Form A - Cancer Risk & Health Assessment Test Order Form

Parkway Laboratories | LUCENCE

Deliver to: Parkway Laboratory Services Ltd
2 Aljunied Avenue 1, #04-11, Framework 2 Building, Singapore 389977
Tel: 6278 9188 Fax: 6248 5843 Email: pls.aa1@parkwaylabs.com.sg
This test is facilitated by Parkway Laboratory Services Ltd

PATIENT INFORMATION

PLEASE LABEL TUBES WITH 2 IDENTIFIERS TO AVOID REPORT DELAY OR REJECTION

FULL NAME

DATE OF BIRTH (DD/MM/YYYY)

GENDER
☐ MALE ☐ FEMALE

☐ NRIC ☐ FIN ☐ PASSPORT
☐ OTHERS:_____

ID NO.

NATIONALITY

ADDRESS

PHONE NO.

PAST HISTORY OF CANCER? ☐ **YES** ☐ **NO**

Type of cancer : _____

Year of diagnosis : _____

MULTI-CANCER EARLY DETECTION TEST OPTIONS
(SELECT ONLY ONE)

☐ LucenceINSIGHT® 50 - with ctRNA* tumor marker boost — TAT: 15 Working Days
REQUIRES 3 (THREE) STRECK TUBES. If 2 Streck tubes are received, LucenceINSIGHT® 50 will be performed without ctRNA tumor marker boost.

☐ LucenceINSIGHT® 12 — TAT: 18 Working Days
☐ Add-on: ctRNA* tumor marker boost (REQUIRES 3 (THREE) STRECK TUBES)

☐ LucenceINSIGHT® Women's 7 — TAT: 18 Working Days
☐ Add-on: ctRNA* tumor marker boost (REQUIRES 3 (THREE) STRECK TUBES)

☐ LucenceINSIGHT® 5 — TAT: 18 Working Days
☐ Add-on: ctRNA* tumor marker boost (REQUIRES 3 (THREE) STRECK TUBES)

RISK SCORE TEST OPTION

☐ CardioHemeRISK™ (CH-RISK) — TAT: 12 Working Days
(Risk assessment for Heart Attack, Stroke, & Leukemia)

PACKAGE TEST OPTION

☐ LucenceLONGEVITY™ — TAT: 15 Working Days
REQUIRES 3 (THREE) STRECK TUBES
1 x LucenceINSIGHT® 50 - with ctRNA* tumor marker boost
1 x CardioHemeRISK™ (CH-RISK)

*add-on ctRNA tumor markers to boost sensitivity for lung, breast, and colon cancer

Report Preference	Report Language
PRINTABLE PDF AND HARDCOPY INCLUDED FOR ONE LANGUAGE For LucenceINSIGHT® 12/50, LucenceLONGEVITY™, CardioHemeRISK™	If unselected, English is the default report language. ☐ ENGLISH (DEFAULT) ☐ SIMPLIFIED CHINESE ☐ TRADITIONAL CHINESE
ONLY PRINTABLE PDF FOR ONE LANGUAGE INCLUDED ☐ TICK FOR HARDCOPY **(CHARGEABLE)** For LucenceINSIGHT® 5/Women's 7	

PAYMENT *(please tick)*:

☐ INPATIENT (for Parkway Hospitals Only)
Refer to CDM codes stated for billing
☐ BILL CLINIC (specify) ☐ PATIENT TO PAY ☐ OTHERS (specify)

PHYSICIAN INFORMATION

ORDERING PHYSICIAN NAME & MCR NUMBER

CLINIC / HOSPITAL NAME, PHONE NO. AND ADDRESS

EMAIL ADDRESS FOR RECEIVING REPORTS

BILLING INFORMATION (REQUIRED FOR FIRST-TIME CLINIC ACCOUNT)

Billing Entity :

Billing code (OPTIONAL):

Custom test code (OPTIONAL):

Email for billing purposes :

SPECIMEN INFORMATION

☐ **Blood in 2 Streck Tubes (10mL each, 20mL in total)**
For LucenceINSIGHT® 5/7/12 without ctRNA tumor marker boost and CardioHemeRISK™

☐ **Blood in 3 Streck Tubes (10mL each, 30mL in total)**
For LucenceINSIGHT® 50, add-on ctRNA tumor marker boost for LucenceINSIGHT® 5/7/12 and LucenceLONGEVITY™
ctRNA stable at room temperature for 96 hours

BLOOD DRAW DATE AND TIME:
If collection time is not indicated, 0900 will be recorded.

BLOOD COLLECTED AT *(please tick)*:
☐ INPATIENT HOSPITAL ☐ OUTPATIENT LABORATORY ☐ CLINIC
☐ GEH ☐ MEH ☐ MNH ☐ PEH
☐ WARD *(please specify)*: _____

ORDERING PHYSICIAN'S SIGNATURE & DATE

Specimen cannot be processed without physician signature

X SIGN HERE DATE:

I confirm that I have obtained the consent of the patient to: 1) perform the tests requested herein; 2) disclose his/her personal data stated herein to Parkway Laboratory Services Ltd ("PLS") and its Affiliates for (i) the purposes of carrying out of the tests requested and all other related matters before and after and (ii) for purposes stated in the Parkway Data Privacy Policy (available at https://www.parkwaypantai.com/privacy). The patient understands that the use, collection and disclosure of his/her personal data by PLS and its Affiliates shall be in accordance with the Parkway Data Privacy Policy. I acknowledge and agree that PLS may at any time, whether upon request from the patient or otherwise, disclose and release to the patient the patient's personal data, report and specimens. I indemnify PLS for any loss or damage which PLS and its Affiliates may suffer arising from or in connection with the release of the patient's personal data, report and specimens to the patient.

Test details. Lucence cannot accept blood from patients who had surgery, allogenic bone marrow transplants or blood transfusions less than 2 weeks prior to specimen collection.
LucenceINSIGHT® and CardioHemeRISK™ are for screening purposes and not for recurrence assessment. These tests reports variants that are considered somatic and excludes from reporting variants that are considered germline by laboratory and reporting processes.

Turnaround time. Calculated upon sample acceptance in our Singapore laboratory. All turnaround times for tests administered by Lucence are provided as an indicative guide only and are based on Lucence's experience of the time taken for the majority of such test results to be delivered. 'Working day' refers to Mondays-Fridays, 9am-6pm only, excluding Saturdays, Sundays, public holidays, and eves of public holidays. The cut-off time for sample receipt at Lucence laboratory is 5.00pm on working days. Samples that arrive in our laboratory after 5.00pm shall only be accepted the following working day.

Consent. By signing this form, the ordering physician acknowledges that the individual/family member authorised to make decisions for the individual (collectively, the "Patient") has been supplied information regarding and consented to undergo genetic testing. The ordering physician undertakes that all necessary consents from the Patient to whom the Personal Data relates either have been obtained, or at the time of disclosure will have been obtained, for Lucence's collection, use, disclosure, processing, and/or transfer of the Personal Data for the services specified in this form and that such consents are valid and have not been withdrawn. "Personal Data" means any data which can be used to identify an individual, either on its own or together with other data to which the ordering physician or Lucence have access. Please contact us at privacy@lucence.com or visit www.lucence.com/privacy for more details on Lucence's privacy policy.

Order terms. The services provided by Lucence are subject to further terms and conditions found at www.lucence.com/order-terms, all of which are incorporated herein by this reference.

LOCATION OF PARKWAY OUTPATIENT LABORATORIES (FOR BLOOD DRAW)

GLENEAGLES HOSPITAL ANNEXE BLOCK, #03-33, 6A NAPIER ROAD, S(258500) FAX: 65 6471 3394

GLENEAGLES HOSPITAL MEDICAL CENTRE, #02-01, 6A NAPIER ROAD,S(258500) FAX: 65 6471 3394

MOUNT ELIZABETH HOSPITAL MEDICAL CENTRE, 3 MOUNT ELIZABETH, #01-03 S(228510) FAX: 65 6887 3938

MOUNT ELIZABETH NOVENA HOSPITAL, #01-01, 38 IRRAWADDY ROAD, S(329563) FAX: 65 6933 0538

PARKWAY EAST HOSPITAL, 321, JOO CHIAT PLACE, LEVEL 2, S(427990) FAX: 65 6345 5053

FOR LUCENCE LABORATORY USE ONLY

RECEIVED DATE AND TIME	
LUCENCE STAFF INITIALS AND DATE	
TYPE OF TUBES:	VOL. OF BLOOD:
VOLUME OF PLASMA:	ORDER ID:
LUCENCE ID:	SECONDARY ID:

☐ SAMPLE ACCEPTED ☐ SAMPLE REJECTED

REASON: _____

CHANGES TO ORDERED TEST, PLEASE ATTACH PROOF OF REQUEST

DETAILS: _____

DATE AND TIME: _____

CHECKED BY:

DATE AND TIME:

CONTACT LUCENCE SALES SUPPORT ON WHATSAPP

Lucence Service Laboratory Phone: +65 6592 5102 | Whatsapp: +65 8666 7493 | Email: sales.asean@lucence.com
211 Henderson Road #04-01/02, Henderson Industrial Park, Singapore 159552.

Instructions:

1. This form must be fully completed and signed by the patient.
2. If the patient is below 21 years old, has never been married and has sufficient capability to understand this procedure, this form should be signed by both the patient and the patient's parent/guardian. If the patient is below 21 years old, has never been married and does not have sufficient capability to understand this procedure, this form should be signed by the patient's parent/guardian.
3. If the patient is unable to give consent due to a lack of mental capacity, consent is required from either the appointed guardian (donee) or deputy who is duly authorised to give such consent; or where there is no appointed guardian (donee) or deputy, and in order of preference: the patient's spouse; adult son or daughter; either parent or guardian; an adult brother or sister; or any other person named by the patient as someone to be consulted on the matter in question or on matters of that kind.

GENERAL INFORMATION ABOUT CANCER RISK & HEALTH ASSESSMENT TESTS

What is the purpose of the test?

Lucence Diagnostics Pte. Ltd.'s ("Lucence") screening tests include LucenceINSIGHT® and CardioHemeRISK™ (each, the "Test"). The Test analyzes the changes and alterations of your genes based on blood samples that you provide ("Sample Material"). This information may help guide the next steps of diagnosis. The Test will only assess the genetic profile of your Sample Material to determine the presence or absence of a cancer signal, or your risk level for developing diseases such as heart attack, stroke and leukemia (as applicable). The Test will not provide any general information relating to your overall health and it does not replace any cancer screening tests, health screening tests, or diagnostic tests.

What does it involve?

A sample of your blood will be taken (as further set forth in this form) and sent to Lucence and/or Lucence's laboratory in the United States, where it will be examined for genomic alterations and other information. Utilizing data from the analysis, the Test:

(a) for LucenceINSIGHT® reports the presence or absence of a cancer signal. A localization signal is also derived and used to predict up to 2 sites where the cancer signal might have originated from ("Predicted Signal Localization"); or

(b) for CardioHemeRISK™ reports your risk level for developing diseases such as heart attack, stroke and leukemia, based on the aging and lifestyle-related mutations arising from Clonal Hematopoesis ("CH mutations"), detected in certain genes.

Lucence will then send your healthcare provider a detailed report. Your healthcare provider will work with you to evaluate the results alongside other information such as your medical history and results from other tests to determine what next steps are right for you.

What do the results mean?

- For LucenceINSIGHT®:
  - "Cancer Signal: Detected" and/or "Hematological Disorder Signal Detected" are indications that cancer or hematological disorder-associated signals have been detected by the Test. The result will include up to 2 Predicted Signal Localization sites that highlight where the signal may have originated from. Please consult your physician for the sites covered by the ordered Test. This means that you may need to undergo additional confirmatory testing as recommended by your healthcare provider.
  - "Cancer Signal: Not Detected" is an indication that no cancer signal has been detected by the Test at this time. This does not rule out the possibility of cancer, and you should continue to follow your healthcare provider's recommendations on routine cancer screening.
- The CardioHemeRISK™ score predicts your risk of developing heart attack, stroke, and/or leukemia, based on the highest variant allele frequency detected in CH mutations in certain genes. Risk levels are ascertained from hazard ratios from published studies. Your results will show, for each disease type tested, your chance of developing the condition relative to the general population, assuming you do not have other genetic or clinical risk factors that the ordered Test does not screen for.
  - "Average Risk" means your chance of developing the condition is similar to that of the general population.
  - "Mildly Elevated Risk" means your chance of developing the condition is about 1.1x to 1.5x higher.
  - "Moderately Elevated Risk" which means your chance of developing the condition is more than 1.5x and up to 2x higher.
  - "Significantly Elevated Risk" which means your chance of developing the condition is more than 2x higher.

What are the potential risks and benefits of the screening?

- Risks and Benefits for LucenceINSIGHT®: You may feel anxious and undergo more tests and procedures if you have a false-positive test result (one that suggests there is cancer when there is none). Such tests and procedures may be invasive and unnecessary. Conversely, with a false-negative result (one that suggests no cancer when there actually is), you may choose to ignore symptoms and delay treatment. Finding cancers early may also lead to overdiagnosis and overtreatment. You may possibly face genetic discrimination, which may have implications on employment and insurance. Finding cancers early may increase the chances of recovery and survival, as early-stage cancers are easier to treat before they spread or before symptoms develop.
- Risks and Benefits for CardioHemeRISK™: Assessing your genetic predisposition for certain diseases does not mean that you will eventually develop the disease. You may feel anxious and undergo more tests and procedures if you have unexpected test results. A better understanding of your genetic risk factors may help you to make lifestyle changes prophylactically to decrease your risk of developing certain diseases.

What are the risks and limitations of genetic analysis?

- Physical Risks: The Test can be administered via a blood sample (a "Blood Test"). When we run a Blood Test, a sample of your blood will be removed in a clinical setting by a trained healthcare professional, doctor, or nurse, using a needle. The risks associated with a Blood Test are minimal and include temporary discomfort, pain, bruising and, rarely, possible infection at the blood draw site.
- Additional Risks: The Test only studies the applicable Sample Material with respect to the specific diseases being screened for. The Test is not a diagnosis and does not screen for all genetic diseases or abnormalities. In addition, the accuracy of any genetic test, including the Test, is not guaranteed. All results of any Test and the implications of such results should be discussed with your healthcare provider.
- There are some possible causes of inaccurate or inconclusive results for the Test. These include: (1) Sampling problems, including freezing of Sample Material during shipping, or poor Sample Material quality. (2) Technical problems may include rare variation in the DNA of the individual. (3) Presence of mutations or genetic variations, which significance is not yet understood.

Withdrawal from testing

You may withdraw from the Test at any time, or choose not to learn of the results of your Test. If the analysis is already underway, however, you will be charged a fee determined by Lucence, based on services provided and any amounts paid will not be refunded.

Management of results / Personal Data

1. Personal data means data, whether true or not, about an individual who can be identified from that data; or from that data and other information to which the organization has or is likely to have access ("Personal Data"). The Personal Data Lucence may, from time to time collect from you include your name, nationality, date of birth, sex, e-mail address, telephone number, mailing address, national ID number, your medical history, patient history, allergy information, test results of genetic analysis, and any other medical and health records.

2. Lucence may collect, use, disclose, process, and transfer your Personal Data for the following purposes, always in accordance with applicable laws and regulations:
   a. providing you with healthcare, diagnostic and other services of Lucence, its affiliates, partners and related companies and for its company processes;
   b. administrative purposes (e.g., processing orders; collecting payment; creation and maintenance of records; verifying identity and credit checks; responding to your queries; compliance with internal policies; and enforcing obligations to Lucence);
   c. business operations (e.g., compliance with regulatory, accounting, audit and record keeping obligations, product monitoring/assessment, quality control, training, product testing/development); and/or
   d. research into new treatments and protocols (subject always to the applicable laws and codes of conduct).
3. The results of your Test, including your genetic data, will form part of your confidential medical records and Personal Data. These results will be accessible by your treating physician and his/her hospital or clinic, in addition to Lucence, and may be shared with other healthcare providers for medical treatment and healthcare purposes. Each of the foregoing parties has an obligation to keep your records confidential, in accordance with applicable laws and regulations.
4. Your Test results and clinical data may be added to and retained in databases for a reasonable period in accordance with Lucence's legal and business purposes, and subject to applicable laws and regulations.
5. Your Sample Material may be examined at the time of the Test or thereafter, possibly using new methods or technologies, for the purposes of running the ordered Test or for quality testing.
6. Lucence may de-identify your genetic information and results in accordance with local data protection laws and use or disclose such de-identified genetic information/ results for future research. You agree that Lucence may retain this de-identified information for future research purposes.
7. You understand and agree that Lucence will not re-identify you and notify you in the case of any incidental findings, i.e., non-intended findings that arise and are outside the original purpose for which the Test was conducted.
8. You may, at any time, correct or have access to your Personal Data, and/ or withdraw your consent to any of the above uses of your Personal Data by Lucence (except to the extent that Lucence has already taken action in reliance on your consent). We may charge a reasonable fee to process your request for access to Personal Data.

Contact us at privacy@lucence.com or visit www.lucence.com/ privacy for more details on Lucence's data use practices.

CONSENT TO FUTURE RESEARCH

9. This is optional and does not affect your ordered Test. You may opt-out of these uses at any time by checking the box below, or contacting support.asean@lucence.com:
   a. you agree that your individually-identifiable data may be used for future research purposes. However, once your individually-identifiable data have been de-identified such that Lucence is not able to re-identify you or determine which information relate to you, you understand that you will no longer be able to withdraw consent to Lucence's future use or disclosure of such de-identified data.
   Risks and benefits of future research
   Once the de-identified data has been shared with other parties, you will not have full control over how such de- identified data may be used. Future research may not directly benefit you, but there could be a benefit to society as it advances new screening and detection methods for cancer and other diseases.
   b. you hereby assign leftover Sample Material, if any, that is not used for the Test to Lucence for Lucence's and its affiliates' use, including for research. Lucence will endeavor to utilize an appropriate amount of Sample Material for the Test. Lucence will store your leftover Sample Material, in accordance with applicable laws and regulations.
   c. you renounce any rights to your Sample Material and assign to Lucence any intellectual property rights that may be derived from the use of your Sample Material, whether so derived now or in the future.

☐ **I want to opt out of these uses in Section 9.**

Note: This checkbox is OPTIONAL and Lucence will still be able to run the Test(s) even if you leave this box unchecked.

PATIENT'S RESPONSE

I hereby declare and confirm that I have been given adequate explanation with respect to the contents of this form, which has been fully explained to me in _____(language), and have fully understood the contents of this form.

The turnaround time given for the Test(s) is an indicative guide only and I understand that Lucence is unable to guarantee the turnaround time. However, Lucence shall keep my physician informed in the event of unusual delays in providing the Test(s) results and my physician shall have the duty to communicate such information to me.

I shall not hold Lucence liable for any loss of profits, indirect, consequential or special damages which I may suffer or incur in connection with the Test(s), including but not limited to any delays in the delivery of the Test(s) results or any information provided to me by my physician in reliance on the results of the Test(s). Liability for personal injury or death are not excluded.

By signing this form, I consent to the above terms, except where I have specifically indicated that I do not consent to a term.

Patient's Name _____ Patient's Signature X SIGN HERE _____ Date _____

Witness is required if language above is not English:

Witness's Name _____ Witness's Signature _____ Date _____

If the patient is unable to give consent:

Parent/ Guardian's Name_____ Parent/ Guardian's Signature _____ Date _____

PHYSICIAN'S STATEMENT

I have explained the above information to this individual. I have addressed the limitations outlined above, and I have answered this person's questions.

Physician's Name_____ **Physician's Signature** X SIGN HERE _____ Date _____

Lucence Service Laboratory Phone: +65 6592 5102 | Whatsapp: +65 8666 7493 | Email: sales.asean@lucence.com
211 Henderson Road #04-01/02, Henderson Industrial Park, Singapore 159552.

Annex A - LucenceINSIGHT® & CardioHemeRISK™ Gene List

LUCENCE

LucenceINSIGHT® 5* / LucenceINSIGHT® Women's 7# / LucenceINSIGHT® 12

Genes

ACVR2A#*	*ADGRG6*	*AKT1#*	*ALK*#*	*AMER1*#*	*APC*#*	*AR*	*ARID1A*#*
ATM#*	*B2M*#*	*BCOR*	*BMPR2*#*	*BRAF*#*	*BRCA1#*	*BRCA2#*	*CASP8*
CBFB#	*CCND1*	*CCR4*	*CDC27*	*CDH1#*	*CDKN1A*	*CDKN1B*#*	*CDKN2A*#*
CREBBP	*CTCF*	*CTNNB1*#*	*DICER1*	*EGFR*#*	*EP300*	*ERBB2*#* (HER2)	*ERBB3*#*
ERCC2	*ESR1#*	*FBXW7*#*	*FGFR2*	*FGFR3*	*FOXA1#*	*GATA3#*	*GNAS*#*
HRAS	*JAK1*	*KEAP1*#*	*KIT*	*KRAS*#*	*MAP2K1* (MEK1)	*MAPK1* (ERK2)	*MED12*
MEN1#*	*MET*#*	*MSH6*#*	*MTOR*	*NF1*#*	*NFE2L2*#*	*NOTCH1*	*NRAS*#*
PCBP1#*	*PDGFRA*	*PIK3CA*#*	*PIK3R1*	*POLE*	*PPP2R1A#*	*PTEN*#*	*RET*#*
RHOA	*RIT1*#*	*RNF43*#*	*RPL22*#*	*SMAD4*#*	*SPOP*	*STK11*#*	*TCF7L2*#*
TERT#* Promoter	*TGFBR2*#*	*TP53*#*	*U2AF1*				

*Genes tested in LucenceINSIGHT® 5
#Genes tested in LucenceINSIGHT® Women's 7

LucenceINSIGHT® 50

Genes

ABL1	*ACVR2A*	*ADGRG6*	*AKT1*	*ALK*	*AMER1*	*APC*	*AR*
ARID1A	*ASXL1*	*ATM*	*B2M*	*BCOR*	*BMPR2*	*BRAF*	*BRCA1*
BRCA2	*BTG1*	*BTG2*	*CALR*	*CASP8*	*CBFB*	*CCND1*	*CCR4*
CD79B	*CDC27*	*CDH1*	*CDKN1A*	*CDKN1B*	*CDKN2A*	*CIC*	*CREBBP*
CTCF	*CTNNB1*	*CXCR4*	*DICER1*	*DNMT3A*	*DROSHA*	*EGFR*	*EP300*
ERBB2 (HER2)	*ERBB3*	*ERCC2*	*ESR1*	*EZH2*	*FBXW7*	*FGFR1*	*FGFR2*
FGFR3	*FGFR4*	*FLT3*	*FOXA1*	*FOXL2*	*FOXO1*	*GATA2*	*GATA3*
GNA11	*GNAQ*	*GNAS*	*HRAS*	*ID3*	*IDH1*	*IDH2*	*IKZF3*
JAK1	*JAK2*	*JAK3*	*KEAP1*	*KIT*	*KRAS*	*MAP2K1* (MEK1)	*MAPK1* (ERK2)
MED12	*MEN1*	*MET*	*MPL*	*MRPS31*	*MSH6*	*MTOR*	*MYC*
MYCN	*MYD88*	*MYOD1*	*NF1*	*NFE2L2*	*NOTCH1*	*NOTCH2*	*NPM1*
NRAS	*PCBP1*	*PDGFRA*	*PIK3CA*	*PIK3R1*	*PLCG1*	*POLE*	*PPM1D*
PPP2R1A	*PTEN*	*PTPN11*	*RAC1*	*RET*	*RHOA*	*RIT1*	*RNF43*
RPL22	*RPS27*	*RUNX1*	*SETBP1*	*SF3B1*	*SGK1*	*SMAD4*	*SMARCB1*
SMO	*SOCS1*	*SPOP*	*SRSF2*	*STAG2*	*STAT3*	*STAT5B*	*STK11*
TCF7L2	*TERT* Promoter	*TGFBR2*	*TP53*	*U2AF1*	*VHL*	*WT1*	

Additional fusions for LucenceINSIGHT® 50 / 12 / Women's 7 / 5 with ctRNA tumor marker boost

Fusions*

ABL1	*ALK*	*AR* (AR-V3/4/7/9 splice variants)	*AXL*	*BRAF*	*CUX1*	*EGFR*
ERBB4	*ERG*	*ESR1*	*ETV1*	*ETV4*	*ETV5*	*ETV6*
EWSR1	*FGFR1*	*FGFR2*	*FGFR3*	*FLI1*	*FUS*	*JAK2*
KAT6A	*KMT2A*	*LTK*	*MAML2*	*MET* (including exon 14 skipping)	*MLLT10*	*MYB*
MYH11	*NRG1*	*NTRK1*	*NTRK2*	*NTRK3*	*NUP214*	*NUTM1*
PAX3	*PAX7*	*PDGFRA*	*PDGFRB*	*PLAG1*	*PPARG*	*PRKACA*
RARA	*RET*	*ROS1*	*RSPO2*	*RSPO3*	*RUNX1*	*SLC45A3*
SSX1	*SSX2*	*STAT6*	*TAL1*	*TCF3*	*TFE3*	*THADA*
TMPRSS2						

Viruses screened in LucenceINSIGHT®

Epstein-Barr Virus (EBV)	Covered in LucenceINSIGHT® 50 & LucenceINSIGHT® Men/Women's 12
Human Papillomavirus (HPV) 20 Genotypes including 16 and 18	Covered in LucenceINSIGHT® 50 & LucenceINSIGHT® Women's 12

CardioHemeRISK™

Genes

ASXL1	*DNMT3A*	*FLT3*	*IDH2*	*JAK2*	*PPM1D*	*RUNX1*	*SF3B1*
SRSF2	*TET2*	*TP53*					

Lucence Service Laboratory Phone: +65 6592 5102 | Whatsapp: +65 8666 7493 | Email: sales.asean@lucence.com
211 Henderson Road #04-01/02, Henderson Industrial Park, Singapore 159552.

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Annex B - Liquid Specimen Collection and Shipping Instructions

Parkway Laboratories LUCENCE

IMPORTANT NOTE:

1. Specimen must reach Lucence Lab within the terms stated in 'VALIDITY' & 'TEMPERATURE' provided in table below.
2. Improper handling of samples will result in inaccurate analysis of cell-free DNA/RNA.
3. Clinics/wards should obtain test kits from their respective outpatient laboratory.

1. COMPLETE FORMS
Ensure both **patient** and **physician** have signed

2. CHECK & LABEL TUBE(S)
Within expiry and labeled with **2 patient identifiers**

3. COLLECTION OF WHOLE BLOOD
Invert 8-10 times after collection
Ensure **minimum volume** and **sample validity** met

4. PREPARE SAMPLE COLLECTION KIT
Place completed **forms** and **copies of other clinical documentation** in box

! KEEP BLOOD & BONE MARROW SAMPLE AT ROOM TEMPERATURE !
Do **NOT** freeze or refrigerate

For alternative fluid samples, please contact Lucence Sales Team at +65 6592 5102 / +65 8666 7493 before sample collection.

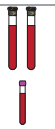
PHLEBOTOMY SERVICE & SAMPLE COLLECTION

NO collection on Sundays and Public Holidays

	Contact	Operating Hour
Specialist clinics at Parkway Hospital	i) Plexus ii) PLS call centre +65 6278 9188	Mon - Sat Follow respective outpatient lab's cut-off timing
Wards at Parkway Hospital	i) Respective hospital's outpatient lab ii) PLS call centre +65 6278 9188 Specimen & collection kit should be delivered back to the outpatient lab after the necessary forms and signatories have been collected.	Mon - Sat Follow respective outpatient lab's cut-off timing
Specialist clinics outside Parkway Hospital	PLS call centre +65 6278 9188	i) Mon-Fri: 1630 ii) Sat: 1200 Provide 45 mins notice if clinic closes early

CONTACT LUCENCE ON WHATSAPP

Parkway Laboratory Services Ltd
2 Aljunied Avenue 1, #04-11
Framework 2 Building
Singapore 389977
PLS call centre: +65 6278 9188

TEST	SAMPLE REQUIREMENTS	VALIDITY	TEMPERATURE
LiquidHALLMARK® / LiquidMARK™ LiquidSCREEN™ Lung	 **3** Streck Tubes of Peripheral Whole Blood (9mL each, 27mL total)	**7** days **96** hrs for ctRNA	Room temperature
	Alternative Fluids  Effusion fluid Pleural / Peritoneal / Pericardial (20mL in sterile bottle)  Cerebrospinal Fluid (CSF) (5mL or 100 drops in sterile bottle)	**Room temperature** samples must reach Lucence within **4 hours** upon sample collection. **Refrigerated samples (2 - 8°C)** upon collection must reach Lucence within **4 days** & be transported with **icepack.** **Freeze** samples after collection if transportation is expected to be **>4 days**. Ship samples on **dry ice**.	
LucenceMONITOR™ MRD Program LucenceMONITOR™ TissueBASELINE	 **3** Streck Tubes of Peripheral Whole Blood (9mL each, 27mL total) **AND** **15** unstained FFPE & **1** matched H&E slides (Refer to Tissue Submission Memo)	**7** days	Room temperature
LucenceMONITOR™ LiquidMRD LucenceINSIGHT® 50* LucenceLONGEVITY™* LucenceINSIGHT® with add-on ctRNA*	 **3** Streck Tubes of Peripheral Whole Blood (9mL each, 27mL total)	**7** days ***96** hrs for ctRNA	Room temperature
HemeMARK™	 **2** Streck Tubes of Peripheral Whole Blood (9mL each, total 18mL) **OR** **1** EDTA Tube of Bone Marrow Aspirate (Total 3mL)	**7** days **5** days	Room temperature
LucenceINSIGHT® 12 / Women's 7 / 5 CardioHemeRISK™	 **2** Streck Tubes of Peripheral Whole Blood (9mL each, total 18mL)	**7** days	Room temperature
LumiRISK™ / LumiTHERA™ / LumiFOCUS™	 **2** EDTA Tubes of Peripheral Whole Blood (9mL each, total 18mL)	**6** days	Room temperature
NPC GOLD™	 **1** EDTA Tube of Peripheral Whole Blood (Total 9mL)	**6** days	Room temperature

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