

Provider and Order Information

Healthcare Organization: _____
 Clinician Name: _____
 NPI#:

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 Street Address: _____
 City, State, Zip: _____
 Phone Number: _____
 Secure Fax Number: _____
 Email Address: _____

ICD-10 Code(s)

- R91.1 Solitary Pulmonary Nodule
 R91.8 Abnormal findings of Lung (Multiple Pulmonary Nodules)
 Other _____

The above codes are listed as a convenience. Ordering clinicians should report the diagnosis code(s) that best describes the reason for ordering the test, regardless of whether the code is listed above or not.

Plasma samples from patients who have received mouse-antibody based therapies may interfere with the REVEAL test, which can cause inaccurate results.

Certification

I am a licensed treating clinician authorized to order REVEAL. This test is medically necessary, and the patient is eligible for REVEAL. I will maintain the privacy of test results and related REVEAL information as required by HIPAA.

Ordering Clinician Signature _____

Date of Order _____

Patient Information

First: _____ Last: _____
 DOB: _____ Phone Number: _____
 Address: _____
 City, State, Zip: _____ SSN: _____
 Preferred Contact Method Phone Text Email: _____

Required Clinical Information

Age: _____ (25 to 85 years old)
 Sex: Female Male
 Nodule Size: _____ (0.4 cm to 3 cm)
 Current Smoker: Yes* No
 *REVEAL is only available for current smokers

Patient Authorization and Financial Responsibilities

I understand I am responsible for the cost of the REVEAL test. An invoice for the REVEAL test will be sent to the patient once a successful test result is returned to the clinician.
 Please visit www.magarray.com for more details.

Patient Signature: _____ Date: _____

Ordering Information and Next Steps

Please fax this form to MagArray at (844) 825-7635.
 MagArray will order mobile phlebotomy for your patient. The phlebotomist will call your patient promptly to schedule their blood draw and then ship the drawn specimen to MagArray directly.

Specimen Collection Information

I, the phlebotomist named below, verify that the enclosed specimen was collected and processed according to the protocol provided by MagArray, Inc. I verify that this specimen is the specimen taken from the patient named on this form.

Collection Date: _____ Collected By: _____
 Phone/Email: _____

For Phlebotomy Use
 Only: Affix Sample Label

MagArray Lab Use Only:
 Date/Time Received: _____
 Received By: _____

For MagArray
 Use Only: Affix
 Accession
 Label

MagArray, Inc.
 CLIA ID#: 05D2135449
 CR0019-ART-2.1P