



1. TEST(S) REQUESTED: COLVERA and CEA COLVERA CEA

2. Date of Collection / / Date of Resection / / Stage at Diagnosis

3. PATIENT INFORMATION
LAST NAME, FIRST NAME
DOB / / FEMALE MALE
EMAIL
PATIENT ID PHONE
ADDRESS
CITY STATE ZIP

4. ORDERING PHYSICIAN INFORMATION
LAST NAME, FIRST NAME NPI#
PHONE FAX
FACILITY
ADDRESS
CITY STATE ZIP
EMAIL CONTACT NAME

5. BILLING AND INSURANCE INFORMATION
BILL THE FOLLOWING: Insurance Medicaid Patient - Self Pay Medicare
MEDICARE ABN ATTACHED: Yes No Date ABN was signed by patient: / /

6. ICD-10 CODES

7. Please complete the following information or attach a copy of the patient's insurance cards

PRIMARY
POLICY HOLDER NAME
DOB / / FEMALE MALE
RELATION TO PATIENT: Self Spouse Guarantor Other
INSURANCE CARRIER NAME
POLICY NUMBER GROUP NUMBER
CLAIMS ADDRESS
CITY STATE ZIP
PHONE

SECONDARY
POLICY HOLDER NAME
DOB / / FEMALE MALE
RELATION TO PATIENT: Self Spouse Guarantor Other
INSURANCE CARRIER NAME
POLICY NUMBER GROUP NUMBER
CLAIMS ADDRESS
CITY STATE ZIP
PHONE

8. PATIENT SPECIMEN REQUIREMENTS

TEST REQUESTED	COLLECTION TYPES	PROCESSING	MAXIMUM STABILITY & SHIPPING†	TURNAROUND TIME††
COLVERA	2 x 10 mL PAXgene tubes (FILL TO CAP)	No additional processing required	7 days ambient. DO NOT freeze or refrigerate. Ship ambient.	7 – 12 days
	2 x 10 mL K2EDTA tubes	Spin and transfer plasma into 2 Nalgene tubes. Freeze immediately.	7 days frozen Ship on dry ice	
CEA*	1 x 4 mL K2EDTA tubes	Spin and transfer plasma	7 days ambient. DO NOT freeze or refrigerate.	7 – 12 days
	1 x 4 mL SST tube	Spin		
	1 x 4 mL Serum tube	Spin and transfer serum		

† All samples must be received within 7 days of blood collection. †† From receipt of patient specimen. *Can also be tested from frozen COLVERA plasma in EDTA tube, additional tubes not required.

9. PATIENT LAST NAME, FIRST NAME
PATIENT DATE OF BIRTH
DATE OF BLOOD COLLECTION

PATIENT LAST NAME, FIRST NAME
PATIENT DATE OF BIRTH
DATE OF BLOOD COLLECTION

PATIENT LAST NAME, FIRST NAME
PATIENT DATE OF BIRTH
DATE OF BLOOD COLLECTION