

ATTACH PATIENT KIT I.D. LABEL

TEST ORDERING (PLEASE CHECK BOX)	
<input type="checkbox"/> <b>OncobiotaLUNG<sup>detect</sup></b>	
CLIENT INFORMATION	
CLIENT NAME:	
PHYSICIAN:	NPI:
STREET ADDRESS:	
CITY:	STATE: ZIP CODE:
PHONE #:	FAX #:
<p>The undersigned certifies that he/she is licensed to order the test(s) listed above and that such test(s) are medically necessary for the care/treatment of this patient.</p> <p><b>Authorized</b> Signature: _____ Date: _____</p>	
PATIENT CLINICAL INFORMATION	
Any cancer-related treatments in last five years: <input type="checkbox"/> Yes <input type="checkbox"/> No	Nodule solidity: <input type="checkbox"/> Solid <input type="checkbox"/> Part-Solid <input type="checkbox"/> Non-solid <input type="checkbox"/> Ground-glass
Any antibiotic treatment within the last two months: <input type="checkbox"/> Yes <input type="checkbox"/> No	Upper lobe location of nodule: <input type="checkbox"/> Yes <input type="checkbox"/> No
Extrathoracic cancer diagnosis ≥5 years prior: <input type="checkbox"/> Yes <input type="checkbox"/> No	Nodule is spiculated: <input type="checkbox"/> Yes <input type="checkbox"/> No
Emphysema: <input type="checkbox"/> Yes <input type="checkbox"/> No	Nodule count? _____ Nodule diameter(s) detected by imaging (cm): _____
Family history of lung cancer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Was FDG - PET performed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes") Intensity of uptake: <input type="checkbox"/> No uptake <input type="checkbox"/> Faint uptake <input type="checkbox"/> Moderate uptake <input type="checkbox"/> Intense uptake
Smoking status: <input type="checkbox"/> Former <input type="checkbox"/> Current <input type="checkbox"/> Non-Smoker  If "Former" or "Current" Estimated number of packs per year: _____	(If "Yes") Standard uptake value (SUV): _____

FOR MICRONOMA LABORATORY USE ONLY	
DATE RECEIVED: / /	TIME RECEIVED:
ACCESSION ID:	
PATIENT INFORMATION	
LAST NAME:	FIRST NAME: MI:
DATE OF BIRTH: / /	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
STREET ADDRESS:	
CITY:	STATE: ZIP CODE:
PHONE #:	
MEDICAL RECORD NUMBER:	
SPECIMEN COLLECTION INFORMATION	
DATE COLLECTED:	TIME COLLECTED:
ICD 10 CODES / DIAGNOSIS :	
BILLING INFORMATION	
BILL TO:	<input type="checkbox"/> INSURANCE <input type="checkbox"/> CLIENT <input type="checkbox"/> SELF-PAY
<ul style="list-style-type: none"> <li>▪ Please attach a copy of the patients' insurance card or insurance face sheet information.</li> <li>▪ If paying by credit card, please log in and pay at <a href="http://www.micronoma.com">www.micronoma.com</a> or by calling the billing department at (858) 500-3734 ext. 1</li> </ul>	
Notes: For Micronoma use only	

## Specimen Requirements

Micronoma provides tubes to be used for specimen collections. If an extra tube is needed, please contact Micronoma's customer care team.

## Sample Collection and Handling

Note: Handle all samples as if they can transmit infectious agents.

**Plasma should be separated from blood within 4-6 hours of collection and stored in refrigerator at 2°C to 8°C.**

**IMPORTANT: Micronoma does not accept patient samples on Saturdays, Sundays or federal holidays. We recommend you collect patient samples Monday through Thursday only, to avoid long delays in transit that may compromise the samples.**

## Sample Transport, Storage, and Stability

**Keep specimens refrigerated until FedEx can pick up. Use cold packs during transport.** Please call Micronoma's Customer Care Team with any questions regarding specimen requirements or shipping instructions at **(858) 500-3734 ext. 1**. Please refer to the shipping instructions located in the shipping kit for specific details.

<b>Plasma Sample Storage Temperature</b>	<b>2°C to 8°C</b>
<b>Storage Time</b>	<b>Up to 2 days</b>

## When Received at Micronoma, Specimen Hold Description:

This option will be used when the physician has not selected the test on the requisition. Analysis will not be performed until the physician test order is fully completed (after Micronoma customer service collects all missing information).

## Assay Turnaround Time from Receipt by Micronoma:

9-12 business days.

## Methodology:

NGS and Luminex xMAP.