

NOTE: If submitted lymph nodes measure 2mm or less, these lymph nodes will be used in their entirety. If these lymph nodes should be returned untested, then please sign and date here. X _____ DATE ____/____/____

PATIENT INFORMATION

NAME OF PATIENT (LAST, FIRST MI): _____

DOB OF PATIENT _____ SEX: FEMALE MALE

ETHNICITY (optional) _____

ADDRESS _____

CITY _____ STATE _____

COUNTRY _____ POSTAL CODE _____

PHONE # (Please list more than one phone #, if available) _____

MEDICAL RECORD/PATIENT # _____ SSN _____

CLIENT INFORMATION

CLIENT NAME _____ CLIENT CODE _____

PRIMARY CLIENT CONTACT NAME _____

ADDRESS _____

CITY _____ STATE _____

COUNTRY _____ POSTAL CODE _____

PHONE # OF CLIENT _____ FAX # OF CLIENT _____

PHONE # OF PRIMARY CLIENT CONTACT _____

ORDER INFORMATION

ORDERING PHYSICIAN _____ UPIN _____

PHONE # _____ FAX # _____

SPECIALTY: Surgery Oncology Other _____

ADDRESS: Same as client

CITY _____ STATE _____

COUNTRY _____ POSTAL CODE _____

FAX # (for report delivery) _____ E-MAIL ADDRESS (for report notification) _____

CONSULTING PHYSICIAN INFORMATION

SUBMITTING PATHOLOGIST/GROUP _____ UPIN _____

PHONE # _____ FAX # _____

ADDRESS: Same as client

CITY _____ STATE _____

COUNTRY _____ POSTAL CODE _____

FAX # (for report delivery) _____ E-MAIL ADDRESS (for report notification) _____

TEST REQUESTED

Previstage™ GCC Colorectal Cancer Staging Test

SPECIMEN INFORMATION

DATE OF SURGERY _____ SPECIMEN SOURCE _____

SPECIMEN ID _____

BLOCK/SLIDE IDS _____

SUBMITTED LYMPH NODES: WHOLE BISECTED

SURGICAL PROCEDURE: RESECTION OTHER _____

FIXATIVE: 10% NEUTRAL BUFFERED FORMALIN OTHER _____

BILLING INFORMATION

SUBMITTING DIAGNOSIS _____

ICD-9 CODE
 153.0 153.1 153.2 153.3 153.4 153.5 153.6 153.7
 153.8 153.9 154.0 197.5 211.3 211.4 230.3 230.4
 235.2 239.0 OTHER _____

PATIENT PAYMENT ENCLOSED: *Check (US only), certified funds, money order, or credit card information required. No further billing information required.*

Name on Credit Card _____

CC # _____ Expiration Date ____/____/____

BILL INSURANCE* MEDICARE MEDICAID CLIENT

** Please attach a copy of the front and back of patient insurance card*

RELATIONSHIP TO INSURED:
 SELF SPOUSE DEPENDENT OTHER _____

NAME OF INSURED (LAST, FIRST MI): _____

DOB OF INSURED: _____ SEX: FEMALE MALE

MEMBER ID #/ HIC # _____ GROUP # _____

MEDICARE ONLY: HOSPITAL INPATIENT HOSPITAL OUTPATIENT
 NON-HOSPITAL PATIENT

INSURANCE PROVIDER NAME:

INSURANCE PROVIDER ADDRESS: _____

CITY _____ STATE _____ ZIP _____

INSURANCE PROVIDER PHONE # _____ REFERRAL/AUTHORIZATION # _____

SECONDARY INSURANCE: YES NO

If you would like to bill secondary insurance, please attach a copy of the front and back of the secondary insurance card

SIGNATURE OF ORDERING PHYSICIAN

X _____ DATE ____/____/____

PRINT NAME: _____

SPECIMEN PREPARATION INSTRUCTIONS

1. MATERIALS AND EQUIPMENT

- A. Fixed paraffin-embedded tissue blocks containing bisected lymph nodes with corresponding H&E slides
- B. Previstage™ Shipping Kit
- C. DiagnoCure Oncology Laboratories Test Requisition

NOTE:

Follow your laboratory's standard practice and guidelines for processing fixed paraffin-embedded tissue. If sending bisected lymph nodes, please call Customer Care for instructions.

2. PREPARE TISSUE BLOCK(S)

- A. Place fixed paraffin-embedded tissue blocks, in the smaller foam cutouts in the box, provided in the Previstage™ Shipping Kit.
- B. If you are sending Hematoxylin & Eosin slides, place the slides into the plastic slide holders, provided in the Previstage™ Shipping Kit and firmly press the tops to close them.
- C. Place the plastic slide holders back into the larger foam cutouts in the box.
- D. Place the ice pack on top of blocks and slides.
- E. Place the completed Test Requisition in the plastic bag provided and place it on top of the ice pack.
- F. Seal the box using the paper tape provided.

3. PREPARE BISECTED LYMPH NODES

- A. Please call Customer Care for instructions on how to prepare the lymph nodes.
- B. If you are sending Hematoxylin & Eosin slides, place the slides into the plastic slide holders, provided in the Previstage™ Shipping Kit and firmly press the tops to close them.
- C. Place the plastic slide holders back into the larger foam cutouts in the box.
- D. Place the ice pack on top of blocks and slides.
- E. Place the completed Test Requisition in the plastic bag provided and place it on top of the ice pack.
- F. Seal the box using the paper tape provided.

4. COMPLETE THE DIAGNOCURE ONCOLOGY LABORATORIES TEST REQUISITION

- A. One DiagnoCure Test Requisition should be completed for each patient sample.
- B. Before shipping, please retain pink copy of the Test Requisition for your records.

DOMESTIC SHIPPING INSTRUCTIONS

1. MATERIALS AND EQUIPMENT

- A. Previstage™ Shipping Kit containing specimens and completed Test Requisition, Specimen Handling Requirements
- B. FedEx Domestic Airbill pre-printed with DiagnoCure Oncology Laboratories shipping information
- C. FedEx Large Clinical Pak – a plastic overwrap used to ship the cardboard box containing the specimen and completed Test Requisition to DiagnoCure Oncology Laboratories
- D. FedEx adhesive pouch for the FedEx AirBill
- E. An Ice Pack

2. PREPARE SPECIMEN FOR SHIPPING

- A. Place the cardboard box containing the specimen, prepared as instructed, and the completed Test Requisition, into the FedEx Large Clinical Pak.
- B. Remove the strip from the self-adhesive edge of the bag and seal the bag.

3. COMPLETE SHIPPING INFORMATION

- A. On the FedEx Large Clinical Pak, you should NOT check the box indicating that the packaging is in compliance with IATA 650 packaging regulations. The Previstage™ Shipping Kit complies with IATA regulations, but is no longer considered a Category B substance; therefore this box does NOT need to be checked. See www.iata.org for these regulations.

NOTE:

The Previstage™ Shipping Kit is shipped with an ice pack to ensure the kit is sent at ambient temperature.

- B. On the FedEx Domestic Airbill, complete the following areas:
 - i. Section 1. From: Enter information in all available fields.
 - ii. Section 6. Special Handling: Under the question, "Does this shipment contain dangerous goods?", please check "No." The fixed, paraffin-embedded specimens are non-infectious and are not classified as dangerous goods.

4. ARRANGE FOR SHIPMENT

- A. Place the package in a designated FedEx pickup location at your facility.
- B. If your facility does not have standard FedEx pickup, please call (800) GO FEDEX (800-463-3339) to arrange for pickup.

NOTE:

International Clients should contact DiagnoCure Oncology Laboratories for shipping and payment information.