

Provider and Order Information

Note: This test is not intended for patients who have a previous diagnosis of cancer (except basal cell carcinoma).

Healthcare Organization: _____

Clinician Name: _____

NPI #:

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Phone Number: _____

Location Address: _____

City, State, Zip: _____

Email Address: _____
(Required to receive results via web portal.)

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

ICD-10 Code(s):

- R91.1 Solitary Pulmonary Nodule R91.8 Abnormal findings of Lung
(Multiple Pulmonary Nodules)
- 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 *EarlyCDT-Lung*. This test is medically necessary and the patient is eligible for *EarlyCDT-Lung*. I will maintain the privacy of test results and related information as required by HIPAA. I authorize Oncimmune (USA) LLC to obtain reimbursement for *EarlyCDT-Lung*.

Ordering Clinician 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 EarlyCDT-Lung 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

PLEASE PROVIDE FRONT AND BACK COPIES OF ALL INSURANCE CARDS

Primary insurance _____ Secondary insurance _____

Relationship to patient Self Spouse Other 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, send at ambient conditions. Minimum volume of 0.5 mL serum or 1.0 mL of whole blood.

Capillary Collection: Collect blood in microtainer (fill to 400 line or above) and send at ambient conditions. Min. volume of 400 µL.

Send specimen to 8960 Commerce Dr., Bldg. 6, De Soto, KS 66018

V1 5.21.18

Oncimmune Lab Use Only:

Date Rec'd _____ Sample Type _____

Amt Rec'd _____ Rec'd by _____

Place patient identifier sticker in
this box



Questions? Call 1-888-583-9030

Finger stick blood collection instructions

Simple kit supplied by Oncimmune®



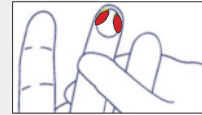
1 Complete and sign *EarlyCDT®-Lung* test requisition



2 Patient should wash and warm hands



3 Identify puncture site (red). Clean thoroughly with alcohol wipe & air dry.



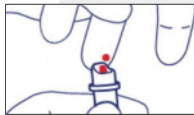
Wipe away first drop of blood. Remove yellow cap of Microtainer Tube



4



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



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



5



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



6

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 *EarlyCDT®-Lung* test requisition



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



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

3

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



Note: minimum of 0.5 mL of serum or 1.0mL of whole blood



4

Keep refrigerated (not frozen) until ready to ship



5

Prepare for shipment:

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