

PATIENT INFORMATION

Can be filled in by the patient | Required fields*

Full name* ID* Date of Birth* / / Biological sex* M F

City* Country* (CODE) Cell phone* () E-mail(s) for sending the medical report and notifications*

SELECT THE REQUESTED TEST

Must be filled by the requesting physician | Required field*



MOLECULAR CLASSIFIER TEST FOR INDETERMINATE NODULE

Primary Indication: Bethesda III or IV

Help the medical decision between clinical follow-up without surgery or the indication and planning of surgical extension.

▶ Diagnostic Markers

▶ Panel of microRNAs ("benign" vs "malignant")

▶ Prognostic Markers

▶ BRAF V600E ▶ TERT C228/250T ▶ miR-375 (Medullary) ▶ miR-146b

Materials accepted for analysis

- FNA (cytology smear slides) Cell-block (up to 6 months older)

Core Biopsy/TruCut and post-surgical AP are **NOT** accepted for this test



PRE-OP MOLECULAR PANEL TEST FOR PROGNOSTICS

Primary Indication: Bethesda V or VI

Help the medical decision in planning the surgical extension through the analysis of prognostic markers that indicate the potential aggressiveness of the nodule.

It can be performed on post-surgical material.

▶ Prognostic Markers

▶ BRAF V600E ▶ TERT C228/250T ▶ miR-375 (Medullary) ▶ miR-146b

Materials accepted for analysis

- FNA (cytology smear slides) Core Biopsy/TruCut

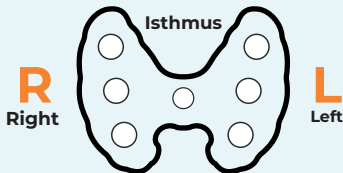
- Cell-Block

- Post-surgical AP

CLINICAL INFORMATION OF THE SAMPLE TO BE ANALYZED

Must be filled by the requesting physician*

Mark the location of the target node*



CERVICAL LYMPH NODE

Location: _____

*Fill a **single application** per node

Sample report date* / /

Laboratory, Clinic or Hospital where the sample was prepared*

Does the patient have more than 1 punctured nodule?*

- No Yes (Specify the code - **as in the report** - of the nodule to be analyzed): _____

Which is the Bethesda category of the target nodule?

- Bethesda 3 Bethesda 5
 Bethesda 4 Bethesda 6

Target nodule size (cm): _____

US category (ACR TI-RADS): _____

Other information: _____

ATTENTION: If the patient has more than one nodule (or more than one FNA of the same nodule), specify above the date and the same ID/code/number used in the report to identify the nodule to be analyzed.

REQUESTING PHYSICIAN

Must be filled by the requesting physician | Required fields*

Full Name* Physician Registry ID* (CODE) Cell phone* ()

City* Country* E-mail(s) of the **physician** to send the medical report*

Medical Specialty*

- Endocrinology Head and Neck Surgery Gynecology
 (Cyto)Pathology General Surgery / Oncology Oncology
 Radiology Other (Specify): _____

Signature

I request the molecular test selected above for the patient specified above

