

**NOTE: If submitted lymph nodes measure 2mm or less, these lymph nodes will be used in their entirety. If these lymph nodes should be returned untested, then please sign and date here.** X \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**PATIENT INFORMATION**

NAME OF PATIENT (LAST, FIRST MI): \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX:  FEMALE  MALE

DATE OF HOSPITAL DISCHARGE (REQUIRED) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

COUNTRY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE # (Please list more than one phone #, if available) \_\_\_\_\_

MEDICAL RECORD/PATIENT # \_\_\_\_\_ SSN \_\_\_\_\_

**FACILITY INFORMATION**

FACILITY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

COUNTRY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

**ORDER INFORMATION**

ORDERING PHYSICIAN \_\_\_\_\_

PHONE # \_\_\_\_\_

SPECIALTY:  Surgery  Oncology  Other \_\_\_\_\_

ADDRESS:  Same as facility

CITY \_\_\_\_\_ STATE \_\_\_\_\_

COUNTRY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

FAX # (for report delivery) \_\_\_\_\_

E-MAIL ADDRESS (for report notification) \_\_\_\_\_

**PATHOLOGIST INFORMATION**

PATHOLOGIST \_\_\_\_\_

PRIMARY PATHOLOGY CONTACT \_\_\_\_\_

PHONE # \_\_\_\_\_

ADDRESS:  Same as facility

CITY \_\_\_\_\_ STATE \_\_\_\_\_

COUNTRY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

FAX # (for report delivery) \_\_\_\_\_

E-MAIL ADDRESS (for report notification) \_\_\_\_\_

**TEST REQUESTED**

Previstage™ GCC Colorectal Cancer Staging Test

PATIENT REGISTRY PARTICIPANT?  YES  NO

**SPECIMEN INFORMATION**

DATE OF SURGERY \_\_\_\_\_ SPECIMEN SOURCE \_\_\_\_\_

SPECIMEN ID \_\_\_\_\_

BLOCK/SLIDE IDS \_\_\_\_\_

SUBMITTED LYMPH NODES:  WHOLE  BISECTED

IF BISECTED:  POST SURGICAL  POST EMBEDDING

SURGICAL PROCEDURE:  RESECTION  OTHER \_\_\_\_\_

FIXATIVE:  10% NEUTRAL BUFFERED FORMALIN  OTHER \_\_\_\_\_

**BILLING INFORMATION**

SUBMITTING DIAGNOSIS \_\_\_\_\_

ICD-9 CODE  
 153.0  153.1  153.2  153.3  153.4  153.5  153.6  153.7  
 153.8  153.9  154.0  197.5  211.3  211.4  230.3  230.4  
 235.2  239.0  Other \_\_\_\_\_

PATIENT PAYMENT ENCLOSED: *Check (US only), certified funds, money order, or credit card information required. No further billing information required.*

Name on Credit Card \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

BILL  INSURANCE\*  MEDICARE  MEDICAID  PATIENT

*\* Please attach a copy of the front and back of patient insurance card*

**RELATIONSHIP TO INSURED:**  
 SELF  SPOUSE  DEPENDENT  OTHER \_\_\_\_\_

NAME OF INSURED (LAST, FIRST MI): \_\_\_\_\_

DOB OF INSURED: \_\_\_\_\_ SEX:  FEMALE  MALE

MEMBER ID #/POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

MEDICARE ONLY:  HOSPITAL INPATIENT  HOSPITAL OUTPATIENT  
 NON-HOSPITAL PATIENT

**INSURANCE PROVIDER NAME:**

INSURANCE PROVIDER ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

INSURANCE PROVIDER PHONE # \_\_\_\_\_ REFERRAL/AUTHORIZATION # \_\_\_\_\_

SECONDARY INSURANCE:  YES  NO

*If you would like to bill secondary insurance, please attach a copy of the front and back of the secondary insurance card*

**SIGNATURE OF ORDERING PHYSICIAN**

X \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT NAME: \_\_\_\_\_

**SPECIMEN PREPARATION INSTRUCTIONS**

**1. MATERIALS AND EQUIPMENT**

- A. Fixed paraffin-embedded tissue blocks containing lymph nodes with corresponding H&E slides.
- B. Previstage™ Shipping Kit.
- C. DiagnoCure Oncology Laboratories Test Requisition.

**NOTE:**  
Submit specimens for only one (1) patient per Shipping Kit.

**2. PREPARE TISSUE BLOCK(S)**

**NOTE:**  
Follow your laboratory's standard practice and guidelines for processing fixed paraffin-embedded tissue.

- A. Please call Customer Care for instructions on how to prepare bisected lymph nodes or see the video instructions on our website [www.diagnocurelabs.com](http://www.diagnocurelabs.com).
- B. Place fixed paraffin-embedded tissue blocks inside the provided zip lock bags, place those into the small foam cutouts inside the Previstage™ Shipping Kit.
- C. If you are sending Hematoxylin & Eosin slides, place the slides into the plastic slide holders, provided in the Previstage™ Shipping Kit and firmly press the tops to close them. Place the plastic slide holders back into the larger foam cutouts in the box.
- D. After all tissue samples and slides are loaded, place the foam cutout into the Biohazard specimen bag and insert into the box.
- E. Place the frozen ice pack on top of blocks and slides.
- F. Place the completed Test Requisition along with any other forms, such as pathology report and patient insurance card copies, in the plastic bag provided and place it on top of the ice pack.

**3. COMPLETE THE DIAGNOCURE ONCOLOGY LABORATORIES TEST REQUISITION**

- A. Refer to [www.diagnocurelabs.com](http://www.diagnocurelabs.com) for an example of a completed test requisition.
- B. One DiagnoCure Test Requisition should be completed for each patient sample.
- C. Before shipping, please retain the pink copy of the Test Requisition for your records.

**NOTE:**  
International Clients should contact DiagnoCure Oncology Laboratories for shipping and payment information.

**DOMESTIC SHIPPING INSTRUCTIONS**

**1. MATERIALS AND EQUIPMENT**

- A. Previstage™ Shipping Kit containing specimens, completed Test Requisition and ice pack.
- B. FedEx Domestic Airbill pre-paid and pre-printed with DiagnoCure Oncology Laboratories shipping information.
- C. FedEx Clinical Pak – a plastic overwrap used to ship the cardboard box containing the specimen and completed Test Requisition to DiagnoCure Oncology Laboratories.

**2. PREPARE SPECIMEN FOR SHIPPING**

- A. Place the cardboard box containing the specimen, prepared as instructed into the FedEx Clinical Pak.
- B. Remove the strip from the self-adhesive edge of the bag and seal the bag.

**3. COMPLETE SHIPPING INFORMATION**

- A. On the FedEx Clinical Pak, DO NOT check the box indicating that the packaging is in compliance with IATA 650 packaging regulations. The Previstage™ Shipping Kit complies with IATA regulations, but is no longer considered a Category B substance; therefore this box does NOT need to be checked. See [www.iata.org](http://www.iata.org) for these regulations.

**NOTE:**  
The Previstage™ Shipping Kit is shipped with an ice pack to ensure the samples arrive at DiagnoCure safely. Refer to [www.diagnocurelabs.com](http://www.diagnocurelabs.com) to see video instructions on test kit packing and shipping.

- B. On the FedEx Domestic Airbill, complete the following areas:
  - i. Section 1. From: Enter information in all available fields.
  - ii. Section 6. Special Handling: Under the question, "Does this shipment contain dangerous goods?" please check "No." The fixed, paraffin embedded specimens are non-infectious and are not classified as dangerous goods.
- C. Attach completed FedEx Domestic Airbill to the area indicated on the front of the FedEx Clinical Pak.

**4. ARRANGE FOR SHIPMENT**

- A. Place the package in a designated FedEx pickup location at your facility.
- B. If your facility does not have standard FedEx pickup, please call (800) GO FEDEX (800-463-3339) to arrange for pickup.