

# VERISTRAT<sup>®</sup> TEST REQUEST FORM

Attach Patient  
ID Label Here

## CERTIFICATION OF MEDICAL NECESSITY

Your signature constitutes a certification of medical necessity and a certification that you have obtained the patient's consent for Bodesix release of test results to the third party payor when necessary as part of the reimbursement process.

\_\_\_\_\_  
Signature of treating physician or their authorized representative

\_\_\_\_\_  
Date

Please legibly print all information on this form or provide via attached sheets

## PHYSICIAN INFORMATION

ORDERING PHYSICIAN:	PRACTICE NAME		
STREET:	CITY:	STATE:	ZIP:
FAX: (For test result notification)	PHONE:	PRIMARY CONTACT NAME	

## PATIENT INFORMATION

LAST NAME:	FIRST NAME:	PHONE:	
STREET:	CITY:	STATE:	ZIP:
DOB:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
SUBMITTING DIAGNOSIS:	ICD-9 CODE	Commonly used ICD-9 codes for lung cancer are listed below; however, there may be other appropriate codes. <b>162.0</b> Trachea (cartilage of trachea; mucosa of trachea) <b>162.2</b> Main bronchus (carina; hilus of lung) <b>162.3</b> Upper lobe, bronchus, or lung <b>162.4</b> Middle lobe, bronchus, or lung <b>162.5</b> Lower lobe, bronchus, or lung <b>162.8</b> Other parts of bronchus or lung (malignant neoplasm of contiguous or overlapping sites of bronchus or lung whose point of origin cannot be determined) <b>162.9</b> Bronchus and lung, unspecified	

Patient has insurance. (Please attach a copy of the patient's insurance information)

Patient does not have insurance. If patient is uninsured, call 1-866-432-5930 to have financial assistance program application faxed to physician.

## LOCATION OF BLOOD DRAW

- Practice listed above       Hospital Lab: \_\_\_\_\_       Other: \_\_\_\_\_  
 Home Phlebotomy       Independent Lab: \_\_\_\_\_

If patient will have blood drawn outside the ordering physician's office, please fax a copy of this completed form and insurance information to the VeriStrat Support Hotline at 1-866-465-1729. A representative will contact the patient to arrange the draw time and location.

## TREATMENT PLAN: WHAT TREATMENTS ARE YOU CONSIDERING FOR THIS PATIENT (CHECK ALL THAT APPLY)

- Taxotere<sup>®</sup> (docetaxel)       Alimta<sup>®</sup> (pemetrexed)       cisplatin  
 Tarceva<sup>®</sup> (erlotinib)       Supportive Care/Hospice       carboplatin  
 Radiation Therapy       Avastin<sup>®</sup> (bevacizumab)       Other \_\_\_\_\_

For Bodesix Use Only  
Bodesix Lab Accession No.



VeriStrat<sup>®</sup>  
Support Hotline  
P 1-866-432-5930  
F 1-866-465-1729

WHITE COPY BIODESIX  
YELLOW COPY PHYSICIAN

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