

## TEST REQUEST FORM



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# FACT™

## Fibronectin Aggrecan Complex Test

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### FACT TEST REQUEST FORM

#### Patient & Billing Information

Patient Name (Last, First): \_\_\_\_\_ or PATIENT STICKER \_\_\_\_\_ D.O.B.: \_\_\_/\_\_\_/\_\_\_  M  F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bill to:  Insurance  Patient  Medicare  Medicaid  Worker's Comp  LOP  Auto

Primary Insured's Name: \_\_\_\_\_ D.O.B.: \_\_\_/\_\_\_/\_\_\_

Relationship to Primary:  Self  Spouse  Child  Other: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Patient Authorization:** I hereby authorize payment of benefits for the services test provided to Cytonics Corporation. I understand that I am financially obligated for charges not reimbursed by my insurance provider. I also hereby authorize the release of my information to my physician or insurance provider in order to process this insurance claim.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Specimen Details

#### MINIMUM OF 0.35cc REQUIRED PER SPECIMEN COLLECTED

Specimen Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

Site 1: \_\_\_\_\_ Site 2: \_\_\_\_\_ Site 3: \_\_\_\_\_ Site 4: \_\_\_\_\_

Specimen Collection Method:  Saline Lavage  Synovial Fluid Aspiration

Diagnosis ICD-9 Codes: \_\_\_\_\_

Test Requested:  FACT™ – Fibronectin Aggrecan Complex Test  Cytokine Disc Panel™

#### Physician Information

Attending Physician: \_\_\_\_\_ Phone / Email: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone / Email: \_\_\_\_\_

Institute / Clinic Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Providers should only order tests that are medically necessary for the diagnosis or treatment of a patient.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### PLEASE ATTACH A COPY OF THE PATIENT'S FACE SHEET WITH THIS FORM

#### For use by Cytonics Personnel

Received Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_ Lot #: \_\_\_\_\_

Specimen ID – Site 1: \_\_\_\_\_ Site 2: \_\_\_\_\_ Site 3: \_\_\_\_\_ Site 4: \_\_\_\_\_