

## Integration Site Analysis (ISA) Requisition

Patient Name: <i>(Last, First)</i>														
Patient MRN:	D.O.B. <i>(e.g., 01-Jan-2024)</i> : <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 10px; text-align: center;">-</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 10px; text-align: center;">-</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	-	M	M	M	-	Y	Y	Y	Y	Gender:	Visit #: <input type="checkbox"/> 6 month <input type="checkbox"/> 12 month <input type="checkbox"/> Other ____
D	D	-	M	M	M	-	Y	Y	Y	Y				
Diagnosis:		Gene Therapy Infusion Date <i>(e.g., 01-Jan-2024)</i> : <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 10px; text-align: center;">-</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 10px; text-align: center;">-</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>		D	D	-	M	M	M	-	Y	Y	Y	Y
D	D	-	M	M	M	-	Y	Y	Y	Y				
Requesting Physician <i>(Results will be sent via email)</i>														
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 <i>(e.g., 01-Jan-2024)</i> :    Collector's <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 10px; text-align: center;">-</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 10px; text-align: center;">-</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table> Initials:	D	D	-	M	M	M	-	Y	Y	Y	Y
D	D	-	M	M	M	-	Y	Y	Y	Y		

### 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 on Monday.
- Place the sample (tube or cryovial) in a zip lock biohazard bag and seal
- 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@protagene.com](mailto:isa-us@protagene.com)
- Send the package to:

**Sample Receiving (ISA)**  
**ProtaGene US, Inc**  
**4 Burlington Woods Drive,**  
**Burlington, MA 01803**