

**Please complete
 and fax to
 (844) 825-7635**

MagArray, Inc.
 521 Cottonwood Dr., Suite 121
 Milpitas, CA 95035
 clientservices@magarray.com
 Phone: (408) 753-6429
 Fax: (844) 825-7635
 Hours: Mon - Fri 9:30 AM – 8:00 PM EST

Provider and Order Information

Healthcare Organization: _____
 Clinician Name: _____
 NPI#:

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 Street Address: _____
 City, State, Zip: _____
 Phone Number: _____
 Secure Fax Number*: _____
***Test results and updates will be sent to this 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

Sex: Female Male
 Nodule Size: _____ (4 mm to 30 mm)
 Current Smoker: Yes* No
 *REVEAL is only available for current smokers

Patient Authorization and Financial Responsibilities

REVEAL is available at no out-of-pocket costs to Medicare patients who are current smokers with 4-30 mm lung nodules. Please provide a copy of the front and back of the patient's insurance card. We will work with all other patients who need REVEAL to ensure it is affordable for them. Patients should contact MagArray Client Services at (408) 753-6429 for more details.

Patient Signature: _____ Date: _____

Ordering Information and Next Steps

For mobile phlebotomist: 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.

For in-office blood draw: Please follow the provided instructions and ship patient specimens to MagArray. If a specimen collection and shipping kit is needed please contact MagArray at (408) 753-6429. Blood draw instructions can be obtained at www.magarray.com/blood-draw

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-8.0P

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 ≥ 3 mL of blood in a K₂EDTA 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 Friday -- *early enough in the day* -- to enable shipping the sample to MagArray that same day. Do not ship samples on a Saturday.
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.
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 Friday by **Priority Overnight Air Delivery** to:
MagArray, Inc • 521 Cottonwood Dr., Suite 121 • Milpitas, CA 95035 • (408)753-6429

For help scheduling a pickup, please contact MagArray Customer Service at (408) 753-6429.

Samples are accepted Tuesday through Saturday only.

Thank you for shipping the sample Priority Overnight Air Delivery.

