

**1. PATIENT INFORMATION**

Patient Last Name \_\_\_\_\_ Patient First Name \_\_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  F  M \_\_\_\_\_

Date of Birth (DD-MM-YY) Biological Sex Patient Email \_\_\_\_\_ Patient Telephone \_\_\_\_\_

\_\_\_\_\_  
Patient Address/City/Postal Code \_\_\_\_\_ **Canada** \_\_\_\_\_  
Country

*I understand the purposes, benefits and limitations of the Signatera residual disease test. I have had the opportunity to ask my healthcare provider about this test, including reliability of test results, risks, and alternatives prior to giving my informed consent. I acknowledge that LifeLabs will send the results to my ordering clinician and other health care providers involved in my care as requested. I understand that I must sign this consent form if I want testing performed, and that LifeLabs will retain a copy of this form in accordance with standard operational requirements. I acknowledge that my sample(s) and personal health information will be sent to LifeLabs in Ontario, and Natera in the USA, for the Signatera residual disease test.*

\_\_\_\_\_  
Patient Signature \_\_\_\_\_ Date (DD-MM-YY) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Lifelabs:**  
Place Accession sticker here

**2. ORDERING CLINICIAN**

\_\_\_\_\_  
Clinic or Organization \_\_\_\_\_ Provider Billing Number \_\_\_\_\_ Ordering Clinician \_\_\_\_\_ Natera® LIMS ID \_\_\_\_\_ Clinic Telephone \_\_\_\_\_ Clinic Fax \_\_\_\_\_

\_\_\_\_\_  
Clinic Email \_\_\_\_\_ Clinic Address \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_ **Canada** \_\_\_\_\_ Clinician Signature \_\_\_\_\_ Date (DD-MM-YY) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

I hereby authorize the pathology laboratory listed below to release the patient's FFPE tissue to Natera and LifeLabs.

**3. BILLING INFORMATION**

**PAYMENT CONFIRMED** \_\_\_\_\_

Order ID \_\_\_\_\_

Enter under AL628 (ON) OR A8972 (BC)  Enter under AU433 (ON) OR A7210 (BC)

Enter under PP – No payment required at PSC  Bill to Natera (no payment required at PSC)

\_\_\_\_\_  
Prior Approval Number \_\_\_\_\_ Patient Health Card Number \_\_\_\_\_

**4. SIGNATERA™ TEST ORDERING**

|   | Lifelabs' internal use only (test codes & mnemonics) |  |
|---|--|--|
|   | ON   | BC   |
| <input type="checkbox"/> <b>INITIAL TEST (Blood)</b> <b>MUST use Signatera kit</b>    | <b>3351</b>  | <b>SIG</b>                                     |
| Date of Blood Collection (DD-MM-YY) ____ - ____ - ____                                | Two 10mL Streck tubes PLUS One <b>6mL</b> EDTA       | Two 10mL Streck tubes PLUS One <b>6mL</b> EDTA |
| <input type="checkbox"/> <b>SUBSEQUENT TEST (Blood)</b> <b>MUST use Signatera kit</b> | <b>3348</b>  | <b>SIGSUB</b>                                  |
| Date of Blood Collection (DD-MM-YY) ____ - ____ - ____                                | Two 10mL Streck tubes                                | Two 10mL Streck tubes                          |

**\*\* Blood MUST be shipped at 6-37°C, immediately upon draw \*\*** **NOTE: See Section 5 for Tissue Sample requirements**

**FOR HOSPITAL-DRAWN BLOOD ONLY:** Send both initial and subsequent test blood samples via FedEx to: Lifelabs Genetics | 175 Galaxy Blvd., Suite 105 | Toronto, ON M9W 0C9 Use FedEx account 725287097

**5. CLINICAL INFORMATION (Initial Order Only)**

**Most recent progress/clinical note attached (Clinical note should be in English)** **\*Please note that at this time, Signatera can only be performed on solid tumour cancers.**

**Cancer type to be tested:**  Colorectal  Breast  Lung  Bladder  Melanoma  Other \_\_\_\_\_ Site \_\_\_\_\_ Subtype \_\_\_\_\_

Stage:  I  II  III  IV  Other \_\_\_\_\_ Status:  Metastatic  Recurrence/Relapse

**Indication for testing:** (select one)

Residual disease monitoring  Adjuvant: Post op treatment selection  Surveillance for recurrence  Treatment response monitoring  Immunotherapy – drug name \_\_\_\_\_  Other \_\_\_\_\_  Neoadjuvant

**6. PATHOLOGY (Initial Order Only. MUST be completed by oncologist office at time of initial order.)**

**Sample Requirements: FFPE tissue is the required specimens along with INITIAL TEST (Blood) (3351/SIG)**

**INITIAL TEST Tissue Requirements: FFPE Tissue (LL TC 3349) Requires 6-10, 7-10 micron unstained slides (or comparable amount of tissue) OR a tissue block. Both require a contiguous H&E slide**

**Pathology report attached**

\_\_\_\_\_  
Tissue Collection Date (DD-MM-YY)

\_\_\_\_\_  
Accession # / Block ID # **Please provide most abundant malignant tissue**

**Send tissue samples to: Lifelabs Genetics: 175 Galaxy Blvd., Suite 105 | Toronto, ON M9W 0C9**

**Questions? 1-844-363-4357, press 0 • FedEx account 725287097**

*All FFPE tissue block specimens will be returned to sending pathology lab via Lifelabs Genetics.*

\_\_\_\_\_  
Pathologist's Name / Contact \_\_\_\_\_ Pathology Department Name \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

\_\_\_\_\_  
Email \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**7. DISPOSITION OR RETENTION OF SAMPLES**

Laboratory (Reseller) represents and confirms that the patient has given informed consent in compliance with applicable law to Natera's following sample disposition or retention policy: **PATIENT UNDERSTANDS AND CONSENTS THAT:** (i) her/his sample will be sent to the United States for performance of the test; (ii) Natera may retain the patient's leftover, de-identified samples to use for medical and technology advancement, research & development, product validation and quality assurance, independently or in collaboration with third-party partners, either in or outside the United States; and (iii) patient and patient's heirs will not receive any payments, benefits, or rights to any resulting products or discoveries.

**For more information about tissue requirements, please visit here:**  
[www.natera.com/tissueguidelines](http://www.natera.com/tissueguidelines)

SCAN ME

# Signatera™ Ordering Guide



## Step 1

### Complete your requisition

Complete Part 1 of the requisition (above) including your signature and date. Ask your physician to complete Part 2-5.

Your physician will need to provide their information (part 2) each time you order either test. Please ensure that both you and your physician have signed the requisition form and keep a copy of the completed form.

For the Initial Test, your physician must select **Initial Test** in Part 3 of the requisition form, and they must complete Part 5 (Pathology lab information).

For the Subsequent Test, your physician must select **Subsequent Test** in Part 3 of the requisition form. Part 5 can be left blank (for Initial Test only).



## Step 2

### Purchase Signatera™

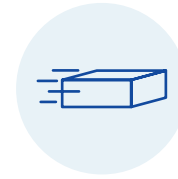
*(Choose either the Initial Test OR Subsequent Test, not both).*

**ON Residents:** [Click here](#)

**BC Residents:** [Click here](#)

**Rest of Canada**  
**Contact our Genetics Helpline:**  
**1-844-363-4357**

Online orders (ON and BC) will be emailed a partially completed requisition containing the full EC number as proof of payment. **Please bring this to your blood sample collection appointment in Step 4.**



## Step 3

### Receive your Signatera™ blood kit

LifeLabs will contact you within one (1) business day to arrange shipment of Signatera™ kit to your preferred mailing address. You will need to verify your purchase and that your requisition form has been completed and signed by you and your physician.



## Step 4

### Blood sample collection

Get your blood sample collected at either a LifeLabs Patient Service Centre (ON/BC) or a local sample collection site.

If done at LifeLabs, please [book an appointment](#) at your convenience.

Bring the following to your appointment:

1. Signed requisition form from Step 1
2. Partially completed requisition form containing the full EC number from Step 2 (ON & BC Only)
3. Signatera™ kit from Step 3



## Step 5

### Obtain results

Results from the Initial Test will be sent to your physician 4-6 weeks after the testing lab has received both tissue and blood kits.

Results from the Subsequent Test will be sent to your physician 7- 10 days after the testing lab has received the blood kit.

Consult your physician to discuss results.



For any questions or concerns, contact our **Genetics Helpline at 1-844-363-4357**

AUTHORIZED DISTRIBUTOR



**Signatera™**  
Residual disease test (MRD)

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