



Provider Information

Healthcare Organization / Practice Title

Clinician Name

Email

NPI Number

□ □ □ □ □ □ □ □ □ □

Street Address

City, State, Zip

Phone Number Secure Fax Number

I would like a mobile phlebotomist to contact the patient, arrange a mutually convenient time/place for collection, and ship the sample to MagArray's lab.

I would like MagArray to FedEx the KNODULE ID SAMPLE COLLECTION KIT to the **Provider Address listed above**.

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

_____ _____

Ordering Clinician Signature Date of Order

Patient Advisement

Currently Knodule ID will be billed to the patient at \$3,520 while MagArray awaits a Medicare reimbursement decision from CMS. Until then, MagArray will work with all patients who need KNODULE ID to ensure it is affordable for them. Patients should contact MagArray Client Services at (408) 753-6429 for more details.

Please review the following statement with your patient: I understand I am responsible for the cost of the KNODULE ID test. An invoice for the test will be sent to me once a successful test result is returned to my clinician.

For Phlebotomist Use Only

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.

For Phlebotomy Use Only:
Affix Sample Label

_____ _____

Phlebotomist name Date Collected

Patient Information

Patient First Name Last Name

Preferred Contact Method Phone / Email Address

Phone Text Email _____

Patient Date of Birth (MM | DD | YYYY) Patient Sex

_____ Female Male

Patient Street Address

Patient City, State, Zip

SSN

□ □ □ - □ □ - □ □ □ □

Clinical Information

Smoking Status:

Current Smoker Number of Pack Years*: _____

Former Smoker Number of Pack Years: _____ Years Since Quitting: _____

Never Smoker *Pack Years = number of years smoked X number of packs per day (one pack = 20 cigarettes)

Nodule Diagnosis ICD-10 Codes

R91.1 Solitary Pulmonary Nodule

R91.8 Abnormal findings of Lung (Multiple Pulmonary Nodules)

Other: _____

Nodule Size (mm)

(4 - 30 mm)

Nodule Located in Upper Lobe? Nodule Spiculated?

Yes No Yes No

Does the patient have a history of cancer?

Lung Cancer Non-Lung Cancer (diagnosed within 5 years ago)

Non-Lung Cancer (diagnosed more than 5 years ago) No History

MagArray Lab Use Only

_____ _____

Received by Date/Time Received

MagArray MagArray, Inc.
CLIA ID#: 05D2135449
CV0004-ART-2.0P
REVISED 08/25/2021

For MagArray
Use Only: Affix
Accession Label