Acutis Reveal™ test requisition

Acutis
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CLIA ID 33D2087537 PFI 8944

Specimen identifier stickers

R 2173500
Date of birth ... / ... / ...
Patient name ...

R 2173500
Date of birth ... / ... / ...
Patient name ...

R 2173500

A Enter key information

Patient information

* Required fields

Account number

Last name* ... First name* ... MI ...

Date of birth* ... / ... / ... Gender ☐ M ☐ F ☐ Unknown ☐ Other

Race* ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African-American ☐ Hispanic, non-white

☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Unknown ☐ Other ...

Address* ... City* ... State* ... Zip* ...

Phone number* ... Email ...

Billing information

Diagnosis code(s)* ...

☐ Medicare ☐ Medicaid ☐ 3rd party insurance ☐ Self-pay ☐ Client bill ☐ Copy of insurance card(s) attached

Primary insurance carrier ...

Policy I.D.# ... Group ...

B Order targets based on medical necessity

Please see reverse for important information regarding performance characteristics.

Acutis reveal™ respiratory infection test (RIT)

Nasopharyngeal swab

Date collected* ... / ... / ... Time* ... : ... ☐ AM ☐ PM

Choosing more than 5 viral pathogens may not be considered medically necessary by some health plans.

☐ Common viral infections
(Checking box will indicate all common viral pathogens listed below.)

- ☐ Influenza A
- ☐ Influenza B
- ☐ Respiratory syncytial virus A
- ☐ Respiratory syncytial virus B

☐ Bacterial infections
(Checking box will indicate all bacterial pathogens listed below.)

- ☐ *Chlamydophila pneumoniae*
- ☐ *Mycoplasma pneumoniae*

Other viral infections

- ☐ Adenovirus
- ☐ Influenza A H1
- ☐ Influenza A H3
- ☐ Parainfluenza virus 1
- ☐ Parainfluenza virus 2
- ☐ Parainfluenza virus 3
- ☐ Parainfluenza virus 4
- ☐ Coronavirus HKU1
- ☐ Coronavirus NL63
- ☐ Coronavirus 229E
- ☐ Coronavirus OC43
- ☐ Human bocavirus
- ☐ Human metapneumovirus
- ☐ Rhinovirus / Enterovirus

Acutis reveal™ COVID-19

Select one: ☐ Nasopharyngeal swab ☐ Dual-nasal swab

Date collected* ... / ... / ... Time* ... : ... ☐ AM ☐ PM

☐ SARS-CoV-2 (COVID-19)

Acutis reveal™ antibody test

Whole blood

Date collected* ... / ... / ... Time* ... : ... ☐ AM ☐ PM

☐ SARS-CoV-2 (COVID-19) antibodies

C Patient authorization

The specimen I have provided was done so voluntarily and I authorize Acutis Diagnostics to process, bill and provide results. I acknowledge and agree to the terms of the Patient Authorization and Assignment of Benefits on the back of this form.

Patient signature* ... Date ... / ... / ...

D Provider authorization

I certify that I have ordered all testing listed above for the medically necessary monitoring, care and treatment of above listed patient. I acknowledge that documentation to support medical necessity for all test(s) ordered is recorded in the patient's chart. I further acknowledge and agree to the Provider Authorization and Certification of Medical necessity on the back of this form.

Authorized healthcare provider signature* ... Date ... / ... / ...

For laboratory use only

Acūtis

Patient authorization and irrevocable assignment of benefits

I certify that the sample was provided without tampering. I authorize Acutis Diagnostics to release the results to the ordering provider. The laboratory is authorized to bill my insurance provider(s), or any payer, whether fully or partially insured and I will irrevocably assign any payment of benefits, claims, appeal rights and interest related to the services performed by the laboratory with any payer.

I understand that in some cases, Acutis may be out-of-network or that my insurer will send payment directly to me. In the event payment is made to me, I agree to endorse the insurance check and forward it to Acutis within 30 days. My failure to forward the insurance check may result in my account being forwarded to collections or to a credit bureau. If related to no fault, I authorize assignment of benefits towards payment of services provided by Acutis. I understand that I may be responsible for charges after processing by insurance including deductible and copay/coinsurance. In the event I do not have insurance coverage, I may be fully responsible for all charges.

Provider authorization and certification of medical necessity

I acknowledge all tests are reasonable, appropriate, and medically necessary for the monitoring, care, and treatment of the patient, as documented by the patient's records. Acutis Diagnostics emphasizes the importance of testing based on medical necessity. I agree to provide documentation upon request, from the patient's medical chart, supporting medical necessity of tests ordered within 15 days of the request.

I acknowledge a listing of all applicable CPT/HCPCS codes will be made available to me upon request from the laboratory. I further acknowledge the laboratory's Annual Provider Notice is available on their website.

For Reveal™ respiratory infection test (RIT)

Please note that the performance of this test has not been established for patients without signs and symptoms of respiratory infection. Results from this test must be correlated with the clinical history, epidemiological data, and other data available to the practitioner who is evaluating and/or treating the patient. Viral and bacterial nucleic acids may persist in vivo independent of organism viability.

For Reveal™ COVID-19 PCR & Antibody tests

This test is being offered under an FDA Emergency Use Authorization (EUA) and is only authorized for the duration of time that circumstances exist justifying the authorization of the emergency use of in vitro diagnostic tests for detection of SARS-CoV-2 virus and/or diagnosis of COVID-19 infection under section 564(b) (1) of the Act, 21 U.S.C. 360bbb-3(b) (1), unless the authorization is terminated or revoked.

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