

Internal use only  
(affix UID label here)

## OncoOmicsDx™ Targeted Proteomic Testing

### Clinical Requisition Form

Quantitative protein expression analysis by SRM-mass spectrometry.

The Protein Expression Panel may change periodically. Customers using this requisition will receive the most up-to-date menu results.

All fields are required; Incomplete requisition forms may result in delays.

### Ordering Physician Information

Institution name		
Ordering physician	NPI#	
Address		
City	State	Zip
Phone	Fax	

### Patient Information

Last name	First name	
Address		
City	State	Zip
Date of birth	Gender	
Medical record number		

### Pathology Information

Institution name		
Address		
City	State	Zip
Phone	Fax	

### Insurance Information

*For help with this section, please contact customer service.*

#### For Medicare/Medicaid patients \*

Was the specimen collected during a hospital inpatient period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, provide patient's hospital discharge date		

*\* We are required to bill the hospital/clinic where the procedure was performed if testing is ordered or requisition is dated within 14 days of discharge or 30 days from specimen collection.*

#### For all other patients

Bill to
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### Specimen Information

Specimen ID#	
Primary ICD10 code	Collection date
Specimen Source	Collection location (state)

### Statement of medical necessity

This requisition constitutes an order for services. I certify that the services are medically indicated and necessary, and they will assist me in treating my patient.

Authorized signature

Print name

Date

☐ **Protein Expression Panel**

Send completed form with pathology reports (if available) and Medicare/Insurance information  
Attention Clinical Specimen Receiving by

**Our secure fax: (+1) 833-985-0131**  
**or Encrypted Email: [orders@mProbe.com](mailto:orders@mProbe.com)**

Please note that email encryption is the responsibility of the sender.  
Please contact customer service for questions.

**(+1) 301-977-3654**