

BT Test™ Order/Draw Authorization



ACCOUNT # 79987

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



Lab / PSC Use Only

Patient's Last Name:	First:	MI:

Date of Collection:
/ /

Patient's Date of Birth:	Sex:	Physician's Name (Last, First):	Draw Time:	Fasting: Y / N

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

Physician's Signature:	Physician's Address	Chart / Other ID:

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

Patient Instructions:

- Please take this form, signed by your physician, for the BT Test™ to any one of the following locations, Monday through Thursday between the hours of the facility opening time and 2:00 PM. *(Payment OR insurance information must be included to run test)*

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**
- Don't see a lab near you? Call Provista 602-840-8333 for more locations**

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 rpm to separate the serum.
7. Place in a specimen bag clearly labeled for Provista
8. Call Provista Diagnostics for pick up – 602-840-8333
9. **Refrigerate sample** until pick-up*

* 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.
- Call Provista for courier pick up at 602-840-8333 – Note given confirmation number here: _____
- Place samples, all pages of this form, the order script (if included) and any other relevant paperwork in a specimen bag designated for pick up by courier dispatched by Provista.
- Place a copy of this form and any assoc. paperwork in SQL specimen bag and submit through normal SQL courier

LAB DRAW INFORMATION ONLY-- SQL TEST CODES TO BE ENTERED:

- Bill Blood Draw Service:** **To Provista Diagnostic Only.**
- 108004 – Draw Fee – Non Sonora (for use when all testing performed by outside laboratories)
- 9873 – Handling Fee

COMMENTS: _____

BT Test™ Eligibility Information:

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

- | | |
|--|--|
| <ul style="list-style-type: none"> • Pregnant or nursing • Receiving chemotherapy or radiation | <ul style="list-style-type: none"> • 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.

Dear Patient: Please fill each blank on the following page as completely and clearly as possible. In case of questions, a Provista representative may contact you. You can also go to our web page (www.ProvistaDx.com) to register and pay online.

Patient Information: Mailing Address: _____

City _____ State _____ Zip _____ Phone _____ Email _____

