

## YourPDX Requisition

### CLIENT INFORMATION:

Ordering Physician First Name	Ordering Physician Last Name
NPI #	Physician Signature
Client Number	Client Name
Address	Phone Number
Fax Number	Email

### POINT OF CONTACT(S)

#### Monthly Updates:

Name	Email
Phone Number	

#### Study-Related Decisions (Drug TX selection):

Name	Email
Phone Number	

#### Post Study Follow up:

Name	Email
Phone Number	

**SPECIMEN PROCUREMENT:**

Facility Name:	Facility Address:
Attention/Dept:	Point of Contact:
Address:	
Phone Number:	Fax Number:

**PATIENT INFORMATION:** Must Complete or Provide Patient Demographics from EMR as an attachment.

First Name	Last Name	Middle Initial
Date of Birth	Sex (at birth)	Gender
Phone Number	Email Address	
Street Address	City	State Zip

**CLINICAL INDICATION:**

<b>Clinical History, NGS Report, and Pathology Report must be included</b> <input type="checkbox"/> Yes		
Type and Stage of Dx	Current and Prior Treatment(s):	Dx Date:
ICD-10	ICD-10	

PREFERRED STUDY PHARMACOLOGY LINES:

A patient service manager will reach out before the pharmacology study to update if needed.

1.
2.
3.
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BILLING INFORMATION

Billing: ☐ Cash Pay ☐ Insurance<sup>1</sup>

1. Insurance information is provided voluntarily to build claims data and will not be used for reimbursement for cost of test. Attach copy of the insurance card front and back.

Insurance Group	ID	Group
Phone Number	Insurance Address	
Name of insured Person	Relationship to Patient	
Employer Name		