

# DxTernity® Test Requisition Form

Phone: 424 758 0100  
Secure Fax: 866-868-0543

19500 S. Rancho Way Suite 111 (Rear) Attn: Clinical Lab, Rancho Dominguez, CA 90220 [www.dxterity.com](http://www.dxterity.com)

Customer Support: [providersupport@dxterity.com](mailto:providersupport@dxterity.com)

## Laboratory Information

Laboratory Name:

Contact Name:

Address:

Suite/Office Number:

City:

State/Province:

Postal Code:

Country:

Phone:

Secure Fax:

## Sample Collection Information

Test Requisition Number:

Fingerstick Barcode (if applicable)

Draw Date:

Draw Time:

Hr: Min AM PM

Patient ID:

ICD Code(s) (Required):

1 2 3 4

Sample Type(s):

DxTernity Molecular Fingerstick (MCD)

DxTernity Blood Collection Tube (BCT)

DxTernity Serology Fingerstick (MCD)

3ml EDTA

2.5ml PAXgene

## Ordering Physician Information

Last Name:

First Name:

NPI Number:

Work Phone:

Nurse/Assistant Name:

Suite/Office Number:

Address:

State/Province:

City:

Secure Fax:

Postal Code:

Email:

## Patient Information

Last Name:

First Name:

Date of Birth:

Sex Assignment at Birth:

Address:

Suite/Appartment Number:

City:

State/Province:

Postal Code:

Phone:

## Tests To Be Performed



### DxTernity® PCR Saliva Test

Testing for COVID-19 Infection  
Spectrum Solutions SDNA-1000



### DxTernity® Neutralizing Antibody Test

Testing for COVID-19 Antibodies  
Serology MCD or EDTA (lavender tube)



### DxTernity® Type-1 Interferon (IFN-1)

4 mRNAs Associated with IFN-1 Activity  
Molecular MCD, DxTernity BCT or PAXgene RNA Blood RNA

## Billing Information

Provider Account

Insurance

Laboratory

Patient

I certify that the ordered test(s) is/are reasonable and medically necessary for the diagnosis, care and treatment of this patient's condition.

Ordering Physician Signature:

**Primary Insurance:** As a courtesy, we will bill your insurance. Please attach a copy (front and back) of insurance card(s) and complete all information below. NOTE: Parent or guardian information is required if patient is a minor. Parent or guardian is responsible for payment.

Name of Parent or Guardian: (If patient is under 18 years of age)

Name of Healthplan:

Policy Number:

Group Name:

Group Number:

Policy Holder Name:

Policy Holder ID Number (SSN):

Provider Services Phone Number:

Relationship to Patient:

**Medicare—Medical Notice:** When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

**Secondary Insurance:** Attach a copy (front and back) of the secondary insurance card. Provide the insurance name, policy number and group name, billing address and phone, policy holder name, ID #, date of birth, relationship to patient, and phone number.8

Pre-auth/Reference Number:

Barcode Label(s)

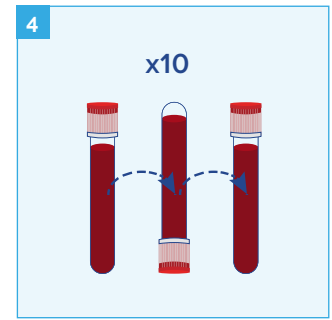
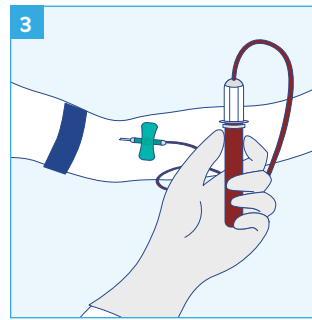
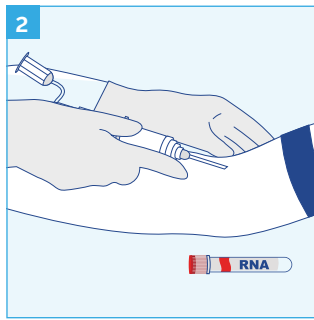
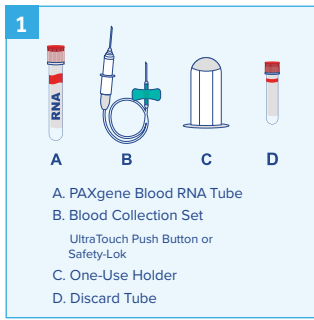
Fax completed  
form to:  
866-868-0543

Adhere barcode label here

8 50040 60400 9

# Specimen Collection and Handling Procedures

## Utilizing DxCollect® Blood Collection Tube (BCT) or PAXgene® Blood RNA Tube (IFN-1 Testing)



### Required Items

- 1a. Ensure that the DxCollect BCT or PAXgene Blood RNA Tube (A) is at room temperature (18°C-25°C) prior to use and is properly labeled with at least two separate patient identifiers.
- 1b. If the DxCollect BCT or PAXgene Blood RNA Tube is the only tube to be drawn, a small amount of blood should be drawn into a "Discard Tube" (D) prior to drawing blood into the PAXgene Blood RNA Tube. Otherwise, the PAXgene RNA Tube should be the last tube drawn in the phlebotomy procedure.

### Venipuncture

2. Using a blood collection set such as the BD Vacutainer Safety-Lok Blood Collection Set (B) and the One-Use Holder©, perform venipuncture using your institution's recommended procedure for standard venipuncture phlebotomy procedure.

### Blood Collection

- 3a. Hold the DxCollect BCT or the PAXgene Blood RNA Tube vertically below the blood donor's arm during blood collection.
- 3b. Allow at least 10 seconds for a complete blood draw to take place. Ensure that the blood has stopped flowing into the tube before removing the tube from the holder.

### Following Blood Collection

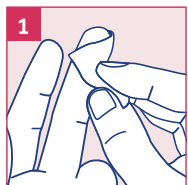
- 4a. Gently invert the DxCollect BCT or PAXgene Blood RNA Tube 8 to 10 times to ensure mixture with RNA stabilization reagent.
- 4b. Store the DxCollect BCT blood samples upright at room temperature after collection. DxCollect BCT may be stored for up to 21- days after collection at ambient temperature (15°C-30°C) or at 4°C for up to 30 days.
- 4c. Store the PAXgene Blood RNA Tube upright at room temperature (18°C-25°C) for a minimum of 2 hours and a maximum of 72 hours before processing or transferring to refrigerator (2-8°C) or freezer (-20°C).\*

### \*Note:

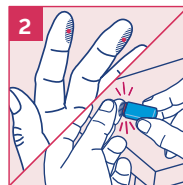
Please reference all PAXgene manufacturer-related instructions for RNA blood collection, storage and transportation. Questions? Please consult the manufacturer of the PAXgene tube utilized by your institution.

## Utilizing DxCollect® Fingerstick Blood Collection Kit (IFN-1 or Neutralizing Antibody)

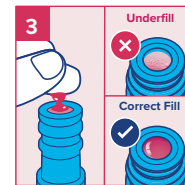
### Clinical Research use only



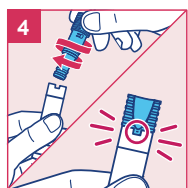
**A full blood fill is required to deliver valid results.** Wash hands with soap and warm water. Lower hand to waist level. Massage your hand pressing blood down into your finger. Move your hand to stimulate blood flow. Wipe fingertip with alcohol prep pad.



Remove cap from lancet. Support your hand or finger against a sturdy, clean surface to brace the finger to minimize movement. Press thumb against your finger to prepare for lancing. Press red end of lancet down on finger site with even pressure to activate. **Shaded areas in the image indicate suggested lancing site on the finger.** Wipe away first blood drop with gauze.



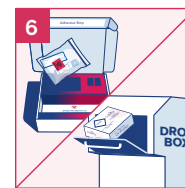
Massage your hand toward your fingertip so that large blood droplets form. Touch blood drops to the center sponge in Blue Collector tip as shown in image. Continue to collect 5-10 drops of blood, or until full. When full, the blood forms a gloss over the sponge. **DO NOT UNDERFILL.** Cover finger with bandage first before performing the assembly.



Hold White Tube VERTICAL with OPEN END UP and immediately insert the Blue Collector, with SPONGE-SIDE DOWN, into the White Tube. Slowly and evenly screw the Blue Collector into the White Tube until the tab on the Blue Collector clicks into place on the White Tube. Incomplete closure will result in leakage and loss of your blood sample. Do NOT unscrew.



Place assembled device (Blue Collector locked in White Tube) into the Specimen Bag and seal. Trigger unused lancet against the box before disposing. **Disregard any instruction printed on Specimen Bag about "Requisition".**



Place the Specimen Bag with collected sample into the designated area inside the Shipping Box. Remove the adhesive cover strip from the lid of the box and close and seal the prepaid Shipping Box. Deliver the return shipping box to the designated shipping company found on the return label - FedEx, USPS or UPS.

Please reference the complete user's instructions contained within the DxTery DxCollect MCD Fingerstick Collection Kit.

**Questions? Call:** 424 758 0100