

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

Oncolab™

www.oncolabinc.com

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 DRAWN

Date month / day / year Time _____

Laboratory Name _____

Laboratory Telephone Number _____ Technician _____

II. PHYSICIAN INFORMATION

Name _____ Last _____ First _____ M _____ For prompt receipt of results

Department/Center _____ please provide fax number:

Street _____ City _____

State _____ Zip Code _____ Country _____ Telephone _____ FAX: _____

III. METHOD OF PAYMENT

A. IF CHECK: Attach check for \$249.00 made out to Oncolab Inc.

B. OR IF CREDIT CARD: Will be charged \$249.00. Cardholder's Name _____

VISA/MC/AMEX/Discover number _____ Sec _____ Exp. date month / year

C. OR IF MEDICARE: 1. Physician NPI # _____ 2. Attach copy of patient's **primary** Medicare Card; part-B coverage is required.

3. Fill in all (*) items. If Medicare is your primary insurance, do not enclose payment.

IV. PATIENT INFORMATION

* Name _____ Last _____ First _____ M _____

* Social Security Number _____ * Sex _____

* Street _____ * City _____ * State _____

* Zip Code _____ * Telephone _____ Email _____

* Date of birth month / day / year Date of diagnosis month / day / year Date of this admission month / day / year

Present Clinical Diagnosis _____

Present Signs and Symptoms _____

Histopathology: Current _____ Prior _____

Treatment: Current _____ Prior _____

Family history of cancer or other disease _____

Cigarettes, alcohol, carcinogen exposure _____

** Required for Medicare billing.*

V. DECLARATION — TO BE READ AND SIGNED BY BOTH PATIENT AND PHYSICIAN

As in all clinical laboratory tests, I understand that the AMAS Test is not by itself diagnostic of the presence or absence of disease, and that its results can only be assessed as an aid to diagnosis, detection or monitoring of disease in relation to the history, medical signs and symptoms and the overall condition of the patient.

Patient Authorization: _____ Physician Authorization: _____ Date _____

Note: **Results will not be released unless both signatures are present.** Results are initially sent to the requisitioning physician.

PROCEDURE FOR DRAWING BLOOD AND SHIPPING SERUM

Each of the following steps has been determined to be critical for the accuracy of the test results.

1. Use ONLY the enclosed Covidien Monoject 10mL tube (REF#8881302718 No Additive, Non-Silicone Coated). **Do not substitute with other tubes.** Must be the first tube drawn (antibody-absorbing clot not yet formed); draw blood directly into Monoject tube and **do not use butterfly tubing apparatus.** Blood must be drawn Monday through Thursday (Tests are processed Tuesday-Friday). No special preparation by patient, such as fasting, is required.

2. Blood must sit at **room temperature** for a minimum 30 minutes and a maximum of 2 hours, to allow clot to develop.

3. Blood must then sit in a **refrigerator** at 4°C+/-2° (39.2°F) for a minimum of 1 hour and a maximum of 3 hours.

4. Centrifuge at 3000 RPM at 4°C+/-2° (39.2°F) for 15 minutes. If no refrigerated centrifuge is available, chill empty centrifuge cups for 10 minutes in **refrigerator.**

5. Using the glass Pasteur pipette provided (not plastic which absorbs antibody), transfer the serum to the provided screw-cap Greiner Bio-One cryotube, (**No Substitutions. Oncolab will reject all specimens not in the Greiner cryotube**) and label with the patients name, date of birth, and the date/time of collection. Discard Monoject tube. Pipette tips that have been shortened by breakage in shipment can still be used. Minimum volume of serum is 2mL.

6. Freeze serum immediately by placing Greiner cryotube in dry ice (CO₂), not in a freezer. Attach UN3373 & UN1845 stickers on the outside of cardboard box.

7. Ship only the Greiner cryotube containing frozen serum in **3 pounds of dry ice (no gel ice packs)** by FedEx Priority Overnight or UPS Next Day Air(10:30am delivery). **Cost of shipment is patient responsibility.** Samples must be shipped Monday through Thursday to reach Oncolab Tuesday through Friday. 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.