Neurology Test Requisition Form

TRILLIUMBIO
Phone 1-888-261-2812 | Fax 240-880-1940
support@trilliumbio.com | trilliumbio.com

CLIENT/PROVIDER INFORMATION

Required - Please Print

Ordering Provider Name (Last, First): _____ NPI #: _____

Facility/Practice Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Result Reporting: ☐ Fax ☐ Email

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

Provider Signature: _____ Date: _____

PATIENT INFORMATION

First Name: _____ M.I.: _____ Last Name: _____

☐ Male ☐ Female ☐ Other

Date of Birth: mm _____ / dd _____ / yyyy _____ Medical Record #: _____

By completing this section, Client represents it has obtained informed consent from patient to perform the testing requested in this order.

CLINICAL INFORMATION

Required: Please attach patient's clinical history and any applicable report(s).

ICD 10 (Diagnosis) Code/Narrative (Required):

_____

SPECIMEN INFORMATION

Collection Date: mm _____ / dd _____ / yyyy _____

Collection Time: _____ ☐ AM ☐ PM

BILLING INFORMATION

Required: Include face sheet, government-issued photo ID and front/back of card(s) for both primary and secondary insurance.

Bill to: ☐ Client Bill ☐ Insurance ☐ Patient/Self-Pay
☐ Medicaid ☐ Medicare

Prior Authorization #: _____

INSURANCE INFORMATION

Primary Insurance:

ID #: _____ Group #: _____

Insurance Address: _____

Name of Insured: _____

Relationship to Patient: _____

Employer: _____

If Medicaid State: _____

Physician's Provider #: _____

Worker's Comp: ☐ Yes ☐ No

Secondary Insurance:

ID #: _____ Group #: _____

Insurance Address: _____

Name of Insured: _____

Relationship to Patient: _____

Employer: _____

If Medicaid State: _____

Physician's Provider #: _____

Worker's Comp: ☐ Yes ☐ No

Test Order

☐ Alzheimer's Disease Evaluation Profile, CSF

- Beta-Amyloid 1-42 (Abeta42)
- Total Tau (tTau)
- Phospho Tau 181 (pTau-181)

Report: tTau/Abeta42 Ratio and pTau181/Abeta42 Ratio

Blood-Based Biomarkers

☐ Beta-Amyloid 1-42 (Abeta42)
☐ APOE4
☐ GFAP
☐ NfL
☐ Phospho Tau 181 (pTau181)
☐ Phospho Tau 217 (pTau217)
☐ Total Tau (tTau)

Test Description

Please see a full test description at trilliumbio.com/alzheimers/

Additional Billing Information

Any organization referring specimens for testing services pursuant to this Requisition Form expressly agrees to the following terms and conditions.

1. **Binding Service Order.** This Requisition Form is a contractually binding order for the services ordered and Client agrees that it is financially responsible for all tests billable to Client.
2. **Third Party Billing by TrilliumBiO and Right to Bill Client.** Client agrees to accurately indicate on the front of the Requisition Form that either Client should be billed or TrilliumBiO should bill the applicable federal, state or commercial health insurer or other third party payer for all Services ordered pursuant to this Requisition Form.