

Oncotype DX Testing

Patient Name: _____	Surgical Pathology/Consult Number: _____
Patient MRN: _____	Medical Oncologist: _____
Patient DOB: _____	TNM Stage: _____
Ordering Facility: _____	

Patient must meet all following eligibility criteria:

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| 1. Node-negative early-stage disease
<input type="checkbox"/> I-II pN0 <input type="checkbox"/> I-II pN0i+ (isolated tumor cells < 0.2 mm) | Yes | No |
| 2. Endocrine-sensitive (estrogen and/or progesterone positive) planned to receive adjuvant endocrine therapy | Yes | No |
| 3. HER2 negative disease (IHC and/or FISH) | Yes | No |
| 4. Medical Oncologist recommends considering adjuvant chemotherapy based on high risk features
<input type="checkbox"/> T stage ≥ T1c or <input type="checkbox"/> stage T1b with adverse prognostic features (Nottingham grade 2-3 or LVI) | Yes | No |
| 5. Patient is medically fit and is considering undergoing adjuvant chemotherapy | Yes | No |
| 6. The pros and cons of Oncotype DX testing were discussed with the patient who agrees to the test being ordered and will accept the results as informative in regard to the benefit, or lack therefore, of adjuvant chemotherapy | Yes | No |

What is the likelihood of this patient undergoing chemotherapy in the absence of Oncotype DX testing? (Please circle one)

1–20%	21–40%	41–60%	61–80%	81–100%
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LAB USE ONLY

Patient meets criteria for testing: YES _____ NO _____

Pathologists Signature: _____ Date: _____

Case number: _____ Block number: _____