



# ANTECH

BETTER DIAGNOSTICS. BETTER MEDICINE.™

Dear Veterinary Partner,

Thank you for your interest in ordering SearchLight DNA™ through Antech Diagnostics. SearchLight DNA is a next generation genetic mutation test that provides prognostic, diagnostic, and therapeutic guidance for cancerous tumors of canine patients.

The current turn-around-time is 12-17 days from the received add-on request. Vidium will accept 2-5 slides of adequate cellularity, 0.5 mL of fluid in a non-additive tube, or tissue curl sample. Antech Diagnostics will process and forward the sample(s) to Vidium to begin the genetic sequencing testing. Once cytology slides or tissue re-cut samples have been forwarded to Vidium, they will not be able to be returned and will be rendered unviable for any additional add-on diagnostics.

For hospitals who did not originally submit the sample it is required that you speak with the submitting hospital and obtain authorization to release the specimen for SearchLight DNA testing.

If you are not a current Antech account holder, billing and reimbursement authorization must be obtained from a member of the submitting hospital, as the submitting hospital will be billed for the add-on test. We encourage all non-account holders to speak with Customer Service to create an account for easier add-on processes in the future.

On the next page you will find the SearchLight DNA Antech test request form which provides additional history information and authorization to complete this test. We ask that you complete this form in its entirety so that our Customer Service team may begin to process your request.

Please email the completed and signed form to: [searchlightdna@antechmail.com](mailto:searchlightdna@antechmail.com) (please note, this is a no-reply inbox).

If there are any concerns, please do not hesitate to reach out to Antech Customer Service at **1-800-341-3440** to discuss SearchLight DNA Cytology add-on or SearchLight DNA Histology add-on.

## Ordering Hospital Information (if different from originally submitting hospital)

Hospital Name \_\_\_\_\_ DVM (Last, First) \_\_\_\_\_

Antech Account Number \_\_\_\_\_ Bill to \_\_\_\_\_ Submitting Hospital \_\_\_\_\_ Ordering Hospital \_\_\_\_\_

Hospital Address \_\_\_\_\_

Hospital Phone Number \_\_\_\_\_

## Patient Information

Patient Name \_\_\_\_\_ Sex F M FS MN

Pet Owner Last Name \_\_\_\_\_ DOB \_\_\_\_\_

Species Canine \_\_\_\_\_ Breed \_\_\_\_\_

## Case Information

Submitting Hospital \_\_\_\_\_ Sample Location \_\_\_\_\_

Antech Accession Number \_\_\_\_\_ Working Diagnosis \_\_\_\_\_

Sample Type Cytology Histology Primary or Metastatic Lesion? Primary Metastatic Unknown

Pertinent Patient History/Relevant Treatments

Clinical Questions

## Informed Consent Statements

I understand that all cytology slides will undergo a final cellularity review by Antech pathologists, which may result in a request to submit additional slides. If I elect to submit additional slides, I understand that these new slides may also fail the review process.

I understand that all cytology slides that are sent to Vidium will not be able to be returned and are rendered unviable for additional testing.

### For Non-Submitting Hospitals Only

I have spoken with the appropriate medical staff of the submitting hospital and have received all permissions to add-on SearchLight DNA™ to the above-named sample.

Sample Release Authorized By \_\_\_\_\_ Date \_\_\_\_\_

### For Non-Antech Clients Only

I have spoken with the appropriate financial staff of the submitting hospital and have received permission to bill the originally submitting hospital.

Billing Authorized By \_\_\_\_\_ Date \_\_\_\_\_

Requesting DVM Signature

Name (Print)

Date