



EVERIST GENOMICS

www.EveristGenomics.com
FAX (734)-929-9477

Pathologist: Place specimen
bar code from collection kit here

OncoDefender™ – CRC CRC TEST REQUISITION FORM

SPECIMEN TYPE

- Stage I Colon Cancer
 Stage II Colon Cancer
 Stage I Rectal Cancer
 Block
 Unstained Slides
 First Submission
 Resubmission for original Test Requisition Number (on Bar Code) _____

ORDERING PHYSICIAN INFORMATION

Facility _____
 Ordering Physician _____
 Address _____
 City _____ State _____ ZIP _____
 Phone _____ FAX _____
 Email _____
 Report by:
 Mail
 Email
 Phone
 FAX

OTHER PHYSICIAN INFORMATION

Facility _____
 Physician _____
 Address _____
 City _____ State _____ ZIP _____
 Phone _____ FAX _____
 Email _____
 Report by:
 Mail
 Email
 Phone
 FAX

PATIENT INFORMATION

First Name _____ Last Name _____ MI _____
 Medical Record/Patient Number _____ Date of Birth _____
 Male
 Female
 SSN _____
 Address _____ City _____ State _____ ZIP _____
 Home Phone _____ Work Phone _____ Cell Phone _____

BILLING INFORMATION

Diagnosis _____ ICD-9 Code(s) _____
 Patient self-pay (Check, Credit Card):
 Name on Card _____ Card No. _____ Exp (MM/YYYY) _____
 Private Insurance (Attach front/back copy of insurance card(s)):
 Primary Carrier _____ Member ID _____ Secondary Carrier _____ Member ID _____
 MEDICARE (Attach front/back copy of insurance card):
 MEDICAID (Attach front/back copy of insurance card)
 Hospital Inpatient (more than 24-hr stay)
 Hospital Outpatient
 Non-hospital patient
 Please state why the test is needed: _____

ORDERING PHYSICIAN SIGNATURE

Signature _____ Date (MM/DD/YYYY) _____
 Signature confirms your certification of medical necessity and that you have obtained the patient's permission for Everist Genomics to release test results to the patient's third-party payer as necessary when submitting for reimbursement. Refer to instructions on back of this form.

PATHOLOGIST INFORMATION/SIGNATURE

Pathologist Name _____ Specimen ID(s) _____
 Pathologist Signature _____ Date (MM/DD/YYYY) _____
 Date of Surgery (MM/DD/YYYY) _____ Date block pulled from archive (MM/DD/YYYY) _____
 Facility/Laboratory _____ Phone _____ FAX _____
 Address _____ City _____ State _____ ZIP _____
 Block return facility if different from above: _____ Contact _____ Phone _____

- Please contact the Pathologist on our behalf to request specimen.
 We have faxed our Requisition Form to the Pathologist and do not need your assistance.

REQUISITION FORM INSTRUCTIONS

1. Please complete all sections. Missing or incomplete information may result in delays or specimen rejection.
2. Include the completed form with the OncoDefender™ – CRC Specimen Collection and Shipping Kit.
3. Results will be reported to the ordering physician and any other physicians as specified on the Requisition Form.
4. Specific instructions for the form sections are as follows:

SPECIMEN TYPE

1. Specify colon or rectal cancer specimen and tumor stage and whether specimen is being submitted by block or unstained slide.
2. Indicate whether this is an original requisition or a resubmission. If a resubmission, enter the original Requisition/Sample ID.

ORDERING PHYSICIAN INFORMATION

1. Complete all lines.
2. Regardless of reporting method choices, or if none are selected, a paper report will be sent by mail to all physicians specified on the form, including the pathologist.

OTHER PHYSICIAN INFORMATION

1. If another physician working with the patient has requested a results report, enter information in this section.

PATIENT INFORMATION

1. Complete all lines and answer all questions.

BILLING INFORMATION

1. Include diagnosis and ICD-9 code(s).
2. Indicate responsible payer(s). Be sure to include check or credit card information.
3. Include a copy of the front and back of any private insurance, Medicare, or Medicaid cards.
4. Clearly identify the primary and secondary insurance carriers.
5. For patients covered by Medicare, indicate patient's hospital status at time of surgery.
6. Specify reason for test.

ORDERING PHYSICIAN SIGNATURE

1. Signature must be from the ordering physician or pathologist, or an authorized representative. Be sure to print name and enter date.
2. Signature confirms the following:
 - The test, as reimbursed by private insurance, Medicare, or Medicaid, is medically necessary and results will be used in patient management.
 - If the ordering physician is not the treating physician (or their authorized representative), the treating physician has requested the OncoDefender™ – CRC test and considers it a medical necessity and will use the results in management of the patient.
 - Treating physician has obtained the patient's permission for Everist Genomics to release test results to the patient's third-party payer as necessary when submitting for reimbursement.
 - The specimen is from a newly diagnosed Stage I colon or rectal cancer patient or a Stage II colon cancer patient.

PATHOLOGIST INFORMATION AND SIGNATURE

1. One specimen should be sufficient, but if more than one is submitted, they will be processed in the order listed on the Requisition Form.
2. Everist Genomics can use either tumor blocks or unstained slides in order to process the OncoDefender™ – CRC test.
3. Indicate whether or not you want Everist Genomics to request specimen from Pathologist on your behalf. (NOTE: If there is no specimen included with the Requisition Form and you have not asked for our assistance, Everist Genomics will confirm specimen location with your office and request specimen on your behalf.)
4. Please sign the form and include a copy of the pathology report along with the Requisition Form in the OncoDefender™ – CRC Specimen Collection and Shipping Kit.

SPECIMEN INSTRUCTIONS

1. Detail guidelines and specimen preparation instructions are included in the OncoDefender™ – CRC Specimen Collection and Shipping Kit. For further information, visit www.everistgenomics.com or call 855-Everist (855-383-7478).
2. All specimens must be labeled with patient name or ID and with a bar code label from the OncoDefender™ – CRC Specimen Collection and Shipping Kit.
3. Also affix a bar code label from the OncoDefender™ – CRC Specimen Collection and Shipping Kit to the upper right corner of the Requisition Form.

SHIPPING INSTRUCTIONS

1. Shipping materials:
 - OncoDefender™ – CRC Specimen Collection and Shipping Kit box that contains the specimen, ice pack, OncoDefender™ – CRC Test Requisition form, any patient insurance documentation, and a copy of the pathology report.
 - FedEx® shipping materials, including pre-printed Domestic Airbill with Everist Genomics address and account number, large Clinical Pak, and adhesive Airbill pouch.
2. Put the OncoDefender™ – CRC Specimen Collection and Shipping Kit box in the Clinical Pak.
3. Complete the Domestic Airbill with your "From" information. (Note: In Section 6 on the Domestic Airbill, Special Handling, under the question "Does this shipment contain dangerous goods?" please check "No". The FFPE specimens are considered non-infectious and are not classified as dangerous goods.)
4. Seal the Clinical Pak.
5. Affix the adhesive Airbill pouch to the outside of the Clinical Pak and insert the completed Domestic Airbill.
6. Place the Clinical Pak in a designated FedEx® pickup location, OR, if your facility does not have routine FedEx® pickup, call 800-463-3339 to arrange for pick up.

FOR FURTHER ASSISTANCE OR TO ORDER ADDITIONAL COLLECTION AND SHIPPING KITS, VISIT WWW.EVERISTGENOMICS.COM, EMAIL CUSTOMERSERVICE@EVERISTGENOMICS.COM, OR CALL 855-EVERIST (855-383-7478).

