

Test Information *(Not available in NY)*

Test Request (check all that apply) \$199 per Test:

IBSchek® (anti-CdtB and anti-vinculin)
Sample Type: EDTA Whole Blood/Plasma

Celiac Panel (anti-tTG IgA/IgG and anti-DGP IgA/IgG)
Sample Type: Whole Blood/Serum

ICD-10 Code:

K58.0 (Irritable Bowel Syndrome w/ diarrhea)*
 K90.0 (Celiac Disease)*
 Other(s) _____

*These codes are listed as a convenience. Ordering practitioners should report the diagnosis code(s) that best describe the reason for performing the test, regardless of whether the code is listed above or not.

Provider Information

Practice Name _____ Provider Name _____ NPI # *(Required, US only)* _____

Address _____ City _____ State/Prov. _____ Zip/Post. _____ Country _____

Provider Phone # _____

Provider Email _____

Provider Signature *(Required)* _____ Date _____

Patient Information

Sex: (circle one) M F

First Name _____ MI _____ Last Name _____ Date of Birth _____

Address _____ City _____ State/Prov. _____ Zip/Post. _____ Country _____

Phone # _____ Email _____

Date of Specimen Collection *(Required for Processing Sample)* _____

Credit Card Information

Credit Card Number _____

Expiration Date _____ CVV _____

Patient Billing Zip *(if different from above)* _____

- By signing this requisition form, I authorize Commonwealth Diagnostics International, Inc. ("CDI") to use my personal health information necessary for the delivery of the products and services being received. I further authorize the sharing of my personal health information to the listed provider(s) and/or individual(s) named on this form.
- I understand that CDI does not accept, or submit to, any form of insurance for this service. Therefore, I elect to self-pay for this service and I understand that I am responsible for the full cost of these products and services prior to their delivery.
- I understand that by providing credit card information on this requisition form, I am authorizing CDI to charge the credit card for the full cost of the test stated on this form. If paying by credit card is not preferred, I will prepare a check payable to Commonwealth Diagnostics International, Inc. for the full cost of this test stated on this form and include it when I ship my sample. If I have any questions, I will contact CDI's Billing Department at 1(888)258-5966, option "3."

Patient Signature *(Required)* _____ Date _____

Materials for Collection and Shipping of Blood Sample(s)

- Patient information label for sample tube
- EDTA Blood Collection Tube (IBS \checkmark ek) or Serum Blood Collection Tube without Gel (Celiac Panel)
- Secondary tube (*if not shipping whole blood*)
- Completed Blood Test Laboratory Requisition Form
- Biohazard Shipping Materials compliant with UN3373 **per specimen** (*Biological Substances Category B Requirements*)
- Shipping Container with a UN1845 Dry Ice Label (*if applicable*)

Instructions for Collection of Blood Samples

CDI is open Monday – Saturday, 9am – 5pm EDT to accept sample deliveries (*excluding federal holidays*)

Collection tubes **MUST** be labeled with two (2) unique patient identifiers to be accepted by CDI

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| <ul style="list-style-type: none"> • EDTA Whole Blood (IBS\checkmarkek) <ol style="list-style-type: none"> 1. Collect a minimum of 3mL of whole blood in an EDTA lavender-top tube 2. Invert the EDTA tube ten (10) times 3. Label EDTA tube with two (2) unique patient identifiers 4. Prepare sample for shipment • EDTA Plasma (IBS\checkmarkek) <ol style="list-style-type: none"> 1. Following the collection of EDTA whole blood, centrifuge the sample 2. Separate a minimum of 1mL of EDTA plasma and place in a secondary tube 3. Label tube with two (2) unique patient identifiers 4. Prepare sample for shipment | <ul style="list-style-type: none"> • Serum Whole Blood (Celiac Panel) <ol style="list-style-type: none"> 1. Collect a minimum of 3mL of whole blood in a serum red-top tube (without gel) 2. Let blood clot for 30 minutes at room temperature 3. Label serum tube with two (2) unique patient identifiers 4. Prepare sample for shipment • Serum (Celiac Panel) <ol style="list-style-type: none"> 1. Following the collection of serum whole blood, centrifuge the sample 2. Separate a minimum of 1mL of serum and place in a secondary tube 3. Label tube with two (2) unique patient identifiers 4. Prepare sample for shipment |
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Shipping of Blood Samples

Pack the sample according to the UN3373 requirements and include this completed form

- EDTA Whole Blood or Serum Whole Blood
 - Whole blood samples must be received by CDI within 4 days from draw and can be shipped at ambient temperatures
 - 2-day shipping is recommended
 - Do NOT freeze sample
- EDTA Plasma or Serum
 - Samples must be received by CDI within 7 days from draw and should be shipped at refrigerated temperatures (i.e. ice pack)
 - If longer shipping time is expected, samples should be frozen and shipped with enough dry ice to remain frozen during transit

Blood Samples will be Subject to REJECTION if:

- Collected in a tube that is not appropriate for the test requested
- The blood sample is coagulated, grossly hemolyzed, or contains high lipid content
- Shipping instructions for temperatures or timeframes were not followed
- The blood sample arrives without two (2) unique identifiers