12390 El Camino Real
Suite 170
San Diego, CA 93130
877-743-4301
www.ridgedx.com

# TEST REQUISITION FORM

Ridge Diagnostics Number

## ORDERING PHYSICIAN

Account Name

Physician NPI#

Address

Phone | Fax

Physician's Signature (Required) | Date

**Physician, please retain pink copy for patient file.** | Results: ☐ Mail ☐ Fax

## PATIENT INFORMATION (REQUIRED)

| Last Name | | First Name | |
|---|---|---|---|
| Date of Birth (Month/Day/Year) | Ht. | Wt. | Circle One: M / F |
| Address | | | |
| City | | State | Zip Code |
| Home Phone Number | | Other Phone Number | |
| Medications | | | |

**ICD-9 CODES (REQUIRED):** __________ __________ __________

**CLINICAL DIAGNOSIS (REQUIRED):** ______________________________

## Check Box to Order – MDDScore™ #2008

☑ Blood based biomarker panel to aid in the diagnosis and management of Major Depressive Disorder. Includes Thyroid Stimulating Hormone (TSH).

## BILLING INFORMATION (REQUIRED)

Bill: ☐ Insurance ☐ Patient

Primary Insurance: Ridge Diagnostics will bill your insurance. Please attach a copy (front & back) of the insurance card(s) and complete all information below.
Note: Parent or guardian information is required if patient is a minor. Parent or guardian is responsible for payment.

| | | | |
|---|---|---|---|
| Patient Name | | | |
| Insurance Carrier | | | |
| Policy Number | Group Number | | |
| Address | City | State | Zip Code |
| Phone | Fax | | |
| Policy Holder Name | Policy Holder SSN or ID | | |
| Policy Holder Date of Birth (Month/Day/Year) | Relationship to Patient | | |
| Policy Holder Phone | | | |

Secondary Insurance: You may also submit secondary insurance information. You must provide a copy (front & back) of your secondary insurance card and provide all of the information above required for your primary insurance.

Preauthorization Information: Enter authorization or referral number for laboratory services

## LABORATORY/DRAW CENTER ACCOUNT INFORMATION (REQUIRED)

| Date Sample Collected | Time Sample Collected | Circle one: AM / PM | Phlebotomist Initials |
|---|---|---|---|
| Laboratory Name | | | |
| Address | | | |
| Phone | Fax | | |

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Ridge Diagnostics Laboratory 2 Davis Drive, Research Triangle Park, NC 27709 Phone/Fax 877-743-4301
Ridge Diagnostics Corporate Office 12390 El Camino Real, Suite 170, San Diego, CA 92130 Phone/Fax 877-743-4301

White copy: Patient take to the laboratory   Pink copy: Physician retain for patient file

# MDD SCORE™
# SPECIMEN REQUIREMENTS

1. Draw blood in 10mL plain red top tube (non-SST) and allow clotting for 30 minutes in a vertical position in a test tube rack.

2. Centrifuge the tube at ≤1300g for 10 minutes.

3. Label two (2) 4mL plastic screw cap cryotubes adding the patient name, date of birth (Month/Day/Year), and sample date.

4. Divide the serum equally between the two (2) cryotubes and secure the lids. Place both tubes (**invert one for ease of fit**) into the supplied Specimen Transport Vial (labeled plastic tube), insert dry mop and secure tightly with the supplied screw cap.

5. If sample will be sent at a later date, transfer Specimen Transport Vial containing cryotubes to a refrigerator. Hold the samples in the refrigerator until the next shipping day. Please send Monday thru Thursday only.

6. Fill Ridge Diagnostics Specimen Transport Container (stainless steel canister) approximately ¾ of maximum with crushed ice and place Specimen Transport Vial containing the cryotubes into the container. Add additional crushed ice as appropriate and seal with both caps; inner screw “stopper” and outer cup type. Wrap specimen transport container in white foam wrap.

7. Place foam wrapped Ridge Specimen Transport Container and completed Test Requisition Form into the white cardboard Specimen Shipping Tube and close with supplied end caps.

8. Place cardboard Specimen Shipping Tube into FedEx Diagnostic Specimen Pack.

9. Affix FedEx Billable Stamp on the FedEx Diagnostic Specimen Pack and assure sealed (UN 3373 Pak).

10. Send Monday thru Thursday only. Ship via FedEx to:

**Ridge Diagnostics Laboratory**
**2 Davis Drive**
**Research Triangle Park, NC 27709**

11. For additional questions, please contact Client Services at 877-743-4301.

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