

Submitted by:
sannameni@adaptivebiotech.com

▶ Please complete all the required items: Collection Date

ORDERING PHYSICIAN INFORMATION

India, Persistent

NPI No: 1234512343

WhatacompanyX

1551 Eastlake Ave E

Seattle 98008

P: 1112223333

harry.soehalim@gmail.com

Ordering Physician Signature

Electronically Authorized in Medical Record

Date Ordered

Authorization of this order constitutes a Statement of Medical Necessity and your certification of, and agreement to, the following: 1.) you are either an ordering physician, or a non-physician practitioner operating within the scope of your authority under state law; 2.) the assay is medically necessary for this patient, and the test results will be used with other clinical data to determine an appropriate treatment plan for this patient; 3.) you or your institution have obtained the patient's consent for Adaptive to release test results and other personal health information to the patient's third-party payer in connection with the reimbursement process.

PATIENT INFORMATION

ba

Date of Birth: 12/18/1996

MRN:

Sex: Male

Race: Asian

Ethnicity: Hispanic or Latino

1-42

ny, TX 11102

P: 9876564332

E: srini@gmail.com

Diagnosis(es)/Clinical Indication ICD Codes

C90.00 Multiple myeloma not having achieved remission

T-Detect™ ASSAY INFORMATION

✓ **T-Detect COVID**

T-Detect COVID Assay is intended for use as an aid in identifying adult individuals with an immune response to SARS-CoV-2, indicating recent or prior infection. This test is not intended for diagnosis of active SARS-CoV-2 infection.

SPECIMEN INFORMATION

Please complete a separate order form for each specimen sent. Consult specimen requirements for each test.

✓ **Blood** ⓘ

Anticoagulant/Tube

✓ **EDTA**

ⓘ Adaptive accepts fresh peripheral blood.

ⓘ Draw 6mL of blood into a EDTA tube.

⚠ Reminder: Label the tube with two unique patient identifiers e.g. patient's name and DOB.

Collection Date

SHIPPING INSTRUCTIONS

- Ship specimen and T-Detect Test Requisition Form overnight to Adaptive Biotechnologies (using FedEx account number 884413451) arriving by 10am PT
- Fresh specimens should be shipped at ambient temperature
- Specimens MUST be labeled with two unique patient identifiers matching patient information on the Test Requisition Form.

Ship to:

Adaptive Biotechnologies
Attention: Clinical Lab
1165 Eastlake Avenue East
Seattle, WA 98102

BILLING INFORMATION

✓ **Patient Self-Pay**

T-Detect ORDERING TERMS AND CONDITIONS

T-Detect testing services, and orders placed under this TRF, are subject to the T-Detect Standard Terms and Conditions ("Terms") found at <https://adaptivebiotech.showpad.com/share/xSWRxQqDThg1euM1Yz9Z1>. If the Ordering Person (as defined in the Terms) is acting on behalf of an organization that has a signed agreement with Adaptive applicable to the T-Detect testing services, such agreement will govern in the event of a conflict with the Terms.

IMPORTANT INFORMATION ABOUT THE T-Detect ASSAY

The T-Detect Assay uses next-generation sequencing (NGS) to assess the rearranged T-cell receptor beta (TCRβ) gene sequences to present in genomic DNA isolated from human peripheral blood. T-Detect is available by prescription only. T-Detect results should always be used in combination with clinical examination, patient medical history and other relevant findings.



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