

Dear Applicant,

Thank you for contacting Lazarex Cancer Foundation for help with identifying your clinical trial options. It is our mission to connect cancer patients to clinical trials so you can continue to stay engaged in your fight against cancer.

We are pleased to be able to offer you the opportunity to undergo Molecular Profiling of your cancer, at no cost to you, through Perthera, our Clinical Trial Navigation program partner. Please indicate if you are interested in molecular profiling on page 2 of this application.

In order to ensure a timely turnaround for processing your request for assistance, please be sure to fill out the application completely. If you have any questions, please email Ryan Noonan at rnoonan@lazarex.org or call 925.820.4517.

Sincerely, The Lazarex Patient Services Team

WHAT IS MOLECULAR PROFILING?

Molecular profiling—or “tumor genomic profiling”—is a form of testing that classifies tumors based on genetic make-up to help diagnose and treat cancer. Using a blood test or biopsy, this testing examines the DNA of cancer cells, looking for genetic mutations that have been acquired by these cells.

ABOUT PERTHERA PRECISION MEDICINE

Tailoring medical treatment to the patient’s distinct genetic characteristics can identify the best course of treatment and may even avoid or reduce adverse drug reactions along with the toxic effects of therapies that may not be necessary.

The Perthera Precision Medicine Platform utilizes patient medical, treatment and multi-omic molecular information to generate a clear and comprehensive clinical report called The Perthera Report. The Perthera Report provides oncologists with a list of ranked treatment recommendations matched to their patients, empowering them with precision oncology at their fingertips to assist them with their treatment decision making. This can significantly improve patient survival rates and advance clinical research efforts for physicians and their institutions.

APPLICATION INFORMATION

Complete applications are reviewed in the order they are received.

In any document you send to us please black out any social security number.

A Lazarex Patient Services Coordinator will contact the applicant by telephone to review the information received. Contact is limited to two (2) attempts. The applicant is responsible for all follow up.



P O Box 741 Danville, CA 94526
 Phone: 925-820-4517 Fax: 925-552-7305
 www.lazarex.org
 Rev 04012020

FOR LCF STAFF USE ONLY

Date Received: _____

PATIENT NAVIGATION QUESTIONNAIRE

New Application Re-Applying Today's Date: _____

Applicant is:

Patient (proceed to patient information) Patient representative - Name: _____

Your relationship to person applying for help: Self Spouse Family member Friend Health care professional

Phone Number: _____ Email Address: _____

PATIENT INFORMATION (please print clearly)

Patient Name: _____ Date of Birth: _____ Age: _____

Address: _____ Preferred Phone: _____

City, State, Zip: _____ Alternate Phone: _____

County: _____ Email Address: _____

What sex were you assigned at birth on your original birth certificate: Male Female

Does the patient speak English? Yes No

What is the preferred language for communications with Lazarex?

Do you have a translator? Yes No

Translator Name: _____

Relation: _____

Phone Number: _____

Race / Ethnic Origin: American Indian or Alaskan Indian Asian or Pacific Islander Black or African American Hispanic or Latino
 Multi-Ethnic White Other (please specify): _____

TOTAL ANNUAL FAMILY INCOME	Number of people in household:
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How did you hear about us? Another Patient Doctor/Nurse/Trial Coordinator Family/Friends Medical Facility News/Media/Internet
 Social Worker Other Organization Events Other (please specify)

INSURANCE INFORMATION

Do you have health insurance? Yes No

Insurance Medicaid-Managed Care Medicaid-State Medi-CAL Private/Commercial Tricare
Type: Medicare Standard Medicare-Advantage Other (please specify)

TREATMENT INFORMATION

Primary Cancer:

Current Stage:

Treatment history to date:

Are there any issues that would prevent the patient from traveling? Medical Family Other (please explain)

Has the patient had Molecular Testing related to their cancer? Yes No
(see Guideline and Facts for definition)

Is the patient interested in undergoing Molecular Testing related to their cancer, at no cost to the patient? Yes No

ADDITIONAL INFORMATION (optional)

The following set of questions are for statistical purposes to be used only by Lazarex and will not affect whether the patient receives navigation assistance from Lazarex Cancer Foundation.

What is the highest degree or level of school you have completed?

- Less than a high school diploma High school degree or equivalent Bachelor's degree (e.g. BA, BS) Master's degree (e.g. MA, MS, MEd)
- Doctorate (e.g. PhD, EdD) Other (please specify): _____ Student - if student, what grade? _____

If comfortable sharing, what Faith do you follow?

Access to technology: Computer Smart phone Tablet Printer

Occupation: Veteran Active Duty Reservist

Hobbies or talents?

In the future, I would like to share my story, photo and experience with Lazarex Cancer Foundation.

Yes No

Is the patient a U.S citizen?

Yes No

Do you think of yourself as:

Male Female Female-to-Male (FTM)/Transgender Male/Trans Man Decline to Answer

Male-to-Female (MTF)/Transgender Female/Trans Woman Genderqueer, neither exclusively male nor female

Additional gender category/ (or Other), please specify: _____

Fax this form to 925-552-7305 or email to Rnoonan@lazarex.org or mail to Lazarex Cancer Foundation, P.O. Box 741, Danville, CA 94526. Lazarex Cancer Foundation will review this information and contact the person requesting navigation assistance.

Lazarex Cancer Foundation is committed to the principles of equal access to services. Lazarex prohibits discrimination against any person on the basis of race, color, national origin, age, disability, sexual orientation, gender or gender expression, marital, familial, or parental status, religion, genetic information, military status, political beliefs, or any other status protected under local, state, or federal law, in connection with its programs and activities. This policy extends to all personnel decisions, terms and conditions of employment, vendor contracts, and the provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, volunteers, subcontractors, vendors, and patients. Lazarex Cancer Foundation is a 501 (c)(3) non-profit organization. Our tax identification number is 20-2562494.