Creating Access Care Reimbursing Expenses | Lazarex CANCER FOUNDATION www.lazarex.org

P O Box 741 Danville, CA 94526
Phone: 925-820-4517 Fax: 925-552-7305
www.lazarex.org
FORM: CA-PNQ-DD REV: 11-02-20

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 identification of your cancer, at no cost to you, through Perthera, our Clinical Trial Navigation program partner. Please indicate if you are interested in molecular testing on page 3 of this application.

In order to ensure a timely turnaround for processing your request for clinical trial navigation assistance, please be sure to fill out the application completely. Upon receiving the application, a member of our Patient Services Team will contact you. 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 IDENTIFICATION

Molecular identification—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. Every tumor is unique to the patient therefore it is important to understand the unique characteristics of your type of cancer. Molecular identification allows us to do this.

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 including appropriate clinical trial options 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 cross 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.

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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: ____________

Sex the patient was assigned at birth on the original birth certificate: ☐ Male ☐ Female

Does the patient speak English? ☐ Yes ☐ No

What is the preferred language for communications with Lazarex? ____________

Does the patient 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:

How did the patient hear about us? ☐ Another Patient ☐ Doctor/Nurse/Trial Coordinator ☐ Family/Friends ☐ Medical Facility ☐ News/Media/Internet ☐ Social Worker ☐ Events

☐ Other Organization (please specify): ☐ Other (please specify):

INSURANCE INFORMATION

Does the patient have health insurance? ☐ Yes ☐ No

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

HEALTH HISTORY

Primary Cancer: ______________________ **Current Stage:** ______________________

Previous Cancer Treatment: (check all that apply)

Chemotherapy: Yes ☐ No ☐ If yes how many types of chemotherapy: ______________________

Radiation:	Yes ☐	No ☐	Surgery:	Yes ☐	No ☐
Immunotherapy:	Yes ☐	No ☐	Targeted Therapy:	Yes ☐	No ☐
Hormone Therapy:	Yes ☐	No ☐	Previous Clinical Trial:	Yes ☐	No ☐

Other Chronic Diseases: (check all that apply)

Heart Disease:	Yes ☐	No ☐	History of Liver Disease (not related to cancer):	Yes ☐	No ☐
Chronic Kidney Disease:	Yes ☐	No ☐	Chronic Lung Disease (Asthma COPD):	Yes ☐	No ☐
Stroke:	Yes ☐	No ☐	Alzheimer's Disease or Dementia:	Yes ☐	No ☐
Hypertension (High Blood Pressure):	Yes ☐	No ☐	On Medication:	Yes ☐	No ☐
High Cholesterol:	Yes ☐	No ☐	On Medication:	Yes ☐	No ☐
Diabetes:	Yes ☐	No ☐	On Medication:	Yes ☐	No ☐
Heart Attack:	Yes ☐	No ☐	On Medication:	Yes ☐	No ☐

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

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

Is the patient interested in undergoing Molecular Testing related to 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 the patient 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 does the patient follow?

Access to technology: ☐ Computer ☐ Smart phone ☐ Tablet ☐ Printer

Occupation: ☐ Veteran ☐ Active Duty ☐ Reservist

Hobbies or talents?

In the future, would the patient like to share their story, photo and experience with Lazarex Cancer Foundation. ☐ Yes ☐ No

Is the patient a U.S citizen? ☐ Yes ☐ No

Does the patient identify 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: ______________________

Lazarex Cancer Foundation is committed to the principles of equitable 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, immigration status, 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.

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 reimbursement assistance.