*Early*CDT®–Liver
Lesion Risk Assessment

Oncimmune® (USA) LLC
8960 Commerce Dr., Bldg. 6
De Soto, KS 66018
888-583-9030

Test Requisition Form

Note: This test is not intended for patients who are currently pregnant or have previously had cancer (except basal cell carcinoma).

Provider and Order Information

Healthcare Organization: _____

Clinician Name: _____

NPI #:										

Phone Number: _____

Location Address: _____

City, State, Zip: _____

Email Address:_____

Secure Fax #: _____
(Required to receive results via fax.)

ICD-10 Code(s):

□ K76.89 Other specified disease of liver (lesion)

□ Other_____ □ Other_____

The above codes are listed as a convenience. Ordering clinicians should report the diagnosis code(s) that best describes the reason for ordering the test, regardless of whether the code is listed above or not.

Certification

I am a licensed treating clinician authorized to order *Early***CDT-Liver.** This test is medically necessary, and the patient is eligible for *Early***CDT-Liver**. I will maintain the privacy of test results and related information as required by HIPAA. I authorize Oncimmune (USA) LLC to obtain reimbursement for *Early***CDT-Liver.**

_____

Ordering Provider Signature **Date of Order**

Patient Information

First _____ MI_____ Last _____

DOB: _____ Age:_____ Sex: □ Male □ Female

Address_____City, State, Zip_____

Phone Number_____ SSN #:_____

Patient Authorizations, Assignment of Benefits (AOB) and Financial Responsibilities

I authorize Oncimmune (USA) LLC to bill my insurance/health plan and furnish them with my *Early***CDT-Liver** order information, test results, or other information requested for claim adjudication. I assign all rights and benefits under my insurance plan to Oncimmune and authorize Oncimmune to appeal and contest any claim denial, including in any administrative or civil proceeding necessary to pursue reimbursement. I authorize all reimbursements to be paid directly to the laboratory in consideration for the services performed. I understand that I am responsible for any amount not paid, including amounts for non-covered services or services determined by my plan to be provided by an out-of-network provider.

Patient Signature:_____ **Date**:_____

Patient Billing Information

PROVIDE FRONT AND BACK COPIES OF ALL INSURANCE CARDS

Primary insurance name_____ Secondary insurance name_____

Type: □ Insurance □ Medicare □ Medicare Advantage □ Medicaid □ Self Pay

Self Pay: Credit Card: □ Mastercard □ Visa Card #_____ Exp. Date_____ CVV_____

Specimen Collection Information

Collection Date:__/__/____ Collected By:_____Phone/Email:_____

Venipuncture: Draw blood into red-top serum tube or SST and send at ambient conditions. Minimum volume of 0.5 mL.
Capillary Collection: Collect blood in microtainer (fill to 400 line or above) and send at ambient conditions. Min. volume of 400 µL.
Specimens to be sent to 8960 Commerce Dr., Building #6, De Soto, KS 66018 V1 5.11.18

Oncimmune Lab Use Only:
Date Rec'd_____ Sample Type_____
Amt Rec'd_____ Rec'd by_____

Place patient identifier sticker in this box

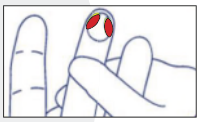
oncimmune®

Questions? Call 1-888-583-9030

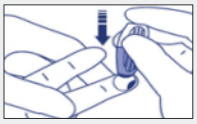
Finger stick blood collection instructions

Simple kit supplied by Oncimmune®

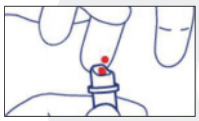
1. Complete and sign *Early***CDT®-Liver** test requisition
2. Patient should wash and warm hands
3. Identify puncture site (red). Clean thoroughly with alcohol wipe & air dry.



4. Twist off tab on lancet and press firmly against puncture site until click is heard. Return with sample for proper disposal.



Wipe away first drop of blood. Remove yellow cap of Microtainer Tube



5. Touch collector end of tube to drop of blood and apply intermittent pressure along finger.* Note: some may need more than 1 fingerstick

6. Fill tube to the 400 mark or above. Replace cap and label tube with barcode sticker.

Prepare for shipment:

- Place sample in bubble wrap provided
- Place sample and lancets in biohazard bag
- Place bag and requisition in collection kit box
- Place box in FedEx Clin-Pak with prepaid waybill affixed

*Do not scrape skin surface to collect blood; blood will freely flow to bottom of tube.

Traditional blood draw instructions

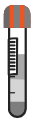
Simple kit supplied by Oncimmune®

1. Complete and sign *Early***CDT®-Liver** test requisition

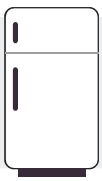
2. Blood specimen drawn into a red-top serum tube or serum-separator tube (SST)

3. If SST, centrifuge specimen per manufacturer's recommended procedures. If sending red-top serum tube, send specimen without processing

Label tube with 2 unique patient identifiers and/or barcode label



4. NOTE: minimum of 0.5 mL of serum or 1.0mL of whole blood
5. Keep refrigerated (not frozen) until ready to ship



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