



PDF Test Requisition Form (TRF) Instructions

HOW TO USE THE CORUS[®] CAD PDF TRF

1. Download and Save the PDF TRF from the Web:

- Download the PDF TRF from our website:
 - www.cardiodx.com/trf
 - portal.cardiodx.com
- Save by right-clicking the 'Download the Corus CAD PDF TRF' link and select 'Save Link As' or 'Download Linked File As'.

2. Open and Fill-out the PDF TRF:

- Open the PDF TRF using Adobe[®] Reader.
Note: A free version of Adobe Reader may be downloaded at <http://get.adobe.com/reader/>.
- Fill-out the PDF TRF fields electronically (see below for further details on the information required on the TRF).
 - **All fields in RED must be completed prior to printing the document.**
 - Click on the boxes to select appropriate ICD-9 codes.
Note: The ICD-9 code boxes will be cleared when the PDF TRF file is saved after downloading.

3. Print and Complete the PDF TRF:

- Upon completion of the required fields (in RED), and any other fields as appropriate, the PDF TRF can be printed.
Note: A warning dialog box will appear if printing is attempted prior to completion of required fields (in RED).
- Print two copies of the PDF TRF – one copy for inclusion with the Corus CAD test sample and one copy for the patient record.
- Complete any remaining fields in Sections 1-5 on the printed TRF prior to submission of the test sample (see below for further details on the information required on the TRF).
Note: The "Date Sample Taken" field must be filled out by the phlebotomist at the time of the sample draw and the clinician must sign the printed TRF.
- **Confirm all required fields in Sections 1-5 of the TRF are complete before sending the TRF to CardioDx[®].**
- **Confirm that the Clinician signature is present before sending the TRF to CardioDx.**
- Attach a barcode label from the Corus CAD Sample Collection Label sheet to the completed TRF.
- Place the completed TRF inside the Corus CAD Sample Collection Kit, along with the patient sample.

HOW TO COMPLETE SECTIONS 1-6 OF THE CORUS® CAD PDF TRF

1. Account Information

Enter clinic contact information. A portion of the fields may be pre-filled and saved as a practice specific template. If so, verify that they are correct.

2. Patient Information

Enter the patient name, date of birth and sex at birth. This information is required to perform the Corus CAD test. A separate page containing all of the required patient demographics may be provided in lieu of completing this section of the form, but the patient's name **MUST** be on the Test Requisition Form. Patient address is necessary for billing reasons. The test should be used in adult patients only. Entering your clinic's Medical Record/ Patient Number for the patient is optional and for your records only.

3. Billing Information

Diagnosis: The ICD-9 diagnosis codes must be defined to the highest level of specificity available and should reflect codes documented in the patient's medical record. The ICD-9 codes shown are listed as a convenience for the ordering clinician. Clinicians are not required to use these ICD-9 codes.

Method of Payment: Check the box indicating the party responsible for payment of the test. If applicable, please provide a clear copy of the front and back of the patient's primary and any secondary insurance/Medicare/Medicaid/other payer card. CardioDx® will submit claims to all private and government insurance for insured patients.

For Patients Outside of Payer Coverage: CardioDx will contact your office to coordinate obtaining a signed ABN (for Medicare patients) or written authorization (for patients with other insurance).

4. Blood Draw Information — to be completed by phlebotomist

Indicate the date that the blood draw occurred. Also, write in the phlebotomist's name, phlebotomy lab name and phlebotomy lab phone number. The person conducting the blood draw must complete this section.

5. Clinician — to be completed by authorized clinician only

Enter clinician name. An authorized clinician **MUST** sign his or her name on the Test Requisition Form and indicate the date the test is ordered.

6. Comments

Provide any comments for the CardioDx Commercial Laboratory staff in this section.

HOW TO ORDER CORUS CAD SAMPLE COLLECTION LABELS (BARCODES)

To order the Corus CAD Sample Collection Labels (barcodes) contact CardioDx Customer Service at 1.866.941.4996, option 2. Unless rush service is specified, orders take 1–2 weeks to arrive.

HOW TO CREATE A PRACTICE SPECIFIC PDF TRF TEMPLATE

- The Account Information (in section 1), the Phlebotomist Name/Contact Information (in section 4) and the Clinician Name fields (in section 5) can be completed once and saved for continued use as a practice specific template.
- The Clinician Name field can accommodate multiple names for all clinicians in a practice (i.e. all have the same Account Information) for ease of use as a practice specific template.
 - Fill in all clinician names in the Clinician Name field once, re-name and save the PDF TRF file.
 - Mark the box next to the appropriate ordering Clinician's name for each test order created using the practice specific template.