## **Requisition for AMAS® Determination**

(Antimalignin Antibody in Serum, determined with Target® Reagent) CLIA 22D0650367; CPT code 86317@ 4 units; Diagnosis (ICD-10) Code C80.1

## Ship specimens to: Oncolab Inc. 36 Fenway Boston MA 02215

617-536-0850; 800-922-8378; fax 617-536-0657

Please note: Results WILL NOT be released if declaration is not signed or information is incomplete.

I. BLOOD SPECIMEN DRAW	/N Date month	/ day / year _Tim	10		
Laboratory Name				Technician	
II. PHYSICIAN INFORMATIO					
Name <b>Marchegiani</b>		Dr. Justin			ot receipt of results
		1		· ·	
Department/Center Just In Health Street 2028 East Ben White BLVD		Otto Austin			ovide fax number:
StreetZOZO Last Den Winte BLVD State TXZip Code 78741					
III. METHOD OF PAYMENT				I AA	
III. METHOD OF PATMENT					
Bill Clinician					
	_				
IV. PATIENT INFORMATION					
* NameLast		,,	First		, <u>M</u>
* Social Security Number			* Sex		
* Street				•	State
* Zip Code * Tele					
* Date of birth <u>month</u> / day / year	Date of diagnosis m	onth / day / year	Date of this admission_	month / day / year	
Present Clinical Diagnosis Present Signs and Symptoms					
Histopathology: Current		Prior Prior			
Family history of cancer or other disease					
Cigarettes, alcohol, carcinogen exposure		Required for Medicare bil	ling.		
<u>V. DECLARATION — TO BE</u>	READ AND SIC	<u>GNED BY BOTH PA</u>	ATIENT AND PHY	<u>YSICIAN</u>	
As in all clinical laboratory tests, I unders assessed as an aid to diagnosis, detectio	tand that the AMAS Te on or monitoring of dise	est is not by itself diagnostic ase in relation to the histor	of the presence or abserv, medical signs and syr	ence of disease, and that nptoms and the overall co	its results can only to ondition of the patier
0					
Patient Authorization:		Physician Autho	orization:	J	Date
Note: Results will not be	released unless bo	oth signatures are pres	<u>sent</u> . Results are initia	Ily sent to the requisitio	ning physician.
PROC		DRAWING BLOO	D AND SHIPPIN	IG SERUM	
		been determined to be cr			
1. Use ONLY the enclosed Covidien Mo	onoject 10mL tube (RE	F#8881302718 No Additive	e, Non-Silicone Coated).	Do not substitute with	other tubes.
Must be the first tube drawn (antibody-a Blood must be drawn Monday through					
					, is required.
2. Blood must sit at room temperature				/еюр.	
3. Blood must then sit in a refrigerator	at 4ºC+/-2º (39.2ºF) for	r a minimum of 1 hour and	a maximum of 3 hours.		
4. Centrifuge at 3000 RPM at 4°C+/-2°	(39.2ºF) for 15 minutes	. If no refrigerated centrifug	ge is available, chill emp	ty centrifuge cups for 10	minutes in <u>refrigerat</u>
5. Using the glass Pasteur pipette provi ( <u>No Substitutions, Oncolab will rejec</u> collection. Discard Monoject tube. Pipet	t all specimens not in	the Greiner cryotube) an	nd label with the patients	name, date of birth, and	the date/time of
6. Freeze serum immediately by placing	g Greiner cryotube in d	ry ice (CO <sub>2</sub> ), not in a freeze	er. Attach UN3373 & UN	1845 stickers on the outs	ide of cardboard box
7. Ship only the Greiner cryotube conta	ining frozen serum in <b>3</b>	pounds of dry ice (no ge	<u>el ice packs)</u> by FedEx F	Priority Overnight or UPS	Next Day Air(10:30a
delivery). Cost of shipment is patient	responsibility. Sampl	es must be shipped Monda	ay through Thursday to re	each Oncolab Tuesday th	rough Friday.



## www.oncolabinc.com

* Name	ast	,First	, <u>M</u>
* Social Security Number		* Sex	
* Street		* City	* State
* Zip Code	* Telephone	Email	
* Date of birth month / da	y / year Date of diagnos	sis month / day / year Date of this admission month	/ day / year
Present Clinical Diagnosis Present Signs and Symptoms			
Histopathology: Current		Prior	
Treatment: Current Family history of cancer or other of Cigarettes, alcohol, carcinogen e	disease	Prior	

am If shipped from outside the U.S., use 11 pounds (5kg) of dry ice and fax tracking information to 617-536-0657 on the day of shipment.