

# TrueMRD™ Monitoring Test for MIBC

## Test Requisition Form

Veracyte Labs SSF  
Fax: 1.650.763.4192  
Email: [customer-care@veracyte.com](mailto:customer-care@veracyte.com)

\*Indicates a required field

PATIENT INFORMATION		
First Name:*	Last Name:*	
Date of Birth:*(mm/dd/yyyy):		
Address:		
City:	State:	Zip:
Phone:	Patient MRN:	
E-mail:		
Sex Assigned at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female		

ORDERING CLINICIAN INFORMATION		
Account #:	Practice Name:	
Address:*		
City:*	State:*	Zip:*
Phone:*	Fax:*	
Ordering Clinician Name:*		
Ordering Clinician NPI #:		
Additional Result Recipient (Optional)		
Clinician Name:	NPI #:	
Address:		
City:	State:	Zip:
Email:		Fax:

BILLING INFORMATION	
ICD-10 Primary Diagnosis Code(s):* <input type="checkbox"/> C67 Malignant neoplasm of the bladder <input type="checkbox"/> Other: _____	Specimen Collection Location: (Medicare patients only*)
Bill Type: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> Patient Self-Pay <input type="checkbox"/> Client Bill	<input type="checkbox"/> Non-Hospital Patient <input type="checkbox"/> Hospital Outpatient
Secondary Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hospital Inpatient _____ Discharge Date (mm/dd/yyyy)

TEST INFORMATION	
Select <b>ONE</b> : Initial Baseline <b>OR</b> Subsequent Test*	
<input type="checkbox"/> <b>Initial Baseline MRD Test</b> <i>Note: Both whole blood and formalin-fixed paraffin-embedded (FFPE) tumor tissue samples are required.</i>	
<b>WHOLE BLOOD</b> (2 x 8-10mL in STRECK blood tubes) Specimen Collection Date:*(mm/dd/yyyy)	<b>FFPE TUMOR</b> (Submit a block or slides — see FFPE Specimen Instructions) Specimen Collection Date:*(mm/dd/yyyy) <small>Date of Diagnostic Transurethral Resection of Bladder Tumor (TURBT)</small> <i>Upon receipt of this requisition, Veracyte will procure the required FFPE sample if not already provided.</i>
<input type="checkbox"/> <b>Subsequent MRD Test</b> <i>Note: Only whole blood is required.</i>	
<b>WHOLE BLOOD</b> (2 x 8-10mL in STRECK blood tubes) Specimen Collection Date:*(mm/dd/yyyy)	

PATIENT HISTORY	
<b>Diagnosis &amp; Treatment Dates</b> (Required for initial baseline tests only*) Date of MIBC Diagnosis: (mm/dd/yyyy) Tumor Stage: T2 T3 T4a T4b (Select one) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Date of Definitive Therapy with Curative Intent: (mm/dd/yyyy) Recurrent Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Current Cancer Status*</b> Select One: <input type="checkbox"/> <b>Active Disease</b> The patient has been diagnosed with muscle invasive bladder cancer (MIBC), as confirmed by radiographic, clinical, or biological evidence) <b>AND</b> is planning to receive or is undergoing therapeutic intervention for cancer. - OR - <input type="checkbox"/> <b>No Evidence of Active Disease</b> The patient has been previously diagnosed with MIBC, but does not have active cancer (i.e., no radiographic, clinical, or biological evidence of MIBC) <b>AND</b> is no longer being subjected to therapeutic intervention for cancer.

CLINICIAN SIGNATURE & STATEMENT OF MEDICAL NECESSITY	
I confirm that I am a healthcare clinician authorized to order testing in the location that I practice, that this test is medically necessary for the diagnosis or detection of cancer, that the results will be used in the medical management and treatment decisions for this patient, and that informed consent has been obtained from the patient. I confirm that I have the patient's assignment of benefits on file, authorizing benefits to be paid to ancillary service providers such as Veracyte, Inc. and its affiliates. I authorize Veracyte, Inc. and its affiliates to release information provided by me to process the claim for this service. I confirm that my patient and/or their legal guardian will receive appropriate counseling to understand the implications of this test. I hereby authorize the pathology laboratory listed in the pathology report to release the patient's tissue specimen, and any facility obtaining the patient's blood to release the blood specimen, to Veracyte.	
Ordering Clinician Signature:*	Date* (mm/dd/yyyy):

THE FOLLOWING MUST BE PROVIDED:*	
<input type="checkbox"/> Demographic/Face Sheet	<input type="checkbox"/> Pathology Report
<input type="checkbox"/> Most Recent Office Note	<input type="checkbox"/> Copy of insurance card(s)

THIS FORM WAS COMPLETED BY:	
Office Contact Name:	
Phone #:	E-mail:

ACC-010 v2.0 | Page 1/2 | © 2025 Veracyte, Inc. All rights reserved. The Veracyte and TrueMRD names and logos are trademarks of Veracyte, Inc. The Veracyte laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) to perform high-complexity clinical testing. The test has not been cleared or approved by the FDA.

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## SHIPPING INFORMATION

**Whole Blood Samples:** Ship according to the "Collection and Shipment of Blood Samples" instructions provided in the Blood Sample Collection Kit, along with the completed Test Requisition Form.

**FFPE Tumor Slides or Blocks:** Ship according to the "Collection and Shipment of FFPE Samples" instructions provided in the FFPE Sample Collection Kit, along with the completed Test Requisition Form.

## CONTRAINDICATIONS / LIMITATIONS

- Results reflect the assessed time point only.
- A negative result does not definitively indicate the absence of cancer.
- The test is designed to detect circulating tumor DNA (ctDNA) specific to a single known tumor per patient.
- Testing cannot be performed on patients who have concurrent malignancies, are pregnant, have a history of bone marrow transplant, or have received a blood transfusion within three months prior to blood collection.
- Test results should be interpreted within the clinical context by a licensed healthcare provider directly involved in the patient's care.
- Blood collection within two weeks of surgery or while the patient is being treated may reduce ctDNA detection sensitivity.

## TEST DESCRIPTION

The TrueMRD Monitoring Test for MIBC is a tumor-informed whole-genome sequencing-based assay designed to detect minimal residual disease (MRD) in patients diagnosed with muscle-invasive bladder cancer (MIBC).

### Specimen Requirements:

- Tumor Tissue: Formalin-Fixed Paraffin-Embedded (FFPE).
- Whole Blood:
  - Buffy Coat for isolation of matched germline (normal) DNA.
  - Plasma for isolation of circulating cell-free DNA (cfDNA).

### The Test Provides Results in a Binary Format:

- MRD Positive: Indicates that minimal residual disease was detected.
- MRD Negative: Indicates that minimal residual disease was not detected.

Results should be interpreted by a qualified healthcare professional in the context of the patient's clinical and pathological history. Test results are intended to aid in clinical decision-making in alignment with professional guidelines and alongside other clinicopathological factors.

## Recurrence Monitoring Suggested Schedule: 5 Years Post-Definitive Therapy with Curative Intent (e.g., cystectomy or radiotherapy)

Tumor Tissue Specimen Collection » Curative Therapy » Initial Baseline TrueMRD Test » Subsequent TrueMRD Tests

