

Test Request Form

LabCorp account number: **43702170**
Test number: **830395**

REQUIRED FOR ORDERING HEALTHCARE PROVIDER
REQUIRED FOR SPECIMEN COLLECTION/PHLEBOTOMY

FOR SPECIMEN COLLECTION USE ONLY



Ordering Healthcare Provider Information

Ordering Healthcare Provider		Healthcare Organization Name		
NPI		Primary Office Contact		
Contact Phone	Secure Fax	Primary Contact Email		
Address		City	State	ZIP

Patient Information

Last Name		First Name	M.I.
Birth Date	Patient Sex <input type="radio"/> F <input type="radio"/> M	MRN or Patient ID	
Address			
City		State	Zip
Cell or Primary Phone (used to contact patient for support or billing)		Email (used to contact patient for support or billing)	
Language Preference: <input type="radio"/> English Other: _____			

Patient Clinical Information & Intended Use

Due Date (mm/dd/yyyy) ____/____/____	Height (ft. in.)	Pre-pregnancy Weight (lbs.)
Common ICD10 Code(s):		
<input type="checkbox"/> Please provide all applicable ICD-10 diagnosis code(s)		
<input type="checkbox"/> Z34.00 ENC SUPV NORMAL FIRST PREG UNS TRI	<input type="checkbox"/> Z34.81 ENC SUPV OTH NORMAL PREG FIRST TRI	<input type="checkbox"/> Z34.91 ENC SUP NORMAL PREG UNS FIRST TRI
<input type="checkbox"/> Z34.01 ENC SUPV NORMAL FIRST PREG 1 TRI	<input type="checkbox"/> Z34.82 ENC SUPV OTH NORMAL PREG SECOND TRI	<input type="checkbox"/> Z34.92 ENC SUP NORMAL PREG UNS SECOND TRI
<input type="checkbox"/> Z34.02 ENC SUPV NORMAL FIRST PREG 2 TRI	<input type="checkbox"/> Z34.90 ENC SUP NORMAL PREG UNS TRI	

Billing Information

Billing Options <input type="radio"/> Bill Insurance (please attach copy of insurance card and fill insurance information below) <input type="radio"/> Self Pay (patient will be contacted regarding payment; do not complete billing information below) <input type="radio"/> Client Bill (Sera Prognostics will invoice your practice/location directly, and your patient will not receive a bill from Sera Prognostics)			
Primary Insurance	Policy Holder Name (Primary)	Policy Holder Address (Primary)	
Patient Relationship to Policy Holder <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other: _____	Date of Birth	Group Number (Primary)	Policy Number (Primary)
Secondary Insurance	Policy Holder Name (Secondary)	Policy Holder Address (Secondary)	
Patient Relationship to Policy Holder <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other: _____	Date of Birth	Group Number (Secondary)	Policy Number (Secondary)

Test Requested

The PreTRM[®] Test for Risk Management predicts the risk of spontaneous preterm birth (before 37 weeks) in asymptomatic women (no signs or symptoms of preterm labor with intact membranes) ≥18 years old with a singleton pregnancy. The PreTRM Test is performed via a single blood draw between 18wk – 20wk/6d (126 – 146 days) gestation. It is not intended for use in women who have a multiple pregnancy, have a known or suspected fetal anomaly, or are on any form of progesterone therapy after the first trimester.

Ordering Healthcare Provider Attestation and Patient Consent

I am a licensed healthcare provider authorized to order PreTRM. I have determined that this test is medically necessary for this patient. I am aware of the limitations and intended use of the PreTRM test. The patient has consented and is eligible to use PreTRM. I acknowledge it may be necessary for Sera Prognostics to directly contact the patient for the purposes of obtaining reimbursement for the test and/or to collect additional samples as appropriate.

Healthcare Provider Signature

Date

Patient Blood Draw Information

Patient blood draw for the PreTRM Test must occur within the window
(from gestational age 18wk - 20wk/6d)

Blood Draw Window:

FROM ____/____/____ TO ____/____/____
Blood samples drawn before or after the window will not be tested.

Fasting is not required.

PHLEBOTOMY INFORMATION (UNLESS CAPTURED BY OTHER ELECTRONIC MEANS)

Draw Site Name	Draw Date / Time ____/____/____ : ____	<input type="checkbox"/> AM <input type="checkbox"/> PM
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Notes

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