



PROVISTA DIAGNOSTICS
6225 North 24th Street, Suite 150
Phoenix, AZ 85016 * 602-840-8333

BT Test® Order/Draw Authorization

Provista Diagnostics Use Only
Date Rec'd / / Rec'd Time: PDx ID:

Patient's Last Name:	First:	MI:	Date of Birth	Sex
				<input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address			City	State
Zip	Phone	Email		

Patient Instructions:

Please take this form, signed by your physician, for the BT Test to any authorized location, Monday through Thursday during normal operating hours and Friday between the hours of the facility opening time and 12:00 PM.

BT Test™ Eligibility Information:

If at time of test, the patient is **NOT**:

- Pregnant or nursing
 - Receiving chemotherapy or radiation
- Receiving antibiotics
 - Diagnosed with an inflammatory disease* (see below)

Additional Eligibility Consideration

At provider's discretion if the patient:

- Is under 35 years of age
- Has had cancer within last ten years

***Inflammatory Diseases:** Patient with Autoimmune Disease(s) such as: Addison's, Celiac disease, Grave's disease, Goodpasture's syndrome, HIV, Hashimoto's Thyroiditis, Lupus (including variants), Multiple Sclerosis, Polymyalgia, Raynaud's, Scleroderma and Sjogren's disease **are not eligible** to take this test. **NOTE:** Fibromyalgia is OK **Physicians:** For questions call: 1-888-649-6636.

Medical History: Please answer all of the questions below. Any incomplete information will delay your BT Test.

- | | |
|--|--|
| <p>1. Age _____</p> <p>2. What is your current menopausal status:
 <input type="checkbox"/> Pre-menopausal (still having periods)
 <input type="checkbox"/> Peri-menopausal (last period within last year)
 <input type="checkbox"/> Post-menopausal (last period over a year ago)</p> <p>3. Have you ever used hormonal birth control?
 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever used estrogen replacement therapy?
 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>5. Check all relatives which have had breast cancer:
 <input type="checkbox"/> Grandmother <input type="checkbox"/> Sister
 <input type="checkbox"/> Mother <input type="checkbox"/> Aunt
 <input type="checkbox"/> Cousin <input type="checkbox"/> Daughter
 <input type="checkbox"/> No Family History <input type="checkbox"/> Unknown</p> <p>6. Please check your ethnic origin
 <input type="checkbox"/> American Indian or Native Alaskan
 <input type="checkbox"/> Asian
 <input type="checkbox"/> Black/African American
 <input type="checkbox"/> Hispanic or Latino
 <input type="checkbox"/> Native Hawaiian or Pacific Islander
 <input type="checkbox"/> White</p> |
|--|--|

Physician's Name:	Physician's Signature:	Physician's Phone	Physicians Fax
Physician's Address		City	State Zip

By signing this form, as the prescribing healthcare provider, I deem the BT Test to be medically necessary for the patient listed above.

- Under 50 or dense breasts
 BRCA or other genetic test positive
 Previous Breast Cancer, breast biopsy or breast procedure

Lab / PSC Use Only

Date of Collection:	Draw Time:	Clotting Time:	Initials	Draw Center ID
/ /		Start: Finish:		<input type="checkbox"/> MedicExams/L.T. Exams <input type="checkbox"/> Other-Please Provide Name _____
Fasting:	# Tubes:	Centrifuge time:	RPM	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Start: Finish:		

INSTRUCTIONS FOR SPECIMEN PROCESSING:

1. Label the 9ml SST Collection tubes and transfer tubes.
2. Complete the requisition form.
3. Draw blood via venipuncture, filling the two SST Collection Tubes to the designated fill line.
4. Gently invert each SST 5–10 times.
5. Allow the SST tubes to clot at room temperature for 30 minutes.
6. Centrifuge the SST tubes within TWO hours of collection for 15 minutes at 1800 (min) rpm to separate the serum.
7. Transfer serum specimen to transfer tubes
8. Place in a specimen bag clearly labeled for Provista
9. Call Provista Diagnostics for pick up/shipping Instructions
At 602-224-5500 or 602-840--8333

Refrigerate sample until pick-up by courier or FedEx*

*** Sample must be received by Provista NO LATER than 48 hours after blood draw: Call for pick-up or shipping**

Patient Services Staff ONLY:

- If the ordering Physician has not signed this form above, the patient will need a separate prescription to accompany this form.
- Fasting not required. These tests should only be collected Monday thru Thursday, prior to 2:00 PM
- Collect serum samples as per instructions.
- Place samples, all pages of this form, the order script (if included) and any other relevant paperwork in a specimen bag designated for delivery to Provista.

Finding a blood specimen draw location

Provista will work with qualified blood draw locations and provide the supplies needed for the BT Test and shipping of the specimen. Contact us to in advance to arrange for coordination of the draw, sample preparation, and shipping in advance at the numbers below.

Office – 602-224-5500