EoGenius™ Eosinophilic Esophagitis Test Requisition

Miraca Life Sciences

A — Patient Information

Last Name	First Name	MI
Patient Medical Record #	Patient DOB	Patient Gender ☐ M ☐ F
Address		Apt. #
City	State	Zip	Country
Patient Phone (Primary)	Patient SSN	

B — Ordering Physician Information

Office/Practice/Institution Name	Client ID
Ordering Physician	NPI #
Office Contact	Address
City	State	Zip	Country
Phone (Primary)	Fax

C — Billing Information – Primary Insurance

☐ Medicare ☐ Insurance ☐ Patient ☐ Client Bill

Insurance Name	Group #	Phone #

Relationship to Subscriber
☐ Self ☐ Spouse ☐ Dependent ☐ Referral # ____________________

Policy Holder Name	DOB

D — Billing Information – Secondary Insurance

☐ Medicare ☐ Insurance ☐ Patient ☐ Client Bill

Insurance Name	Group #	Phone #

Relationship to Subscriber
☐ Self ☐ Spouse ☐ Dependent ☐ Referral # ____________________

Policy Holder Name	DOB

Clinical Information and Required Documentation

E — Clinical Indication

☐ R/O EoE ☐ F/U EoE ☐ GERD ☐ Other ______________________________

F — Current or Recent Therapy

☐ PPI ☐ Steroids ☐ Elimination Diet ☐ No Treatment

G — Required Documentation (provide each with requisition)

1. **Test requisition**
2. **Pathology report**
3. **A copy of patient insurance card(s) (front & back) or face sheet**
4. **Any additional (Medical Records) for medical necessity**

H — Specimen Information

Tissue type ____________________ Location _________________________

Block ID(s) ____

☐ Formalin-fixed paraffin-embedded (FFPE) block(s) # of Blocks _________

Or

☐ Minimum of eight(8) 10μM FFPE sections/curls: # of Curls __________
Must be sent within 24 hours of cut from block

Date tissue curls were cut from block _________________________________

I — Comments, Remarks and Special Requests

J — Physician Certification & Signature

Statement of medical necessity: I believe that this test is medically necessary in order to provide the patient with the most effective treatment, follow-up, and therapy.

Ordering Physician Signature ____ Date (MM/DD/YYYY) ____________________

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