

Order Form

Tumor-sensitivity assay for the optimization of a chemotherapy

L.a.n.c.e.

Laboratory for Applied
Neoplasia Research
and Cytostatics
Evaluation Inc.

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Professor Uwe Reinhold, MD, Ph.D.
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Friedensplatz 16
53111 BONN
DEUTSCHLAND

Friedensplatz 16
D-53111 BONN

Fon +49-228-4335836
Fax +49-228-4335837

info@lance.de
www.lance.de

➔ Patient data:

Last name: _____ First name: _____ Date of birth: _____
 female male Date of sample collection: _____

➔ Tumor-related information:

Type of tumor: _____ Stage/TNM classification: _____
 First time occurrence Relapse Type of collection: Material from surgery Biopsy
Date of first time occurrence: _____ Visceral cavity puncture (ascites/pleura effusion; approx. 1000 ml)
Material from: Primary tumor Lymph nodes Metastasis (localization: _____)

➔ Pretreatment with cytostatics: no yes (Date: _____) (therapy regimen: _____)

➔ Important information for sample preparation and transport:

1. Please place the tumor material (surgery material, approx. 1 g, 'fingertip sized') immediately into the transport units and cover with sterile isotonic infusion solution (i.e. phys. NaCl or Ringer solution) 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 through Thursday)** at L.a.n.c.e.!
4. Please inform L.a.n.c.e.-Laboratory at least 24 hours **before** mailing the sample at +49-228-4335836.
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
Tumor-sensitivity assay for the optimization of a chemotherapy

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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, irrespective of 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 1.433,18 |
| <input type="checkbox"/> Two test series (up to (14) cytostatics or combinations): | EUR 1.941,69 |
| <input type="checkbox"/> Three test series (up to (21) cytostatics or combinations): | EUR 2.450,21 |

city/date

signature