

|   |   |
|---|---|
| <b>Confirm mdx</b><br><small>negative biopsy</small>  | <b>Genomic Prostate Score</b><br><small>positive biopsy</small>   |
| <b>Histopathological Results:</b><br><input type="checkbox"/> All cancer-negative<br><input type="checkbox"/> Benign<br><input type="checkbox"/> Atypia/ASAP<br><input type="checkbox"/> HGPIN  | <b>Gleason scores:</b><br><input type="checkbox"/> All<br><input type="checkbox"/> 3+3, 3+4<br><input type="checkbox"/> 4+3 or higher (excl. dominant pattern 5)<br><small>(Required: Patient Life Expectancy &gt;10 years)</small> |
| <b>Clinical Information:</b><br>PSA _____ng/mL Prostate volume _____ Clinical stage _____<br>DRE - Very suspicious for prostate cancer <input type="checkbox"/> yes <input type="checkbox"/> no<br># Positive cores _____ # Cores collected _____ |   |
| Account name or #: _____<br>Ordering Physician (Print Name): _____<br>Ordering Physician Signature: _____<br>Hospital specimen? Call Client Services: 866.259.5644<br>mdxhealth fax #: 949.788.0014   |   |
| <small>IR-LBL-0007-R03</small>  |   |

|   |   |
|---|---|
| <b>Confirm mdx</b><br><small>negative biopsy</small>  | <b>Genomic Prostate Score</b><br><small>positive biopsy</small>   |
| <b>Histopathological Results:</b><br><input type="checkbox"/> All cancer-negative<br><input type="checkbox"/> Benign<br><input type="checkbox"/> Atypia/ASAP<br><input type="checkbox"/> HGPIN  | <b>Gleason scores:</b><br><input type="checkbox"/> All<br><input type="checkbox"/> 3+3, 3+4<br><input type="checkbox"/> 4+3 or higher (excl. dominant pattern 5)<br><small>(Required: Patient Life Expectancy &gt;10 years)</small> |
| <b>Clinical Information:</b><br>PSA _____ng/mL Prostate volume _____ Clinical stage _____<br>DRE - Very suspicious for prostate cancer <input type="checkbox"/> yes <input type="checkbox"/> no<br># Positive cores _____ # Cores collected _____ |   |
| Account name or #: _____<br>Ordering Physician (Print Name): _____<br>Ordering Physician Signature: _____<br>Hospital specimen? Call Client Services: 866.259.5644<br>mdxhealth fax #: 949.788.0014   |   |
| <small>IR-LBL-0007-R03</small>  |   |

|   |   |
|---|---|
| <b>Confirm mdx</b><br><small>negative biopsy</small>  | <b>Genomic Prostate Score</b><br><small>positive biopsy</small>   |
| <b>Histopathological Results:</b><br><input type="checkbox"/> All cancer-negative<br><input type="checkbox"/> Benign<br><input type="checkbox"/> Atypia/ASAP<br><input type="checkbox"/> HGPIN  | <b>Gleason scores:</b><br><input type="checkbox"/> All<br><input type="checkbox"/> 3+3, 3+4<br><input type="checkbox"/> 4+3 or higher (excl. dominant pattern 5)<br><small>(Required: Patient Life Expectancy &gt;10 years)</small> |
| <b>Clinical Information:</b><br>PSA _____ng/mL Prostate volume _____ Clinical stage _____<br>DRE - Very suspicious for prostate cancer <input type="checkbox"/> yes <input type="checkbox"/> no<br># Positive cores _____ # Cores collected _____ |   |
| Account name or #: _____<br>Ordering Physician (Print Name): _____<br>Ordering Physician Signature: _____<br>Hospital specimen? Call Client Services: 866.259.5644<br>mdxhealth fax #: 949.788.0014   |   |
| <small>IR-LBL-0007-R03</small>  |   |

|   |   |
|---|---|
| <b>Confirm mdx</b><br><small>negative biopsy</small>  | <b>Genomic Prostate Score</b><br><small>positive biopsy</small>   |
| <b>Histopathological Results:</b><br><input type="checkbox"/> All cancer-negative<br><input type="checkbox"/> Benign<br><input type="checkbox"/> Atypia/ASAP<br><input type="checkbox"/> HGPIN  | <b>Gleason scores:</b><br><input type="checkbox"/> All<br><input type="checkbox"/> 3+3, 3+4<br><input type="checkbox"/> 4+3 or higher (excl. dominant pattern 5)<br><small>(Required: Patient Life Expectancy &gt;10 years)</small> |
| <b>Clinical Information:</b><br>PSA _____ng/mL Prostate volume _____ Clinical stage _____<br>DRE - Very suspicious for prostate cancer <input type="checkbox"/> yes <input type="checkbox"/> no<br># Positive cores _____ # Cores collected _____ |   |
| Account name or #: _____<br>Ordering Physician (Print Name): _____<br>Ordering Physician Signature: _____<br>Hospital specimen? Call Client Services: 866.259.5644<br>mdxhealth fax #: 949.788.0014   |   |
| <small>IR-LBL-0007-R03</small>  |   |

|   |   |
|---|---|
| <b>Confirm mdx</b><br><small>negative biopsy</small>  | <b>Genomic Prostate Score</b><br><small>positive biopsy</small>   |
| <b>Histopathological Results:</b><br><input type="checkbox"/> All cancer-negative<br><input type="checkbox"/> Benign<br><input type="checkbox"/> Atypia/ASAP<br><input type="checkbox"/> HGPIN  | <b>Gleason scores:</b><br><input type="checkbox"/> All<br><input type="checkbox"/> 3+3, 3+4<br><input type="checkbox"/> 4+3 or higher (excl. dominant pattern 5)<br><small>(Required: Patient Life Expectancy &gt;10 years)</small> |
| <b>Clinical Information:</b><br>PSA _____ng/mL Prostate volume _____ Clinical stage _____<br>DRE - Very suspicious for prostate cancer <input type="checkbox"/> yes <input type="checkbox"/> no<br># Positive cores _____ # Cores collected _____ |   |
| Account name or #: _____<br>Ordering Physician (Print Name): _____<br>Ordering Physician Signature: _____<br>Hospital specimen? Call Client Services: 866.259.5644<br>mdxhealth fax #: 949.788.0014   |   |
| <small>IR-LBL-0007-R03</small>  |   |

|   |   |
|---|---|
| <b>Confirm mdx</b><br><small>negative biopsy</small>  | <b>Genomic Prostate Score</b><br><small>positive biopsy</small>   |
| <b>Histopathological Results:</b><br><input type="checkbox"/> All cancer-negative<br><input type="checkbox"/> Benign<br><input type="checkbox"/> Atypia/ASAP<br><input type="checkbox"/> HGPIN  | <b>Gleason scores:</b><br><input type="checkbox"/> All<br><input type="checkbox"/> 3+3, 3+4<br><input type="checkbox"/> 4+3 or higher (excl. dominant pattern 5)<br><small>(Required: Patient Life Expectancy &gt;10 years)</small> |
| <b>Clinical Information:</b><br>PSA _____ng/mL Prostate volume _____ Clinical stage _____<br>DRE - Very suspicious for prostate cancer <input type="checkbox"/> yes <input type="checkbox"/> no<br># Positive cores _____ # Cores collected _____ |   |
| Account name or #: _____<br>Ordering Physician (Print Name): _____<br>Ordering Physician Signature: _____<br>Hospital specimen? Call Client Services: 866.259.5644<br>mdxhealth fax #: 949.788.0014   |   |
| <small>IR-LBL-0007-R03</small>  |   |