delvebio

Test Requisition Form

Broad Clinical Laboratories, LLC
27 Blue Sky Drive
Burlington, MA 01803
PH: 844-221-7423 | FAX: 833-556-5216

PRIOR TO SHIPPING SAMPLE
Fax this form to 1-833-556-5216

Affix barcodes and complete sections A-D.
Please print all responses in dark ink.

Affix
Sender's Specimen ID
Label Here

Affix
Delve Barcode
Label Here
(provided in kit box)

Note: asterisks (*) denote required fields.

A - PATIENT INFORMATION

1 *Last name:
2 *First name:
3 Middle name:
4 Suffix:
5 *MRN#:
6 *Address:
7 *Date of birth:
8 *Sex at birth: ☐ M ☐ F
9 Clinical diagnosis:
10 ICD-10:
11 Currently on antibiotics: ☐ Yes ☐ No
If yes, which:
12 Suspected organism(s):
13 Suspected diagnosis:
Check one: ☐ Viral ☐ Fungal ☐ Bacterial ☐ Parasitic ☐ Non-infectious
14 Check one: ☐ Inpatient ☐ Outpatient ☐ ICU patient
15 Floor/Department:

B - SPECIMEN INFORMATION

1 *Collection date:
2 *Location sample was collected in (city, state):
3 *Sample type: ☐ CSF
4 *Sender's Specimen ID:
5 *Delve Tube ID: DNT: _ _ _ _ _
Write in the 5 characters located on the tube beginning with "DNT"
6 Approximate volume of CSF added (mL):
7 Cell count (WBC, cells per mm^3):
%N , %L , %E , %M
CSF glucose: (mg/dL):
CSF protein: (mg/dL):
8 Hemolysis: ☐ Not Detected ☐ Moderate ☐ Gross

C - ORDER INFORMATION

1 *Order date:
2 *Ordering provider name:
3 Department/Specialty:
4 Email:
5 Test: ☐ Delve Detect CSF
6 NPI/License#:
7 Phone:

D - INSTITUTION INFORMATION

NOTE: INSTITUTIONAL BILLING ONLY. WE ARE UNABLE TO BILL PATIENTS, PATIENT INSURANCE OR THIRD PARTY PAYORS

1 *Institution name:
*Institution address:

2 Contact information

FOR QUESTIONS ABOUT SPECIMEN OR ORDER
*Name:
*Phone:
*Fax:
*Email:

FOR RESULTS REPORT DELIVERY ☐ Check if same as left
Name:
Fax:

3 Billing information
Name:
Email:
Address:

E - ORDERING PHYSICIAN ATTESTATION

By submitting this order requisition, I attest that the test(s) being ordered has been determined to be medically necessary for the patient for the diagnosis of infectious diseases, and certify that the test has been ordered by an authorized healthcare provider. The nature and purpose of the test(s) to be performed have been explained to the patient and informed consent has been obtained, to the extent required under applicable law, to permit Delve Bio, or any laboratory with which Delve Bio has contracted, to (a) perform the test(s) specified herein, (b) analyze and report on other genetic information generated during the testing process or conduct additional analyses of the patient's sample for future diagnostic or monitoring use, (c) retain the test results and tissues, cells, and genetic material, including DNA and RNA information generated during the testing process, for an indefinite period for internal quality assurance/operations purposes and/or product development and improvement, (d) remove information that directly identifies the patient from the test results, tissues, cells, and genetic material, including DNA and RNA information generated during the testing process, and use or disclose such information and materials for future unspecified research or other purposes, (e) release the test results and related patient information to the patient's authorized healthcare provider, (f) may release results directly to the patient, if requested by the patient, in accordance with applicable state law and/or regulations under the laws of my state and/or regulations, and (g) Delve Bio may be required to report data and results with local public health authorities, as determined by local state and federal laws.

F - SHIPPING INFORMATION

INSTRUCTIONS
1. **Fax completed requisition form to Delve (1-833-556-5216).**
2. Use the Delve kit box to ship the sample.
3. Place the completed requisition form along with the Delve tube (in safety bag) into the kit box. Seal the box by removing the adhesive cover strip, and pressing the box edge firmly to completely seal the box.

LAB OPERATIONS
Overnight delivery is provided Monday through Saturday. The Delve Tube contains a stabilization buffer; samples added to the Delve Tube are stable at room temperature for extended periods.

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