

Requisition for AMAS® Determination

(Antimalignin Antibody in Serum, determined with Target® Reagent)

CLIA #22D0650367; CPT code #86317

Send 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.

BLOOD SPECIMEN DRAWN Date (Month/Day/Year) ____/____/____ Time _____
Laboratory Location _____
Laboratory Telephone Number _____ Technician _____

PHYSICIAN INFORMATION

Name (Last, First, Middle) _____

Department/Center _____

For prompt receipt of results

Street _____ City _____

please enter fax number:

State _____ Zip Code _____ Country _____ Telephone _____

FAX: _____

METHOD OF PAYMENT IF CHECK: Please enclose check for \$165, made out to Oncolab. Receipt for payment requested: Yes _____ No _____
IF CREDIT CARD: Name of person on Credit Card is _____
VISA/MC/AMEX number _____ exp. date _____

IF MEDICARE: 1. Physician's NPI # is: _____ 2. Attach copy of patient's Medicare Card 3. Fill in all items below
If you are covered by Medicare, do not enclose payment - Oncolab submits information directly to Medicare for payment.

PATIENT INFORMATION Name* (Last, First, Middle) _____

Social Security Number* _____ Sex _____

Street* _____ City* _____

State* _____ Zip Code* _____ Country _____ Telephone* _____

FAX: _____

Date of birth* ____/____/____ First date of diagnosis ____/____/____ Date of this admission ____/____/____

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.

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: _____

**Note: Results will not be released unless both signatures are present. Results may only be released to the requisitioning physician.
If you have only this requisition form and not the special tubes, shipping box, etc.,
- PLEASE CALL ONCOLAB FOR A FREE SHIPPING KIT -**

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 BD 10ml vacutainer tube #6441 (no antibody-absorbing coating). DO NOT SUBSTITUTE other tubes. Must be the first tube drawn (antibody-absorbing clot not yet formed in needle); draw blood directly into vacutainer and do not use butterfly tubing apparatus. Blood must be drawn on Mondays through Thursdays (Tests are run Tues-Fri), **but no special preparation by patient, such as fasting, is required.**
2. Blood must sit at room temperature for at least **30 minutes**, and as long as **120 minutes**, to allow clot to develop and then sit in the cold at 4°C/39.2°F, (refrigerator or ice bucket) for a minimum of **1 hour and a maximum of 3 hours**.
3. Centrifuge at 3000 RPM at 4°C(39.2°F) for 15 minutes. If no refrigerated centrifuge is available, pre-cool empty centrifuge cups for 10minutes in **refrigerator**.
4. Using the glass Pasteur pipette provided (not plastic which absorbs antibody), transfer the serum to the screw-cap Nunc cryotube provided and label it with the patients name or code number and the date and time of drawing. Pipette tips that have been shortened by breakage in shipment can still be used. Minimum volume of serum is 2ml.
5. Freeze serum immediately by placing Nunc cryotube **ONLY IN DRY ICE (CO₂)**, not in a freezer
6. Ship the Nunc cryotube containing frozen serum in **3 POUNDS OF DRY ICE** by Federal Express Next Day Priority (**paid by patient**) or similar next day AM delivery. Samples must be shipped Monday through Thursday to reach Oncolab Tuesday through Friday. If shipped from outside the U.S., use 5 pounds of dry ice and Fax waybill number to 617-536-0657 on the day of shipment.