



Requisition Form

\*Required field

I. ORDERING ENTITY INFORMATION

Provider Name*	Specialty	NPI	Practice Name*
Address*			City/State/Zip*
Office Contact Name	Phone*	Fax *	Email

II. PATIENT INFORMATION

Name (last, first, MI)*	Gender*	DOB*	MRN
Address* (may be attached separately)			City/State/Zip*
Phone	E-mail		

III. BILLING INFORMATION

Submitting Diagnosis / ICD-10 Code	Method of payment <input type="checkbox"/> Private Insurance <input type="checkbox"/> Patient Self-Pay <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Client Bill			
Insurance name* (may be attached separately)	Insurance Phone	Policy #*		
Medicare Only At the time of collection, was this patient: <input type="checkbox"/> Non-hospital <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Hospital Inpatient; date of discharge: _____ If specimen stored for > 30 days from date of collection, provide the date specimen is pulled from archive: _____				

IV. REQUIRED SIGNATURE

Signature of Clinician*	Printed Name	Date
This signature confirms this test to be medically necessary for this patient. This clinician provides consultation and/or treatment for the diagnosis and will use the results in the management of the patient.		

V. ADDITIONAL ORDER INFORMATION

Treating Provider Name (if different than section I)	Practice Name	Phone/Fax
Address <input type="checkbox"/> same as requestor		City/State/Zip

VI. LABORATORY INFORMATION

Pathology Lab Name	Date of Collection
Phone	Fax

**Please fax this requisition along with a copy of the pathology report and endoscopy report (if available)**

FOR INTERNAL USE ONLY

Received: \_\_\_\_\_ Processed by: \_\_\_\_\_ Materials received: \_\_\_\_\_  
PR/Initials: \_\_\_\_\_ DTL: \_\_\_\_\_ Note: \_\_\_\_\_

## Requisition Form Completion Instructions

- Section I:** Complete with information of the ordering Entity.
- Section II:** Complete with patient information.
- Section III:** Provide the ICD-10 code and patient's diagnosis. Select Method of Payment. Please complete with billing information OR include a copy of the billing face sheet or front and back of the insurance card (if applicable). If the person completing this requisition is not in possession of the information necessary for completion of the billing information section, please provide the name/department and contact information of the appropriate party from whom this information can be obtained:

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\*Medicare only section is required for patients with Traditional Medicare.

- Section IV:** The ordering clinician must sign this section. \*\*For purposes of ordering this test, the "ordering clinician" section can be signed only by a physician, advanced practice registered nurse (APRN) or representative Physician Assistant (PA)\*\*
- Section V:** Complete with information for the treating clinician and/or additional clinicians. If the mailing address is the same as for the ordering clinician, check the box "same as requestor". Be sure to select the preferred method by which results should be communicated and provide an email address if you wish to receive electronic notification that the report is available.
- Section VI:** Complete this section with the name of the facility and contact information where the tissue from which slides for testing will be requested.

FAX THE FOLLOWING DOCUMENTS TOLL FREE AT (878) 213-3022

\*Order confirmation will be sent to the ordering clinician via fax within 24 hours of receipt

- Completed requisition
- Pathology report(s) and Endoscopy report(s)
- Signed letter of medical necessity

**FINAL REPORT**

**Patient:**  
**Sex:**  
**DOB:**  
**Client:**  
**Provider:**

**Specimen ID:**  
**Collected:**  
**Received:**  
**Reported:**  
**Specimen Type:**

**TISSUECYPHER® RISK SCORE AND RISK CLASS**

\*RISK SCORE: **4.0** (range 0 – 10)

RISK OF CLASS: **LOW**

5-Year Probability of Progression: **3%** (95% C.I. 1,4)

\*If multiple specimens were submitted for testing, the reported result is based on the highest scoring specimen.

**CLINICAL EXPERIENCE**

This test is indicated for patients diagnosed with non-dysplastic (ND), indefinite for dysplasia (IND) or low grade dysplasia (LGD) Barrett's esophagus. Risk of progression to high grade dysplasia or esophageal adenocarcinoma within five years was determined from a multi-institutional nested case-control validation study involving 366 patients with Barrett's esophagus from four institutions<sup>1</sup>. A total of five confirmatory clinical performance studies have been completed and published<sup>1-5</sup>. The clinical utility and cost-effectiveness have also been demonstrated in published studies<sup>6-7</sup>.

The results provided here are adjunctive to the ordering physician's workup for patients with Barrett's esophagus. The reported 5-year probability of progression was adjusted based on estimated prevalence as described in the validation study<sup>1</sup>, however, the prevalence of progression of Barrett's esophagus may vary between clinical institutions.

**TISSUECYPHER BARRETT'S ESOPHAGUS ASSAY DESCRIPTION**

The test uses whole slide digital images from formalin-fixed paraffin-embedded (FFPE) tissue sections from endoscopic biopsy specimens. Using a proprietary artificial intelligence-driven quantitative algorithm, a risk score for progression to high grade dysplasia or esophageal adenocarcinoma is generated from the image analysis results. The risk score ranges from 0-10, with 0 indicating lowest risk and 10 indicating highest risk, and patients are classified as low, intermediate or high-risk for progression to high grade dysplasia or esophageal adenocarcinoma within five years. The risk classes provide predictive power (hazard ratio=7.3, p<0.0001) that is independent of clinical and pathologic features of age, sex, segment length, pathologic diagnosis (ND, IND or LGD) and p53 as a single biomarker<sup>1</sup>.

The TissueCypher Barrett's Esophagus Assay is a multi-analyte assay with algorithmic analysis that uses automated image analysis to objectively quantify the expression and localization of nine biomarkers (p16, p53, alpha-methylacylCoA racemase [AMACR], HER2/neu, Cytokeratin-20 [K20], Cyclooxygenase-2 [COX-2], CD68, Hypoxia-inducible factor 1- $\alpha$  [HIF1A], and CD45RO) in the context of tissue morphology<sup>8</sup>.

For additional information about the development and validation of the TissueCypher Barrett's Esophagus Assay, visit the Products tab of [www.castlebiosciences.com](http://www.castlebiosciences.com).

This test was developed, and its performance characteristics determined by Castle Biosciences, Inc. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. Patent Pending.

*Based on my review, the TissueCypher® Barrett's Esophagus Assay batch controls passed quality assessment and the observed biomarker expression patterns are consistent with the results described herein.*

Castle Biosciences, Inc. | Sherri Borman, PhD, HCLD, Lab Director

SAMPLE

#### References

1. Critchley-Thorne et al. Cancer Epidemiol Biomarkers Prev 2016;25(6):958-68. A Tissue Systems Pathology Assay for High-Risk Barrett's Esophagus. 2. Critchley-Thorne et al. Cancer Epidemiol Biomarkers Prev. 2017;26(2):240-248. A Tissue Systems Pathology Test Detects Abnormalities Associated with Prevalent High-Grade Dysplasia and Esophageal Cancer in Barrett's Esophagus. 3. Davison, et al. Am J Gastroenterol 2020;115:843-852. Independent Blinded Validation of a Tissue Systems Pathology Test to Predict Progression in Patients With Barrett's Esophagus. 4. Frei, et al. Clin Transl Gastroenterol 2020;11. Independent Validation of TissueCypher to Predict Future Progression in Non-Dysplastic Barrett's Esophagus: A Spatial-Temporal Analysis. 5. Frei, et al. Am J Gastroenterol 2021;116:675-682. Tissue Systems Pathology Test Objectively Risk Stratifies Barrett's Esophagus Patients With Low-Grade Dysplasia. 6. Hao, et al. Clinicoecon Outcomes Res. 2019 Oct 25;11:623-635. A Cost-Effectiveness Analysis Of An Adenocarcinoma Risk Prediction Multi-Biomarker Assay For Patients With Barrett's Esophagus. 7. Diehl, et al. Endosc Int Open. 2021 Mar;9(3):E348-E355. TissueCypher Barrett's esophagus assay impacts clinical decisions in the management of patients with Barrett's esophagus. 8. Prichard et al. J Pathol Inform. 2015 Aug 31;6:48. TissueCypher™: A systems biology approach to anatomic pathology.

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