COLVERA® Specimen
Collection Code #94257
Quest National Account #97514547
To find a Quest Diagnostics Patient Service Center near you, go to QuestDiagnostics.com/PSC.

TEST REQUISITION

COLVERA™

Clinical Genomics Pathology Inc.
1031 US Highway 202/206, Suite 100
Bridgewater, NJ 08807 USA
Customer Service 855-870-0096
Fax 908-325-0384
Billing Services 855-400-6919
www.colveratest.com
CLIA# 31D2122075

1. TEST(S) REQUESTED: ☐ COLVERA and CEA ☐ COLVERA ☐ CEA

2. Date of Collection ___ ___ /___ ___ /___ ___ ___ ___ (M M / D D / Y Y Y Y) Date of Resection ___ ___ /___ ___ /___ ___ ___ ___ (M M / D D / Y Y Y Y) Stage at Diagnosis _____

3. PATIENT INFORMATION

LAST NAME, FIRST NAME

DOB ___ ___ /___ ___ /___ ___ ___ ___ (M M / D D / Y Y Y Y) ☐ FEMALE ☐ MALE

EMAIL

PATIENT ID | PHONE

ADDRESS

CITY | STATE | ZIP

4. ORDERING PHYSICIAN INFORMATION

LAST NAME, FIRST NAME | NPI#

PHONE | FAX

FACILITY

ADDRESS

CITY | STATE | ZIP

EMAIL | CONTACT NAME

5. BILLING AND INSURANCE INFORMATION

BILL THE FOLLOWING: ☐ Insurance ☐ Medicaid ☐ Patient - Self Pay ☐ Medicare

MEDICARE ABN ATTACHED: ☐ Yes ☐ No Date ABN was signed by patient: ___ ___ /___ ___ /___ ___ ___ ___ (M M / D D / Y Y Y Y)

6. ICD-10 CODES

_____ _____ _____

_____ _____ _____

7. Please complete the following information or attach a copy of the patient's insurance cards

PRIMARY

POLICY HOLDER NAME

DOB ___ ___ /___ ___ /___ ___ ___ ___ (M M / D D / Y Y Y Y) ☐ FEMALE ☐ MALE

RELATION TO PATIENT: ☐ Self ☐ Spouse ☐ Guarantor ☐ Other

INSURANCE CARRIER NAME

POLICY NUMBER | GROUP NUMBER

CLAIMS ADDRESS

CITY | STATE | ZIP

PHONE

SECONDARY

POLICY HOLDER NAME

DOB ___ ___ /___ ___ /___ ___ ___ ___ (M M / D D / Y Y Y Y) ☐ FEMALE ☐ MALE

RELATION TO PATIENT: ☐ Self ☐ Spouse ☐ Guarantor ☐ Other

INSURANCE CARRIER NAME

POLICY NUMBER | GROUP NUMBER

CLAIMS ADDRESS

CITY | STATE | ZIP

PHONE

8. PATIENT SPECIMEN REQUIREMENTS

TEST REQUESTED	COLLECTION TYPES	PROCESSING	MAXIMUM STABILITY & SHIPPING†	TURNAROUND TIME††
COLVERA	2 x 10 mL PAXgene tubes **(FILL TO CAP)** – OR – 2 x 10mL K2EDTA tubes	No additional processing required Spin and transfer plasma into 2 Nalgene tubes. **Freeze immediately.**	7 days ambient. **DO NOT** freeze or refrigerate. Ship ambient. 7 days frozen Ship on dry ice	7 – 12 days
CEA*	1 x 4 mL K2EDTA tubes – OR – 1 x 4 mL SST tube – OR – 1 x 4mL Serum tube	Spin and transfer plasma Spin Spin and transfer serum	7 days ambient. **DO NOT** freeze or refrigerate.	7 – 12 days

† *All samples must be received within 7 days of blood collection.* †† *From receipt of patient specimen.* **Can also be tested from frozen COLVERA plasma in EDTA tube, additional tubes not required.*

9.

PATIENT LAST NAME, FIRST NAME
PATIENT DATE OF BIRTH
DATE OF BLOOD COLLECTION

PATIENT LAST NAME, FIRST NAME
PATIENT DATE OF BIRTH
DATE OF BLOOD COLLECTION

PATIENT LAST NAME, FIRST NAME
PATIENT DATE OF BIRTH
DATE OF BLOOD COLLECTION