



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, Hachimoto'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.

1. What is your current menopausal status:
 - Pre-menopausal (still having periods)
 - Peri-menopausal (last period within last year)
 - Post-menopausal (last period over a year ago)
2. Have you ever used hormonal birth control?
 - Yes No
3. Have you ever used estrogen replacement therapy?
 - Yes No
4. Number of Full Term Pregnancies: _____
5. Have you ever had a breast biopsy? Yes No
6. Alcohol Consumption (drinks per week)
 - None 1-3 4-8 9-14 More than 14
7. Check all relatives which have had breast cancer:
 - Grandmother
 - Sister
 - Mother
 - Aunt
 - Cousin
 - Daughter
 - No Family History
 - Unknown
8. Please check your ethnic origin
 - Hispanic or Latino
 - Asian
 - American Indian or Native Alaskan
 - Native Hawaiian or Pacific Islander
 - Black/African American
 - White
9. Do you have Osteoporosis? Yes No
10. Do you smoke? Yes No

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.
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"/> SQL <input type="checkbox"/> Any Lab Test Now Other:
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. Place in a specimen bag clearly labeled for Provista
8. **Refrigerate sample** until pick-up by FedEx*

* **Sample must be received by Provista NO LATER than 48 hours after blood draw.**

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.

Arizona Blood Draw Laboratory Locations

Sonora Quest Laboratories Locations (No Appointment Required, Call for Facility Opening Hour)

Glendale: 5605 W. Eugie, #104, Glendale, AZ 85234, **602-978-0754**

Northeast Phoenix: 3811 E. Bell Rd, #204, Phoenix, AZ 85032, **602-493-7133**

Scottsdale: 9700 N. 91st St, #A-103, Scottsdale, AZ 85258, **480-391-3686**

Mesa: 1500 S. Dobson Rd., #201-A, Mesa, AZ 85202, **480-969-2494**

Tucson: 630 N. Alvernon Way, #200, Tucson, AZ 85711, **520-322-8264**

Flagstaff: 1515 E. Cedar Avenue, Bldg. F, Flagstaff, AZ 86004 **928-213-3911**

Verde Valley Medical Center: 269 S. Candy Lane, Cottonwood, AZ 86326 **928-639-6180**

St. Joseph's Reference Laboratories Locations (No Appointment Required, Call for Facility Hours)

Phoenix: 500 W. Thomas Rd. #370, Phoenix, AZ 85013, **602-406-3993**

Mesa/Chandler: 1950 S. Country Club Dr., Mesa, AZ 85210, **480-835-2333**

Scottsdale: 7350 E. Stetson Dr. #128, Scottsdale, AZ 85251, **480-663-8343**

East Mesa: 5602 E. Main St., Mesa, AZ 85205, **480-641-1585**

West Phoenix: 4225 W. Glendale Ave. #B200, Phoenix, AZ 85051, **623-934-5600**

Surprise: 14973 W. Bell Rd., Surprise, AZ 85374, **623-251-5486**

ANY LAB TEST NOW

Scottsdale: 8902 E. Via Linda, Suite 115, Scottsdale, AZ 85258, **480-451-0002**