

<p>Ordering Physician</p> <p>Last Name:</p> <p>First Name:</p> <p>Hospital:</p> <p>Dept:</p> <p>Address:</p> <p>City:</p> <p>Country:</p> <p>Physician's Signature: (required)</p> <p>_____</p>	<p>Patient Information</p> <p>Last Name:</p> <p>First Name:</p> <p>Patient Sample ID#:</p> <p>DOB (mm/dd/yyyy) Gender:</p> <hr/> <p>Specimen Collection Collect at least 5 ml of blood in a standard EDTA, or 10 ml or more if WBC is low or unknown.</p> <p>Collection Date : (mm/dd/yyyy)</p> <p>Collection Time: (hh:mm)</p> <p>Lab Contact Person:</p>
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Payment Option	Repeat Diagnostics does not bill healthcare insurance companies		
Bill hospital: Address below Credit Card	Bill patient:	Check	Provide address and Tel # below for receipt
Email		Credit Card	

<p>Address:</p> <p>City:</p> <p>Region: P Code</p> <p>Tel:</p> <p>Email:</p>	<p>Credit card number:</p> <p>Exp. date: 3 digit code</p> <p>Name on credit card:</p> <p>Signature of cardholder (required): _____</p> <p>For services performed by Repeat Diagnostics, please charge the above credit card in the amount of €</p>
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TEST INFORMATION Turnaround time: within 3 weeks. For expedited service, please contact us.

2-Panel Assay - measurements on total lymphocyte and granulocyte population

6-Panel Assay - 2-Panel Assay PLUS measurements for B-cells, T-cells and NK cells

Medical Consultation -For a fee, a written evaluation by a hematopathologist to accompany the test results. Provide pertinent patient information, such as family history, clinical history, current working diagnosis, symptoms and lab investigations. If the space allocated is not enough, please provide additional information on a separate sheet:

RESULTS: Results can be mailed, faxed or both. Your preference: Fax:

Use Physicians address provided above: Yes No Other, please provide on back of form

BEFORE COLLECTION OF BLOOD

Sample should **only** be collected and shipped on Monday, Tuesday or Wednesday.

Requisition Form check list

- requisition is signed by the requesting physician
- patient name is filled in and matches blood tube ID (first identifier)
- second patient identifier (date of birth, unique ID number) is filled in and matches blood tube
- result send out contact information is completed
- payment information is completed
- assay type (2 or 6-panel) and optional consultation are selected accordingly

SPECIMEN COLLECTION

- Label the specimen tube with:
 - Patient Name and ID #
 - Age
 - Sex
 - Date and time of collection
- Collect blood in EDTA anti coagulant tube.
- 5-10ml of blood is required for successful testing.
- All blood shipments to Repeat Diagnostics must arrive within 2 days and in good condition.



SPECIMEN PACKING AND SHIPPING

SHIPPING MATERIAL

- Shipping container (UN3373 box 9" X 4" X 4" labeled "Biological Substance Category B)
- Specimen bag or sealable plastic bag.
- Absorbent material such as paper towel.
- Packing tape.
- Address label.
- FedEx Clinical Pak (provided free of charge from FedEx)
- Air Waybill.
- Commercial Invoice.
- For more information on how to ship clinical samples using FedEx Europe First, visit FedEx at <http://images.fedex.com/downloads/shared/packagingtips/pointers.pdf>



SHIPPING

1. Place blood collection tube(s) in sealable plastic bag.
2. Place bag in shipping container. **ICE PACKS ARE NOT REQUIRED**
3. Place enough absorbent material in shipping container so that blood tubes do not roll around.
4. Seal shipping container with packing tape.
5. Attach address label to top of shipping container.
6. Place shipping container and requisition form inside FedEx Clinical Pak.
7. Fill out the Air Waybill form.
8. Ship on day of collection by FedEx Europe First to:

Telomerdiagnostik
Frau Lucia Vankann
Hämatologisches Labor
Klinik für Hämatologie, Onkologie, Hämostaseologie und Stammzelltransplantation
Pauwelsstrasse 30
52074 Aachen

9. Inform Repeat Diagnostics by email at **request@repeatdx.com** of date shipped and tracking number.