

TEST REQUISITION FORM

Client Services: 858-461-6338

Fax: 866-770-4905

ClientServices@AmprionDx.com

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)	Policy Holder Name: _____
Carrier Name: _____	Relationship to Insured: ☐ Self ☐ Spouse
Policy ID: _____	☐ Child ☐ Other: _____
Group #: _____	Prior Auth/Referral #: _____
☐ Self-Pay	Contact Name: _____
Responsible Party: ☐ Self ☐ Spouse ☐ Other _____	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 codes:	☐ Medical History Attached
Other relevant information:	

Test Requested [please check test below]
☐ AMP1200 SAAmplify [®] -αSyn Plus (CSF)

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

Amprion Lab Use Only:	Notes:

*Medicare/Medicaid Status:

Amprion is a Medicare participating provider, however the SAAmplify®-αSyn Plus SAA 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 SAAmplify®-αSyn Plus test performed by Amprion.

Test	Specimen Type	Tube Type	Minimum Volume	Storage/Transport
SAA Assay (CSF)	CSF (Cerebrospinal Fluid) ¹	Polypropylene ²	≥0.5mL	Frozen ³ (client's own packaging w/dry ice)
			≥0.5mL	Cold/Refrigerated (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. Eppendorf LoBind or equivalent

3. Frozen: Preferred Specimen

- All specimens must be clearly labeled with TWO patient identifiers.
- 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.
- 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.
- Specimen Integrity:
 - Accepted: Cerebrospinal fluid must be clear and colorless (no visible color).
 - Rejected: Any CSF specimen that show visible color or cloudiness.

Following completion of the testing ordered on this requisition, any portion of the submitted specimen(s) that remains ("leftover specimen") may be retained and used by Amprion for internal laboratory purposes.

I understand that any specimens collected may be used and shared with researchers. I do not have a right to any commercially useful products that may be developed from this research.

Transportation:

Place specimen in shipping kit. Ship specimens to Amprion Clinical Laboratory via FedEx Priority Overnight service. Ship specimens for arrival on weekdays (Monday through Friday) only. 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.