



TEST REQUISITION

TEST ID: _____

Measures thymidine kinase activity (TKa) in circulation.

To Be Completed by Healthcare Provider

PROVIDER/ACCOUNT INFORMATION

ACCOUNT NAME: _____ ORDER DATE: MM / DD / YYYY _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____

PROVIDER/ NPI #: _____

EMAIL: _____

By submitting this test order, I further attest that I have obtained from the aforementioned patient all consents and authorizations required by, and in compliance with, applicable state and federal laws for the performance and billing of the testing being ordered.

SAMPLE COLLECTION INFORMATION

DATE COLLECTED (required): MM / DD / YYYY _____ TIME COLLECTED: HH : MM _____ AM PM

MEDICAL RECORD/PATIENT ID (MRN)#: _____

SENDER SAMPLE ID #: _____

MEDICARE ONLY – HOSPITAL STATUS WHEN SAMPLE COLLECTED:

Hospital inpatient Hospital outpatient Non-hospital patient

LABORATORY/OTHER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____

CONTACT: _____

RESULTS: Mail Fax No results to lab

MEDICAL NECESSITY

TEST ORDERED IS MEDICALLY NECESSARY (CHECK ALL THAT APPLY):

To assess prognosis To determine the need for imaging

To monitor response to therapy

Other: _____

ICD CODE(S) (REQUIRED):

Primary Code			
1	2	3	4
5	6	7	8

CURRENT TREATMENT INFORMATION:

Cancer treatment drugs _____

DAY OF TREATMENT CYCLE WHEN ORDERED:

(Example: Cycle 2 Day 3 = C02D03)

CLINICAL DATA

Breast cancer receptor status: _____

PLEASE ATTACH BOTH THE PATHOLOGY REPORT AND LAST MEDICAL RECORD NOTE.

PATIENT INFORMATION (REQUIRED)

LAST NAME: _____

FIRST NAME: _____ MI: _____

ADDRESS: _____ APT#: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ CELL PHONE #: _____

EMAIL: _____

DOB: _____ BIRTH SEX: M F

BILLING INFORMATION (REQUIRED)

Complete all sections or attach Face Sheet and copies of both front and back of insurance card.

BILL: Insurance Patient Laboratory/Hospital

MEDICARE-MEDICAL NECESSITY NOTICE: When ordering test for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are reasonable and medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

PRIMARY INSURANCE: As a courtesy, we will bill the patient's insurance. Please attach a copy (front and back) of insurance card(s) and complete all information below. **NOTE: Parent or guardian information is required if patient is a minor. Parent or guardian is responsible for payment.**

NAME OF PARENT OR GUARDIAN (IF PATIENT IS UNDER 18 YEARS OF AGE): _____

INSURANCE CARRIER: _____ POLICY #: _____

GROUP NAME: _____ GROUP #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____

POLICYHOLDER NAME: _____

POLICYHOLDER ID #: _____

POLICYHOLDER DOB: MM / DD / YYYY _____ RELATIONSHIP TO PATIENT: _____

SECONDARY INSURANCE: Attach a copy (front and back) of the secondary insurance card. Provide the Insurance name, policy number and group name, billing address and phone, policyholder name, ID #, date of birth, relationship to patient and phone number.

PREAUTH /REFERENCE #:

PHYSICIAN ATTESTATION

I certify that the ordered test(s) is/are reasonable and medically necessary for the diagnosis, care, and treatment of this patient's condition.

REQUIRED ORDERING PROVIDER'S SIGNATURE: _____

PRINT NAME: _____ DATE: MM / DD / YYYY _____

SPECIMEN COLLECTION REQUIREMENTS ON BACK.



Biovica, Inc.
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 1016 September 2023

COLLECTING, PREPARING, STORING, AND SHIPPING SAMPLES FOR DiviTum® THYMIDINE KINASE ACTIVITY (TKa) ANALYSIS

SPECIMEN COLLECTION AND HANDLING PROCEDURES

Test Ordered (Turnaround Time From Date of Receipt) ^a	Transportation Kit Requirements	Type of Specimen Required	Tube for Blood Collection	Recommended Serum Volume	Storage Conditions	Stability of Specimen
BIOVICA® DiviTum® TKa (3 - 5 days)^a	Refrigeration required. Ship on dry ice or frozen cold packs. IMPORTANT: cold packs must be placed in freezer at or below -18°C for at least 24 hours prior to shipment.	Serum	Red-Top Tube	1 mL serum	Refrigeration at 4°C-8°C is recommended for short- term storage of 3 days. If longer storage is needed, freeze at below -18°C (-80°C recommended).	Serum is stable for 24 hours at room temperature (15°C-30°C) or 3 days refrigerated (4°C-8°C).

^a Business days.

Collecting and Storing Serum Samples

1. Draw at least 5 mL venous blood in a vacuum blood collection tube with red-top (no additives/no preservatives).
2. The blood should be incubated at room temperature for at least 30 minutes and no more than 1 hour to allow the clotting process to complete.
3. Centrifugation of the sample should then be done at 2000 g for 10 minutes.
4. The serum sample should be transferred with a pipette to a plastic tube without any additive or preservative.
Recommended sample volume for analysis is between 0.5 and 1.0 mL.
5. Serum samples must be refrigerated or frozen if not shipped immediately.
6. Samples can be refrigerated between 4°C and 8°C for up to 3 days.
Long-term storage of samples requires temperatures below -18°C (freezer).

Note: Samples shipped in red top or tiger top tube (SST) **will not** be accepted for testing.

SPECIMEN LABELING INSTRUCTIONS

Specimens must be labeled with 2 identifiers. Examples of acceptable identifiers include, but are not limited to, **full patient name; date of birth; medical record number (MRN); and requisition, accession, or unique random number.** **Unlabeled or incompletely labeled specimens will not be accepted for testing.**

SHIPPING INSTRUCTIONS

Recommendations for shipping serum samples for DiviTum® TKa analysis

1. Recommended serum sample volume for analysis is a minimum of 0.5 mL; 1.0 mL is preferred.
2. Serum expands when frozen, tubes should not be fully filled to avoid spillage.
3. Samples should be shipped on dry ice or frozen cold packs.
4. Multiple specimens properly labeled, may be shipped in a single shipment.

Shipping Address:

Biovica Inc.
Attn.: Laboratory
6195 Cornerstone Court East, Suite 101
San Diego, CA 92121
Email: sandiego.lab@biovica.com
Phone: (858)230-6164 / (858)230-6044
Fax: (858)231-6174

For more information, call Client Services at 888-DiviTum (348-4886), or go to biovica.com

DiviTum® TKa is an FDA cleared IVD test developed and validated under federal CLIA laboratory guidelines by Biovica.

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