Amprion Clinical Laboratory
10355 Science Center Dr. Suite 240
San Diego, CA 92121

Client Services: 858-461-6338
Fax: 866-770-4905
ClientServices@AmprionDx.com

TEST REQUISITION FORM

Client Information [please print]			
Account #:	Account Name:		
Street Address:			
City:	State:	ZIP code:	Country:
Phone:		Fax:	

Requisition Completed By (print name):	Date:
Ordering Physician (print name):	NPI:
Ordering Physician email:	
The undersigned certifies that he/she is licensed to order the test(s) listed below and that each test is medically necessary for the diagnosis or treatment of this patient.	
Authorized Signature:	Date:

Patient Information [please print]			
First Name:	M.I.:	Last Name:	
DOB (mm/dd/yyyy):		Sex: ☐ Female ☐ Male	
Patient ID/Medical Record # (MRN):			

Billing Information: SELF-PAY or Client/Facility bill only		
☐ Self-Pay Responsible Party: ☐ Self ☐ Spouse ☐ Other_____	Contact Name:	
	Address:	
	Email:	Phone:
☐ Client/Facility Bill		
Medicare patient? ☐ No	☐ Yes: See reverse*; ABN required. ☐ ABN attached	

Diagnosis/Clinical Information (required)
ICD-10 codes:
Other relevant information:

Test Requested (please check test below)
☐ SYNTap® Biomarker Test (CSF)

Specimen Information	
Specimen ID:	Collection Date (mm/dd/yyyy):
Specimen Type: ☐ CSF	Collection Time (24hr):

Amprion Lab Use only:	Notes:

*Medicare Status: Amprion does not currently participate in the Medicare program. If the patient is a MEDICARE beneficiary, a Medicare ABN (Advanced Beneficiary Notice of Non-coverage) must be provided to the patient prior to ordering a test. A completed, signed copy of the ABN must be included with this requisition.

Specimen Requirements and Handling:

The quality of laboratory results is highly dependent on proper specimen collection and handling. Listed below are the specimen requirements and handling procedures for the SYNTap® Biomarker Test (CSF) processed at Amprion.

Specimen Type	Volume Requirements for SYNTap®	Storage/Transport
CSF (Cerebrospinal Fluid)[1]	>0.5mL	Frozen[2] (client's own packaging w/ dry ice)
	>0.5mL	Cold (ice pack provided in Amprion shipping kit or by client)

1. CSF specimens should be collected according to the institution/clinic's standard policies and procedures.
2. Frozen: Preferred Specimen

1. All specimens must be clearly labeled with TWO patient identifiers.

2. A completed specimen Test Requisition Form must be submitted with the specimen. Ensure the appropriate test is selected and the requisition is signed by an authorized individual.

3. Specimens can be frozen to -20°C or -80°C and shipped on dry ice or may be held refrigerated and shipped with an ice pack. Refrigerated specimens should be shipped within 24 hours of collection.

4. Specimens should be shipped FedEx Priority Overnight. Ship specimens for arrival on weekdays only.

Transportation:

Place specimen in shipping kit. Send specimen shipping kit(s) via FedEx Priority Overnight service. A pickup may be scheduled online at www.fedex.com or by calling FedEx at (800) 463-3339.

Shipping kits may be obtained from Amprion Client Services.

Questions? Call Client Services at 858-461-6338 or email ClientServices@AmprionDx.com.

International specimens: Shipper's Responsibility: The shipper is required to comply with the rules and guidelines for transport of medical specimens as set forth by the United States government, the government of the country of origin and international regulatory agencies. Failure to follow instructions for packaging and shipping specimens can result in the delay, loss or destruction of your specimens.