PRECISION EPIGENOMICS

EPISEEK™

EPISEEK MULTI-CANCER DETECTION TEST PATIENT PAY REQUISITION FORM

Complete and return with kit.

PATIENT INFORMATION			ORDERING PROVIDER	
LAST NAME	FIRST NAME	MI	CLINICIAN NAME ☐MD ☐DO ☐NMD ☐NP ☐PA ☐OTHER: _____	
DATE OF BIRTH	SEX AT BIRTH		PRACTICE NAME	
STREET			STREET ADDRESS	
CITY/STATE/ZIP			CITY/STATE/ZIP	
CELL PHONE	HOME PHONE		BUSINESS PHONE	FAX
EMAIL ADDRESS			ORDERING NPI	

PATIENT PAYMENT INFORMATION

Credit /Debit Card/ FSA/ HSA - (Amex, MC, VISA, Discover)

Card Holder's Name: _____
As shown on card.

Card Number: _____

Signature: _____ Date: _____
Required– Test will be processed as soon as payment is processed.

Exp Date: mm / yy

CVV: _____

Zip Code: _____

PERSONAL HISTORY, CHECK ALL THAT APPLY:

☐ Patient has never been diagnosed with cancer other than skin cancer.

☐ Patient suspects that they may currently have cancer based on the following signs and symptoms:
_____

☐ Patient has been diagnosed with cancer AND has not been in remission for at least three years.
Cancer type(s): _____

☐ Patient has been diagnosed with cancer but has been in remission for at least three years. Cancer type(s) and date of last treatment (mm/yyyy): _____

For Phlebotomist Use Only - Date: ____/____/____ Time: ____:____ AM/PM

Precision Epigenomics Inc. is a clinical reference laboratory registered under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) to perform high-complexity testing. The EPISEEK test was developed, and its performance characteristics were determined by Precision Epigenomics Inc. The EPISEEK test has not been cleared or approved by the Food and Drug Administration. The EPISEEK laboratory-developed test is intended for clinical purposes.

The EPISEEK test is recommended for use in adults with an elevated risk for cancer, such as those aged 45 or older. The EPISEEK test does not detect all cancers and should be used in addition to routine cancer screening tests recommended by a healthcare provider. The EPISEEK test is intended to detect abnormal cancer signals. The EPISEEK test is not recommended in people who are pregnant, 21 years old or younger, or undergoing active cancer treatment. Please visit our website for additional important information.

A healthcare provider should be able to interpret results in the context of medical history, clinical signs, and symptoms. A test result of "Cancer Signal Not Detected" does not rule out the possibility of cancer. A test result of "Abnormal Methylation Signal Detected" requires diagnostic evaluation by medically established procedures (e.g. imaging, additional laboratory testing, and possible invasive procedures) to evaluate the patient for malignancy.

EPISEEK™ Sample Collection Instructions

Kit can be stored at room temperature or refrigerated, but not frozen. Kit must be used before its expiration date shown on side of the box. If kit is expired, do not use Streck tubes; contact Precision Epigenomics for assistance.

Steps:

1. Set aside the prepaid FedEx return shipping UN3373 PAK.
2. Record the Patient Name and Date of Birth on the collection Tube labels. You may use EHR or LIS generated labels or handwritten (printed clearly) labels. At least TWO unique identifiers must be present on each tube.
3. Record collection date and time to complete the Test Requisition Form.
4. Perform venipuncture in usual fashion, completely fill both tubes. Gently invert or rotate (do not shake) the tubes 10 times to assure mixing with preservative.
   Note: Only submit one patient per box.
5. Place filled and labeled tubes in absorbent 2-pocket pouch.
6. Sandwich the 2-pocket pouch between the room temperature or cool bifold gel pack. Seal the gel pack holding tubes in the biohazard bag along with provided absorbent material.
7. Insert test requisition form and any other PHI into biohazard bag's side pouch.
8. Place biohazard bag into the insulated box before replacing lid. Close lid completely.

Shipping Instructions

1. Completely seal kit box in provided FedEx UN 3373 PAK. Use shipping tape if needed, but do not obstruct the UN3373 label, the FedEx shipping label, or customs label (if applicable) on pack.
2. Keep the package with specimen at room temperature for as long as possible, especially if there are extreme weather conditions, before being transferred to FedEx personnel. Specimen cannot exceed 27-87°F (3-30°C) thresholds.
3. Ship the specimens with the supplied FedEx return Pak.
   - Properly package and label the shipment in accordance with shipping carrier requirements
   - Shipments should be sent the day of collection.
   - Sender must follow all applicable federal, state, and local laws and regulations for shipping Human Biologic Specimens including IATA regulations.
4. Please contact us by phone (520)372-7522 or email support@precision-epigenomics.com if you have any questions.

Rejection Policy: Precision Epigenomics performs visual inspection of all Human Biological Samples. A Human Biological Sample may not be accepted for processing if such HBS:

Is provided to Precision Epigenomics in an insufficient quantity for testing.	Arrives at the Facility in leaking or broken specimen storage tube
Does not meet sample stability requirements (>120 hrs from collection and/or 37-87°F thresholds exceeded) for testing	Was not shipped in accordance with Applicable Laws
Displays visible clotting after collection	Test requisition or sample label arrives with missing or incomplete information
Is significantly hemolyzed after centrifugation	Test requisition or sample label is illegible

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