AMPRION

Amprion Clinical Laboratory
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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 [Please Select]	
☐ Insurance (Please include front/back of patient insurance card) Carrier Name: _____ Policy ID: _____ Group #: _____	Policy Holder Name: _____ Relationship to Insured: ☐ Self ☐ Spouse ☐ Child ☐ Other: _____ Prior Auth/Referral #: _____

☐ Self-Pay Responsible Party: ☐ Self ☐ Spouse ☐ Other_____	Contact Name: Address: Email:	 Phone:
☐ Client/Facility Bill		
☐ Medicare: See reverse*	Policy ID:	☐ ABN Attached **(required)**
Patient Status: ☐ Hospital Inpatient ☐ Hospital Outpatient ☐ Non-hospital Patient		
☐ Medicaid: See reverse*	☐ Tricare	☐ Other/Institution:

Diagnosis/Clinical Information [Required]
ICD-10 Code(s):
Other Relevant Information:

Test Requested [Please check test below]
☐ AMP1100 SYNTap® Biomarker Test – CSF

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

Amprion Laboratory Use Only:	Notes:

*Medicare/Medicaid Status:

Amprion is a Medicare participating provider; however, the SYNTap test may not be covered. 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 Standard ABN must be included with this requisition.

If the patient has dual coverage (Standard Medicare and Medicaid/Medi-Cal) then a completed Dual Coverage ABN must be completed and included with this requisition.

Amprion does not currently participate in Medicaid programs. The patient may be invoiced or billed for services provided.

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.