EpiSwitch® CiRT Response Test Requisition Form

To order the test, fax the completed requisition form to 1.240.913.5681. For any questions, please call 1.888.236.8896 or email CiRT.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) | DOB (Month Day Year) | Gender: (optional) F M

Address | City | State | Postal Code | Country | Primary Phone

Patient Diagnosis & History

Primary ICD-10 (C&D codes only) | Diagnosis

Additional Case information (optional)

Treating Physician Information

Please provide best contact information for case follow-up

Facility or Practice Name | Treating Physician (full legal name) | NPI Number

Facility/Practice Address | City | State | Postal Code | Country

Oxford BioDynamics Account # (optional) | Email (optional) | Phone | Fax

Additional Physician to be Copied (optional) | Facility Name (optional) | Email (optional) | Fax (optional)

Test Menu and Specimen Collection

Test	*Description*	*Accepted Specimen Type*	*Minimum Volume Required*
◯ EpiSwitch CiRT Response Test	Predictive test that identifies a cancer patient's likely response to an Immune Checkpoint Inhibitor (Blockade) Therapy.	Whole blood, EDTA Tube	3 mL

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

Intended Use and Technical Information

Intended Use: Checkpoint inhibitor Response Test (CiRT) is a blood test that evaluates DNA conformational structures in the immune cells to assess the likelihood of response to immune checkpoint inhibitor (ICI) therapy targeting PD-L1 (Atezolizumab, Avelumab, Duralumab) and PD-1 (Pembrolizumab). The results are not specific to ICI agent or to type of tumor. The test is intended to provide supplemental information to cancer treatment professionals on the overall clinical picture. It should not be used as the sole data point in treatment decisions.

EpiSwitch CiRT Response 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 physician 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 *Attach copies of insurance card(s), front and back.* | Patient relation to policy holder: Self ◯ Spouse ◯ Child ◯ Other ◯

Test Authorization and Physician 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 Physician Signature | Printed Name *(full legal name)* | Date (Month Day Year)