



VISIT: BIOPSY

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 2-part

Laboratory Requisition Form
Sanofi
Protocol: EFC15935
Investigator : 2030001

Instructions:

Complete all boxes on this requisition with a blue or black ball point pen. Failure to complete all boxes will delay reports.

Please check that all patient identifiers are complete, consistent and correct, and that each container has the same accession number, when packing specimens for shipment!

SUBJECT/PATIENT INFORMATION				
Subject Number	2030001		0	0001
	Country/Site Code		Patient Number	
VISIT: <input checked="" type="checkbox"/> Screening (PVC=TUMORSCR) Check one <input checked="" type="checkbox"/> or <input type="checkbox"/> EOT (PVC=TUMOREOT)				
Age should be recorded in years for subjects that are >= 2 years old at time of visit.				
Age (Mandatory)		70 years		A P H
Sex		Male	Female	
			X	

COLLECTION INFORMATION			
Requisition Completion Date	Day	Month	Year
	16	NOV	2022
Complete month field in English (Example: 01 JAN 2001)			
Requisition Completion Time	24 Hour Clock		
	N : A		
(Record Midnight as 23:59)			

THIS SECTION TO BE COMPLETED BY SITE PERSONNEL ONLY

Requisition Completed by	NA
Full name in capital letters	
Phone number	NA
Of the person completing the requisition	

Comments:

STUDY MATERIAL FOR WP 4 SKILLS PART SECTION. EXERCISE #1

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For Covance Use Only					
Employee Visa	Tube Count			Validation	Internal Comments:
	Amb	Frz	Refrig		

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API: T-3	210437	ADDITIONAL TESTING IS NOT ALLOWED PLEASE DO NOT RETURN EMPTY CONTAINERS TO COVANCE.	AYM 200922
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VISIT: BIOPSY

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Subject Number

2030001

Country/Site Code

Patient Number

VISIT: Screening (PVC=TUMORSCR)

Check one or **EOT (PVC=TUMOREOT)**

Age (Mandatory)

Enter subject's age as entered on page 2.

_____ years

Laboratory Requisition Form

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Requisition Completion Date

Complete month field in English
 (Example: 01 JAN 2001)

Day	Month	Year

Administrative Questions (Check one or , or fill in blank)

Mandatory for all Tissue Specimens Submitted

Biopsy / Surgical Resection Collection Date	Date (DD-MMM-YYYY): <u>09-JUN-2021</u>		
Block ID <i>(Sample ID from Pathology Report Form)</i>			
Pathological Diagnosis of Samples Submitted	<input type="checkbox"/> Breast Carcinoma	<input type="checkbox"/> Breast Adenocarcinoma	
	<input type="checkbox"/> Other _____		
Anatomic site	<input type="checkbox"/> breast	<input type="checkbox"/> lymph node	<input type="checkbox"/> Other _____
Type of Lesion	<input type="checkbox"/> Primary Tumor		
	<input type="checkbox"/> Distant Lesion		
Do you confirm that the sample was fixed in 10% neutral buffered formalin?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Cold Ischemic Time? <i>(Time from surgical resection/biopsy to Time in Fixative)</i>	<input type="checkbox"/> <= 1 hour		
	<input type="checkbox"/> > 1 hour		

Mandatory if Blocks or Slides are Submitted

Fixative Duration in 10% Neutral Buffered Formalin	<input type="checkbox"/> 0-<6 hr	<input type="checkbox"/> 6-<24 hr
	<input type="checkbox"/> 24-<48 hr	<input type="checkbox"/> 48-<72 hr
	<input type="checkbox"/> >72 hr	<input type="checkbox"/> Unknown
Fixation Date	Date (DD-MMM-YYYY): _____	<input type="checkbox"/> Unknown
Date Biopsy Paraffin Embedded	Date (DD-MMM-YYYY): _____	<input type="checkbox"/> Unknown

(Continued on next page)

Comments:

1 slide sent page 2 of 2

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Employee Visa	Tube Count				Validation	Internal Comments:
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Subject
 Number

2030001

Country/Site Code

Patient Number

VISIT:

Screening (PVC=TUMORSCR)

Check one or

EOT (PVC=TUMOREOT)

Age (Mandatory)

Enter subject's age as
 entered on page 2.

_____ years

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Laboratory Requisition Form

Sanofi

Protocol: EFC15935

Investigator : 2030001

Requisition Completion Date

Complete month field in English
 (Example: 01 JAN 2001)

Day	Month	Year

Administrative Questions (Check one or , or fill in blank)

(Continued from previous page)

Mandatory if Slides are Submitted	
Slide sectioning date	Date (DD-MMM-YYYY): _____ <input type="checkbox"/> Not applicable (block submitted)
Section Micron Thickness (FFPE Slides IHC)	IHC <input type="checkbox"/> 5 µm <input type="checkbox"/> Not applicable (block submitted)
Section Micron Thickness (FFPE Slides RNA)	IHC-Genomics <input type="checkbox"/> 10 µm <input type="checkbox"/> Not applicable (block submitted)
Number of slides submitted (FFPE Slides IHC - 5µm)	<input type="checkbox"/> 5 µm: ____ (6 to 9 slides required) <input type="checkbox"/> Not applicable (block submitted)
Number of slides submitted (FFPE Slides RNA - 10µm)	<input type="checkbox"/> 10 µm: ____ (approximately 3 to 5 slides required) <input type="checkbox"/> Not applicable (block submitted)

Comments:

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Employee Visa	Tube Count				Validation	Internal Comments:
	Amb	Frz	Refrig	Slides		

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Subject Number	2030001			
	Country/Site Code		Patient Number	

VISIT: Screening (PVC=TUMORSCR)
 EOT (PVC=TUMOREOT)

Age (Mandatory)
 Enter subject's age as entered on page 2.

Requisition Completion Date
 Complete month field in English
 (Example: 01 JAN 2001)

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Laboratory Requisition Form
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Biopsy

Block or Slides are required. Either submit Block or Slides.
 Mark the appropriate box below.

Condition	Sample
Mark this box if Archived Biopsy Block for Screening Biopsy is submitted.	SCR T00 ARCHIVAL BLOCK <input type="checkbox"/>
Mark this box if Fresh Biopsy Block for Screening or Fresh Biopsy Block for EOT is submitted.	T00 / T01 FRESH BLOCK <input type="checkbox"/>
Nine FFPE slides (5um each) are required for IHC Analysis. Mark this box if Archived FFPE slides for IHC (5um each) for Screening Biopsy is submitted.	ARCHIVED SLIDES - IHC <input type="checkbox"/>
Five FFPE slides (10um each) are required for RNA. Mark this box if Archived FFPE slides for RNA (10um each) for Screening Biopsy is submitted.	ARCHIVED SLIDES - RNA <input type="checkbox"/>
Nine FFPE slides (5um each) are required for IHC Analysis. Mark this box if Fresh FFPE slides for IHC (5um each) for Screening or Fresh FFPE slides for IHC (5um each) for EOT is submitted.	T00 / T01 FRESH SLIDES - IHC <input type="checkbox"/>
Five FFPE slides (10um each) are required for RNA. Mark this box if Fresh FFPE slides for RNA (10um each) for Screening or Fresh FFPE slides for RNA Analysis (10um each) for EOT is submitted.	T00 / T01 FRESH SLIDES - RNA <input type="checkbox"/>
If a pathology report is available for the embedded block or slides, the report should be sent to Covance. Mark this box if Pathology Report is submitted.	PATHOLOGY REPORT <input type="checkbox"/>

Comments:

Investigator: T-3

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Employee Visa	Tube Count				Validation	Internal Comments:
	Amb	Frz	Refrig	Slides		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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