



PROVISTA DIAGNOSTICS  
6225 North 24<sup>th</sup> 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

Lab / PSC Use Only

Date of Collection:	Draw Time:	Clotting Time:	Initials	Draw Center ID
/ /		Start: Finish:		<input type="checkbox"/> SQL # 79987 <input type="checkbox"/> St. Joe's RL # 6114 <input type="checkbox"/> Any Lab Test Now Other:
Fasting:	# Tubes:	Centrifuge time:	RPM	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Start: Finish:		

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

Physician's Name:	Physician's Signature:	Physician's Address
Christa Corn, M.D.	Signature on File	2040 W. Bethany Home Rd. Suite 1 Phoenix, AZ 85015

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 designated locations (see BT Test Draw Locations Page), Monday through Thursday during normal operating hours and Friday between the hours of the facility opening time and 12:00 PM.  
*(Payment OR insurance information must be included to run test)*

**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.

\*\*\*\*\*  
**Patient Information:** Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Medical History: Please answer all of the questions below**

- Age \_\_\_\_\_ Height \_\_\_\_\_ ft \_\_\_\_\_ in Weight \_\_\_\_\_ lbs
- Age at first menstrual cycle \_\_\_\_\_
- 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)
- Have you ever used hormonal birth control?  
 Yes  No  
Age at first use \_\_\_\_\_ Total # of yrs used \_\_\_\_\_
- Have you ever used estrogen replacement therapy?  
 Yes  No  
Age at first use \_\_\_\_\_ Total # of yrs used \_\_\_\_\_
- Number of Full Term Pregnancies: \_\_\_\_\_  
Age at first pregnancy \_\_\_\_\_
- Total months breast feeding (all children) \_\_\_\_\_
- Check all relatives which have had breast cancer:  
 Grandmother  Sister  
 Mother  Aunt  
 Cousin  Daughter  
 No Family History  Unknown
- Please check your ethnic origin  
 Hispanic or Latino  
 Asian  
 American Indian or Native Alaskan  
 Native Hawaiian or Pacific Islander  
 Black/African American  
 White
- Do you have Osteoporosis?  Yes  No
- Do you smoke?  Yes  No
- How physically active are you?  
 Inactive  Moderately active  Very Active



**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. Call Provista Diagnostics for pick up/shipping – 602-840-8333
9. **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.

**SQL TEST CODES TO BE ENTERED:**

- Place a copy of this form and any assoc. paperwork in SQL specimen bag and submit through normal SQL courier

**Bill Blood Draw Service: [ X ] To Provista Diagnostic Only.**

[X] 108004 – Draw Fee – Non Sonora (for use when all testing performed by outside laboratories)

[X] 9873 – Handling Fee

**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**

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