

Please ensure that the Test Request Form is fully and accurately completed to avoid delays in sample processing.

Samples must be received with an accompanying Test Request Form or they will not be processed.

1. CALL VERISTRAT SUPPORT HOTLINE PRIOR TO SPECIMEN COLLECTION: 1-866-432-5930

2. ORDERING PHYSICIAN INFORMATION

- Enter the ordering physician's National Provider Identifier (NPI) or Unique Physician Identification Number (UPIN), client/practice name, and all contact information.
- **Test results will be sent via fax.** Enter the appropriate fax number for result notification.

3. PATIENT INFORMATION

- Provide all information requested.

4. SPECIMEN INFORMATION

- Enter the sample collection date.
- Check the box indicating whether the sample is an initial sample or a redraw.
- Biodesix will enter the Biodesix Lab Accession Number.

5. BILLING/PAYMENT INFORMATION

- Enter the submitting diagnosis (e.g. non-small cell lung cancer).
- Enter the ICD-9 Code, using the highest level of specificity available (at least 4 digits). Commonly used ICD-9 codes for lung cancer are listed below; however, there may be other appropriate codes.
 - 162.0 Trachea (cartilage of trachea; mucosa of trachea)
 - 162.2 Main bronchus (carina; hilus of lung)
 - 162.3 Upper lobe, bronchus, or lung
 - 162.4 Middle lobe, bronchus, or lung
 - 162.5 Lower lobe, bronchus, or lung
 - 162.8 Other parts of bronchus or lung (malignant neoplasm of contiguous or overlapping sites of bronchus or lung whose point of origin cannot be determined)
 - 162.9 Bronchus and lung, unspecified
- Indicate the method of payment. Check Insurance, Medicare, Medicaid, Uninsured or Self Pay.
 - If private insurance, Medicare or Medicaid, be sure to attach a copy of the front and back of the patient's insurance card for both primary and secondary insurers. If this is included, no other billing information is required. If not included, complete all other fields in this section.
 - If Medicare, check the box indicating whether the patient is a hospital inpatient, hospital outpatient, or non-hospital patient.
 - If the patient is uninsured, you may want to submit an application for the Patient Assistance Program (PAP) along with the Test Request Form. For more information regarding the Patient Assistance Program, please visit www.VeriStratSupport.com or call the **VeriStrat® Support Hotline at 1-866-432-5930.**

6. PHYSICIAN CERTIFICATION

- **The Test Request Form must be signed and dated by the ordering physician.** Samples will not be processed without signature. Sign and date the Test Request Form and print name.

IF ERRORS ARE MADE: If additional Test Request Forms are needed, go to www.VeriStratSupport.com, select **How to Order** then **Test Request Form**. Print a new form to complete. Please note that if the Test Request Form is printed from the website, a photocopy of the completed form must be made and retained for your records. The original form must be sent to Biodesix.