



TETHYS Clinical Laboratory Test Requisition

SHIP TO:

TETHYS Clinical Laboratory
 5858 Horton Street Suite 550
 Emeryville, CA 94608
 (888) 483-8497 phone (510) 450-0675 fax
 CLIA # 05D1078488
 Laboratory Directors: Patrick Joseph, MD.
 Lynette Sawyer, DPH

COMPLETE THIS TEST REQUISITION AND INCLUDE WITH SHIPMENT

PreDx™ Diabetes Risk Test

<p>Patient/Sample requirements:</p> <ul style="list-style-type: none"> Patient must be 30 to 60 years old Patient must be fasting a minimum of 12 hours Collect 1 serum and 1 whole blood sample as follows: <ul style="list-style-type: none"> Draw an 8–10 mL serum or serum separator tube (SST). Separate serum from clot within 1 hr of draw. Submit ≥ 3.0 mL fasting serum. Note: Absolute minimum volume: 0.5mL serum with no sample available for repeat testing if needed. Draw a 4-6 mL EDTA tube. Store and ship samples in unbreakable tubes at 4-8°C. 	<p>Shipping Instructions:</p> <ul style="list-style-type: none"> Use SHIP TO address at top of this form, samples are received Monday through Friday 8 am to 5 pm Pacific Time Complete this test requisition and include with shipment Ship samples at 2–8°C on ice packs within 24 hours of collection
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Date (mm/dd/yyyy)			
Patient Name (Last, First)			
Unique Patient ID (Optional)			
Date of Birth (mm/dd/yyyy)		Sex (M, F)	
Sample Collection Date (mm/dd/yyyy)	Hours patient has been fasting: (minimum 12 hour fast required)	hours	
Insurance Provider ID and Billing Address			
Diagnosis code (ICD-9 Code)			
Submitting Organization Address, contact name, phone, fax			
Ordering Physician's Name (Signature Required)	Physician signature: _____ Physician Phone: _____ Physician Fax: _____		

For Internal Use Only

Received By:	Date Received:
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Samples were received in the following condition:

Comments:

TETHYS Clinical Laboratory reserves the right to dispose of samples unless prior arrangements have been agreed to.
 The PreDx Diabetes Risk Test is performed exclusively by the Tethys Bioscience Clinical Laboratory, Emeryville, CA.