

<input type="checkbox"/>	Req.	
<input type="checkbox"/>	Sam.	_____
<input type="checkbox"/>	Pay.	_____

NPDX ASD TEST REQUISITION FORM

PHYSICIAN	Healthcare Organization		Phone	Secured Fax (for Return of Test Results)	
	Address 1		Address 2 (optional)		
	City		State	Zip	
	Requesting Physician			NPI #	
	Physician Signature			Date / /	
LAB	Laboratory (if Different from Above)			Phone	
	Address 1		Address 2 (optional)		
	City		State	Zip	
PATIENT	Last Name		First Name		Middle Initial
	Patient ID/MRN		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /	
	Parent/Guardian Last Name		Parent/Guardian First Name		
	Parent/Guardian Phone Number		Parent/Guardian Email (optional)		
TEST	Test Name <input type="checkbox"/> NPDX Amine Test <input type="checkbox"/> NPDX Energy Test <i>For NPDX Autism Testing, both tests are required.</i>		ICD-10 Code(s)		
SPECIMEN	Specimen Type <i>Blood Plasma</i>		<i>Note: The patient must fast for 12 hours prior to blood draw.</i>		
	Date of Last Food Intake / / 20__	Time of Last Food Intake : AM / PM (circle one)			
	Specimen Collection Date / / 20__	Specimen Collection Time : AM / PM (circle one)			
INSURANCE	Insurance Company Name		Phone	Fax	
	Address 1		Address 2 (optional)		
	City		State	Zip	
	Medicare HIC # (if applicable)		Medicaid # (if applicable)		
	Subscriber Name		Patient Relationship		
	Subscriber #		Group #		
Patient Acknowledgement & Authorization: <input type="checkbox"/> I acknowledge that I have provided accurate insurance information for direct insurance/3rd party billing. I hereby authorize my insurance benefits to be paid directly to Stemina Biomarker Discovery. I understand that I am responsible for any amounts not paid by my insurer.					
Signature _____ Date / /					
PAYMENT	Self-Payment Method <input type="checkbox"/> Credit Card <input type="checkbox"/> FSA/HSA <input type="checkbox"/> Check* <input type="checkbox"/> PayPal <i>*Make checks payable to: NeuroPointDX</i>		Credit Card Type <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover		
	Payment Amount		Name on Credit Card		
	Credit Card Number		Credit Card Expiration /	Security Code	
	Signature for Credit Card Payment				