

**Provider and Order Information**

Healthcare Organization: \_\_\_\_\_  
 Clinician Name: \_\_\_\_\_  
 NPI#: 

--	--	--	--	--	--	--	--	--	--

  
 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 years and older)  
 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](http://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-4.0P

## REVEAL Sample Collection, Handling Procedures, and Shipping Instructions

Thank you for reading carefully

1. Freeze the ice pack included in the shipping kit for at least 24 hours.
2. Follow standard blood-borne pathogen safety precautions.
3. Using water resistant ink, label the lavender top tube, secondary collection tube and Test Requisition Form with the patient's full name, and date of birth using the included barcoded labels. The Patient ID, time of collection, and the Physician's/Clinic's name are also recommended. Ensure each of the completed labels is firmly affixed. **IMPORTANT:** A tube without at least 3 unique identifiers (e.g., patient's full name, date of birth and unique barcode) may be rejected.
4. Collect  $\geq 3$  mL of blood in a K<sub>2</sub>EDTA lavender top tube. Samples collected in other tubes may be rejected.
5. GENTLY invert the lavender top tube ten (10) times immediately after collection to ensure the anticoagulant is adequately mixed with the blood sample.
6. The lavender top tube must be centrifuged right after the blood is collected so that the plasma fraction can be transferred into the secondary transport tube. Do not store the whole blood tube refrigerated or frozen. Once the plasma is placed into the secondary transport tube, it can be stored refrigerated until shipped that day, or frozen for shipment at a later date.
7. Centrifuge the lavender top tube at 1200 X g for 10 minutes.
8. Using the provided pipette, transfer at least 1 mL of plasma into the provided secondary tube. A secondary tube without sufficient sample volume may be rejected.
9. The plasma sample secondary tube may now be refrigerated *for a maximum of two days* or frozen until ready to ship. **IMPORTANT:** Once frozen, avoid thawing the sample.  
NOTE: Use a dedicated freezer for blood products/bodily fluids if freezing the sample. If one is not available, consider drawing the patient's sample no later than Thursday -- *early enough in the day* -- to enable shipping the sample to MagArray that same day. Do not ship samples on a Friday.
10. Place the refrigerated or frozen sample in the 2-bay absorbent pouch. Place the 2-bay absorbent pouch into the biohazard specimen bag and seal.
11. Include the patient's Test Requisition Form with their sample. Fold the Test Requisition Form into quarters and place in the exterior pocket of the biohazard bag (not in the pocket with the sample tube.)
12. Place the biohazard bag, with the sample, and Test Requisition Form included, in the metalized bubble pouch and seal. Place the metalized bubble pouch in the Styrofoam container.
13. Place the frozen ice pack in the Styrofoam container on top of the metalized bubble pouch.
14. Replace the top of the Styrofoam container and place the Styrofoam container into the white cardboard shipping box if it was removed. Close the white cardboard shipping box with the Styrofoam container inside and affix the prepaid shipping label to the outside of the shipping box.  
NOTE: Only the smaller white shipping box (8" x 6.5" x 4.5") needs to be used to ship the sample to MagArray. The larger box and materials used to send the shipping kits to you may be discarded.
15. **Ship promptly.** Ship samples via FedEx or UPS Monday through Thursday by **Priority Overnight Air Delivery** to:  
MagArray, Inc • 521 Cottonwood Dr., Suite 121 • Milpitas, CA 95035 • (408)753-6429

For your reference, the MagArray account numbers for submitting samples for testing are:

**4205-5590-3** for FedEx shipments    Call **1-800-GOFEDEX** to schedule a FedEx pick up

**6X49R5** for UPS shipments    Call **1-800-PICKUPS** to schedule a UPS pick up

**Do not ship samples on Friday. Samples are accepted Tuesday through Friday only.**

Thank you for shipping the sample Priority Overnight Air Delivery.

