested is made by the head physicians of L.a.n.c.e. depending on the indication and the contingent pretreatment.

Tests of specific agents should be separately listed here: \_\_\_\_\_

stamp of sender

patient code/sticker

**Informed Consent of Patient**  
**Medical Consent and Financial Agreement**  
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Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Street address: \_\_\_\_\_

City/ZIP code: \_\_\_\_\_

Hospital: \_\_\_\_\_

Physician: \_\_\_\_\_

stamp of hospital/physician

I was thoroughly informed about the ATP-TCA tumor sensitivity assay including its attainable results and the possibilities and limits of interpretation by \_\_\_\_\_.  
I explicitly ask for a 'private treatment' (for the processing of the assay).

The service will be regarded as completed, even if no interpretation is possible due to inadequate cell growth.  
I agree that excess biopsy material may be used for further research on tumor therapy.

I am aware that I will receive an invoice from the lab which I have to pay for, regardless whether my health insurance provider will cover it or not.

I hereby order the choice of test series as checked below and agree to the costs listed below.

- |  |              |
|--|--------------|
| <input type="checkbox"/> One test series (up to (7) cytostatics or combinations):    | EUR 1.300,83 |
| <input type="checkbox"/> Two test series (up to (14) cytostatics or combinations):   | EUR 1.809,35 |
| <input type="checkbox"/> Three test series (up to (21) cytostatics or combinations): | EUR 2.317,99 |

\_\_\_\_\_  
city/date

\_\_\_\_\_  
signature