

EpiSwitch® PSE Test Requisition Form

To order the test, fax the completed requisition form to 1.240.913.5681, or upload at www.obdx.co/upload.
For any questions, please call 1.888.236.8896 or email PSE.test@myOBDX.com

TESTING MAY BE DELAYED IF REQUIRED FIELDS ARE NOT PROVIDED

For Lab Use	For Lab Use
Order #	Kit Barcode ID #

Patient Information

First Name	MI	Last Name	Medical Record # (optional)	Month	Day	Year	DOB	Gender: (optional)	F	M
Address			City	State	Postal Code	Country	Primary Phone			

Patient Diagnosis & History

Primary ICD-10	Diagnosis		
The PSA value is a required part of the PSE analysis. The PSA must be measured within the six (6) months before the PSE order is submitted .	Additional Case information (optional)		
Input: Previous PSA test result (ng/mL)			
Month	Day	Year	Date of PSA test

Treating Provider Information

Please provide best contact information for case follow-up

Facility/Practice Name	Treating Provider (full legal name)			NPI Number
Facility/Practice Address	City	State	Postal Code	Country
Clinical Contact Name	Clinical Contact Email	Phone	Fax	
Additional Provider to be Copied (optional)	Facility/Practice Name (optional)	Email (optional)	Fax (optional)	

Test Menu and Specimen Collection

Test	Description	Accepted Specimen Type	Minimum Volume Required
EpiSwitch Prostate Cancer Detection (PSE) Test	Blood test that identifies an individual's likelihood of having prostate cancer.	Whole blood, EDTA Tube	3 mL

Month	Day	Year	For Medicare/Medicaid patients:	Month	Day	Year	Specimen collected during a
Specimen Collection Date			Specimen collected during a hospital inpatient period? Yes No	Hospital discharge Date			hospital outpatient encounter? Yes No

Intended Use and Technical Information

Intended Use: EpiSwitch Prostate Cancer Detection (PSE) Test is a blood-based test for prostate cancer that evaluates the PSA score plus a targeted PCR evaluation of five (5) DNA regulatory markers called chromatin-conformation signatures (CCS). The PSE test accurately predicts the presence or absence of prostate cancer; the significance, stage, and/or grade of the cancer will be determined from the biopsy. This information is valuable in determining who should proceed to biopsy and who can be placed on active surveillance without additional testing.

EpiSwitch Prostate Cancer Detection (PSE) Test is a laboratory developed test (LDT). It has not been reviewed or cleared by the US Food and Drug Administration. The laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high-complexity clinical testing. Decisions regarding patient care and treatment should not be solely based on a single test such as this test, rather, on the independent medical judgment of the treating provider taking into consideration all available information concerning the patient's conditions, including other clinical tests, in accordance with the standard of care in each healthcare setting.

Billing Information

Contact Name	Email	Phone		
Address	City	State	Postal Code	Country
Insurance	Self-pay	(For self-pay patients, attach Patient Agreement of Financial Responsibility and Credit Card Authorization form.)		
Insurance Carrier		Patient relation to policy holder: Self Spouse Child Other		
Attach copies of insurance card(s), front and back.				

Test Authorization and Provider Signature

The undersigned certifies that he/she is licensed to order the test(s) listed above and that such test(s) are medically necessary for the care/treatment of this patient.

Treating Provider Signature	Printed Name (full legal name)	Month	Day	Year
		Date		

FINANCIAL POLICIES SUMMARY

Thank you for choosing Oxford BioDynamics Inc. (OBD)

Prior to receiving services, please read our patient financial policies below. If you have any questions, you may contact our Customer Service team at 1-888-236-8896

You will provide OBD with current and accurate insurance, health care benefits program and/or other payer information, and to immediately notify us if your coverage changes.

- You acknowledge that OBD will bill your insurance plan or program for services provided by OBD. You agree you are assigning your right to receive payment or benefits from such insurer or program to OBD. You are authorizing payment to be made directly to OBD.
- You may be responsible for payment to OBD of any co-pays, deductibles and co-insurance applicable under your insurance policy, plan or program.
- Depending on your insurer, plan or program, some services may not be covered. If your insurance does not authorize or cover a service or treatment and you nevertheless decide to receive such service, you agree that you are responsible for payment. This applies to all payers in accordance with all applicable law and regulation and payer requirements (including any “advance beneficiary notice” (ABN) which may be applicable).
- To facilitate payment of claims, to perform internal operations and to coordinate your care with other health care providers, OBD will use your personal health information internally and will share such information with your insurance provider and certain business associates of OBD in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable federal and state law and regulation.
- The patient’s potential out of pocket expense for OBD services is dependent on their insurance plan’s coverage and cost sharing policies. Financial relief may be available, the patient may contact OBD with questions about financial assistance options if the patient receives a bill from OBD.
- These policies will apply to you and may change from time to time without notice.

How to **BOOST** the accuracy of your blood test for prostate cancer to **94%**?



Meet with your physician and order the PSE test

The EpiSwitch® Prostate Cancer Detection (PSE) Test can only be ordered by a physician using the PSE Requisition Form

- Download the [Requisition Form](https://mypse.co/94-percent) at <https://mypse.co/94-percent>



Complete the Requisition Form

Work with your physician to complete the [Requisition Form](#)

- Your physician will **fax** the completed form to **240-913-5681**



Provide a small blood sample

- PSE Customer Service will send you or your physician a Specimen Submission Kit to ship your blood sample
- Coordinate with your provider to schedule a blood draw



Receive your PSE test result

In approximately 5 days of receiving the sample, your prostate cancer result will be sent to your physician

- With 94% accuracy, you and your physician can move forward with confidence

Questions? Email PSE Customer Service at PSE.test@myOBDX.com

