

Integration Site Analysis (ISA) Requisition

Patient Name: (Last, First)			
Patient MRN:	D.O.B. (e.g., 01-Jan-2024): DD - MMM - YYYY	Gender:	Visit #: <input type="checkbox"/> 6 month <input type="checkbox"/> 12 month <input type="checkbox"/> Other ____
Diagnosis:		Gene Therapy Infusion Date (e.g., 01-Jan-2024): DD - MMM - YYYY	
Requesting Physician (Results will be sent via email) Full name: _____ Phone: _____ Email: _____ Fax: _____ Additional result recipient: (email only) _____ Treatment: _____			

The undersigned confirms that the information on this requisition is true, complete and accurate, and attests that the ISA is medically necessary for the care/treatment of the patient. The undersigned has obtained the patient's consent to perform this test and understands the risks and benefits of the test.

Requesting Physician's Signature

Date

QTC Site Sample ID:	Sample type: <input type="checkbox"/> Blood <input type="checkbox"/> DNA
QTC Name:	Collection Date (e.g., 01-Jan-2024): DD - MMM - YYYY Collector's Initials: _____

SAMPLE REQUIREMENTS

Whole Blood:

- Draw blood in 2mL EDTA (lavender top) tube. (Bare minimum: 1mL)
- Store tube in a refrigerator until ready for same day shipment.
- If sample is not shipped on the same day, gradual freezing is recommended:
 - a. Place EDTA tube in the refrigerator for 2 hours
 - b. Transfer to a -20°C freezer overnight
 - c. Transfer to a -80°C freezer (if available) until ready for shipment

DNA:

- Measure DNA concentration and adjust within range of 15 to 100 ng/μl
- Place 5μg in DNA in extraction buffer in a screw cap cryovial (note down aliquoted DNA volume)
- Store cryovial in a -20°C freezer until ready for shipment

SHIPPING INSTRUCTIONS

- Ship priority overnight Monday to Thursday only. Packages delivered on weekends will be received the following Monday.
- Shipment package must adhere to IATA and ICAO regulations.
- Seal the sample (tube or cryovial) in a zip lock bag with absorbent material.
- For same day shipment, ship the sample and the requisition on ice packs
- If unable to send the same day, ship the sample and the requisition on dry ice
- Email package tracking information to isa-us@protogene.com
- Send the package to: **Sample Receiving**

ProtaGene US, Inc

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Burlington, MA 01803

(857) 829-3200

FOR PROTAGENE USE ONLY

Received

Date (DDMonYYYY)

By (initials)