

Submission Checklist

1. Completed Test Request Form (TRF) with referring physician signature

2. Payment Information

Insurance / 3rd Party Billing

- Clear copy of front and back of insurance card
- Clinic Notes

Institutional / Client Billing

- Include billing address

Cash / Out of Pocket

- signed check with contact details of payee
- or credit card info

3. Clearly labeled specimen 3 identifiers (should match the name on the TRF)

- a. patient's name
- b. date of birth,
- c. and unique identifier such as a study ID

4. Additional Items Needed

- a. Completed patient information form / demographics
- b. Clinic Notes