**PERSONA BioMED Order Form (Pharmaceutical Laboratory Services)**

**A PRECISION MEDICINE SERVICE COMPANY**

**Ordered Pharmaceutical Laboratory Services (PLS)**

 **Code PLS**

**PLS- \_ \_ \_ \_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Ordering Researcher and Informed Consent**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACCOUNT #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OFFICE/COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE: \_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_COUNTRY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OFFICE CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RESULTS DELIVERY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - I hereby certify as duly licensed PhD in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city, province, country) that:
* I desire to order **Pharmaceutical Laboratory Services (PLS)** developed by PBM for facilitating the discovery and preclinical development of new anti-cancer drugs and the repurposing of already FDA-approved drug.
* I know that PLS are experimental in vivo and in vitro bioassays for testing the ability of new chemical compounds and biologics to inhibit the transcriptional expression of clinically-relevant prometastatic and proangiogenic genes in highly prevalent human cancer cell types and tumor-activated stromal cells.
* I know that clinical performance features from PLS have been determined by PBM, but that they have not yet been cleared or approved by the FDA.
* I know that PBM’ PLS are Multi-Target-Oriented Drug Screening assays that may help discovering new target-oriented drugs against molecules and genes whose pathogenic role in the mechanism of metastatic cancers and cancer microenvironment cells has been verified in preclinical research and whose pathophysiological expression in patients has been clinically-validated.
* I know that PBM’ PLS are drug-screening bioassays conducted in accordance with worldwide regulatory requirements, and in compliance with good laboratory practice (GLP) regulations, audited by an external Quality Assurance Unit.
* I know that positive or negative results of laboratory tests must be interpreted in conjunction with all other available clinical and anthropometric data and that final diagnosis and optimal patient management will be my responsibility.
* The patient specified below and/or their legal guardian has been informed of the benefits, risks and limitations of the laboratory test(s) requested. I have answered this person’s questions. I have obtained informed consent from the patient or their legal guardian for this testing.
* I will ensure that patient specimens submitted to PBM are properly requisitioned using PBM’s online ordering system or using the hard copy PBM Requisition form, and are processed, transported and handled in accordance with all applicable statutes, rules and regulations.
* I agree to access all patient test results through PBM’s online database or accept results via fax.
* I agree that clinical records of patients related to the ordering of laboratory tests and/or the Test Reports (collectively the “Data”) shall be regarded as confidential and shall comply with all applicable laws and regulations regarding the use and disposition of such Data.
* Without the prior written consent of PBM, I shall not manipulate, aggregate, integrate, compile, merge, reorganize, regenerate or otherwise use the Data, and shall not provide the Data to any other person or entity, except as required by applicable law.
* The request for the above Laboratory Service for which reimbursement from Medicare, or third-party payers will be sought is medically relevant for the diagnosis, prognosis and treatment of this patient’s condition. I also authorize providing this patient’s test results to the patient’s third-party payers.

SIGNATURE

PRINTED NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and ORDER DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Persona Biomed, Inc.,** 211 N. Union St., Suite 100, Alexandria, VA 22314,

Phone: 703-299-0246; Email: order@personabiomed.com

http://www.personabiomed.com