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CLIA: 45D2073394 CAP: 9021192 NYS: 8885 Laboratory Director: Dr. Herbert Fritsche PhD

Quest National Account #: 97513526

Laboratory Test Requisition Form

TO AVOID DELAYS PLEASE COMPLETE FIELDS IN RED

Collection Date: _____ **Phlebotomist Initials:** _____ ☐ Physician Office ☐ Other ☐ Draw Site:_____

TEST REQUEST FOR OVA1

☑ **VDS-125** [FEMALE SERUM ONLY] OVA1®plus is a reflex test in which OVA1® is performed and then reflexes to OVERA® if the OVA1® result is in the intermediate range. This testing assesses the likelihood that an ovarian mass is malignant prior to planned surgery.

PHYSICIAN INFORMATION

Physician name(s): _____ NPI#: _____

Name/Account #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Fax copy to: _____

PATIENT INFORMATION & AUTHORIZATION

Last name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

SSN: _____ DOB (mm/dd/yy): __ __ / __ __ / __ __ __ __

Mobile Phone*: _____ MRN:_____

Email address: _____

Ethnicity (Check all that apply):

☐ Caucasian ☐ Ashkenazi Jewish ☐ Sephardic Jewish ☐ Asian
☐ Hispanic ☐ Native American ☐ African American
☐ Other:_____

I authorize ASPiRA LABS to release medical information related to services provided herein and authorize payment directly to ASPiRA LABS. More information is available at https://aspirawh.com/licensure-and-legal/ I agree to assume responsibility for payment of charges that are not covered by my healthcare insurer.

**Patient's Signature: _____

**patients signature required for verification of benefits

Print Name: _____ Date: _____

*Providing your mobile phone will allow us to contact you via text message for billing and payment. Please note that your patient information will not be transmitted via text message. Your wireless carrier's standard data and messaging rates may apply.

PHYSICIAN SIGNATURE

I have provided informed consent for the above ordered test.

Physician's Signature: _____

Print Name: _____ Date: _____

CLINICAL INFORMATION

Menopausal Status: ☐ Pre-Menopausal ☐ Post-Menopausal Ultrasound Results: ☐ Low Risk ☐ High Risk ☐ Not Definitive

Date of last menstrual period: _____ Size of mass (longest dimension): _____ Height: _____ Weight: _____

Does the patient:	No	Yes	If YES:
Have pain in the abdomen or pelvis?			How many days per month? ☐0-5 days ☐ 6-12 days ☐ >12 days For how long: ☐<1 month ☐ 1-6 months ☐ 7-12months ☐ >12 months
Feel full quickly or unable to eat normally?			How many days per month? ☐0-5 days ☐ 6-12 days ☐ >12 days For how long: ☐<1 month ☐ 1-6 months ☐ 7-12months ☐ >12 months
Experience abdominal bloating or an increased abdominal size?			How many days per month? ☐0-5 days ☐ 6-12 days ☐ >12 days For how long: ☐<1 month ☐ 1-6 months ☐ 7-12months ☐ >12 months

BILLING INFORMATION

Bill the Following (required):

☐ Private Insurance ☐ Medicare* ☐ Patient Self-Pay ☐ Medicaid ☐ Ordering Facility (Client Bill)

* By ordering this test for your Medicare patient, you are certifying that the patient has met the requirements for use i.e. has an ovarian mass, has surgery planned and is over 18 years of age.

Insurance Information: Attach a copy of front and back of patient insurance card and complete.

Primary insurance carrier: _____ Member ID#: _____ Group ID#: _____

Secondary insurance carrier: _____ Member ID#: _____ Group ID#: _____

Name of insured: Last: _____ First: _____ DOB: _ _/ _ _/ _ _ _ _ Relationship to insured:

☐ Self ☐ Spouse ☐ Dependent ☐ Other

DIAGNOSIS CODES | ICD-10 Codes (check all that apply):

☐ N83.201 Unspecified ovarian cyst, right side*
☐ N83.202 Unspecified ovarian cyst, left side*
☐ N83.209 Unspecified ovarian cyst, unspecified side*
☐ R19.00 Intra-abdominal and pelvic swelling, mass and lump, unspecified site*
☐ R19.03 Right lower quadrant abdominal swelling, mass and lump
☐ R19.04 Left lower quadrant abdominal swelling, mass and lump*
☐ R19.05 Periumbilical swelling, mass and lump*
☐ R19.09 Other intra-abdominal pelvic swelling, mass and lump*

Other ICD-10 Codes: _____ _____ _____ _____ _____ _____

*This is provided for informational purposes only and is not a guarantee of coverage. It is the provider's responsibility to determine the appropriate codes.