

**Required documents:** Pathology report(s) (if you will arrange for specimen shipment) and copy of both sides of insurance card(s)

**Recommended documents:** Molecular diagnostic reports, progress notes and ABN (if necessary)

Submit via secure fax 833.520.4819 or the Strata Portal at <https://portal.strataoncology.com>

All fields required unless other information as noted in the section is provided.

**• Patient Information** *(Only Patient Name and DOB needed if demographic face sheet is included)*

DOB	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	MRN
Street Address 1		Street Address 2
City	State	Zip Code
Phone Number		Email
Primary Spoken Language		

**• Cancer Diagnosis/Stage**

Cancer Type	Current Clinical Stage <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> NA, Not Staged
ICD10 Code(s)	Disease Status <input type="checkbox"/> Metastatic <input type="checkbox"/> Refractory <input type="checkbox"/> Relapse <input type="checkbox"/> Recurrent <input type="checkbox"/> Failed First Line
Patient Status at Time of Order <input type="checkbox"/> Office (non-hospital) <input type="checkbox"/> Outpatient <input type="checkbox"/> Prior inpatient within 14 days of test submission date <input type="checkbox"/> Inpatient <i>(requires discharge date)</i> <span style="float: right;"><input type="checkbox"/> Not yet discharged</span> <span style="float: right; font-size: small;">MM/DD/YYYY</span>	

**• Specimen Information**

Internal procurement  Strata to procure – Pathologist choice  
 Strata to procure – specific specimen

**• Pathology/Specimen Location** *Pathology address not required if account is established*

Location Name	Fax
	Phone
Email	

**• Treating Clinician Information** *(Only Clinician name and Facility needed if account is established)*

Name Last, First, MI	
Facility	
NPI	Fax
Street Address 1	
Street Address 2	
City	State
Zip Code	
Email Address	
Phone	

Path/Specimen Address		
City	State	Zip Code
Strata Barcode	Specimen Type <input type="checkbox"/> FFPE Block <input type="checkbox"/> Slides	
Specimen Site	Accession #	
FFPE Block ID or Slide Set ID	Number of Slides <i>(if applicable)</i>	
Date of Collection	Date of Retrieval	

**• Test Order** *(PD-L1 IHC is available, but not required, for those ordering Strata Select.)*

Strata Select  PD-L1 IHC  
*Choose one clone only.*  
 22C3  SP142  
 28-8  SP263

**• Billing Information** *(Only Insurance Company name, Subscriber Relationship and Subscriber DOB needed if insurance card attached)*

<input type="checkbox"/> Insurance <input type="checkbox"/> Roster Billing <input type="checkbox"/> Self Pay	<b>Insurance Company</b>	<b>Subscriber Relationship</b>	<b>Subscriber DOB</b>	<b>Policy Number</b>	<b>Primary Group ID</b>
	Primary				
	Secondary				

**• Attestation and Clinician Signature**

By submitting this order, I certify that (i) this testing is medically necessary, and its information will inform the patient's ongoing treatment plan; and (ii) this order is being placed in accordance with the Strata Oncology Provider Portal Terms & Conditions of Use and with the applicable policy of my institution. To access Strata's full terms and conditions please contact Customer Success at [customer.success@strataoncology.com](mailto:customer.success@strataoncology.com) or 833.523.0585.

Full Legal Name of Treating Clinician Signature Date