

EVA-PCD[®]

(Ex Vivo Analysis of Programmed Cell Death)

ASSAY REQUISITION

Patient

Name _____ Date of Birth _____

Clinical Diagnosis _____ Pathology Ref. No _____

Histologic Diagnosis _____ Inpatient Outpatient

Prior chemo? Yes No Not known Male Female

Drug(s) Received _____ Date of Last Chemo _____

Physicians

Please check box to indicate requesting physician.

Surgeon _____ Phone _____

Pathologist _____ Phone _____

Oncologist _____ Phone _____

Drug Selection

- RTI will assign drug panels appropriate for patients' diagnosis and treatment status.
- Ordering physician selects (list in order of testing priority). If specimen yields insufficient cells to test all drugs, as many drugs as possible will be tested.

1.	4.	7.
2.	5.	8.
3.	6.	9.

Billing

Please enclose a copy of the admitting record (face sheet) and FAX pathology report as soon as available to 562.989.8160.

Rational Therapeutics to bill: Patient Study # _____