

Internal use only  
(affix UID label here)

# PEPredictDx

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9600 Medical Center Drive, Suite 300  
Rockville, MD 20850

## PEPredictDx Serum Biomarker Panel

### Clinical Requisition Form

Serum protein biomarker panel analysis by multiplexing Luminex assay.

The serum protein panel may change periodically. Customers using this requisition will receive the most up-to-date menu results. All fields are required; Incomplete requisition forms may result in delays. The expect turnaround time is 7 business days.

### Ordering Physician Information

Institution name		
Ordering physician	NPI#	
Address		
City	State	Zip
Phone	Fax	

### Patient Information

Last name	First name	
Address		
City	State	Zip
Date of birth	Gender	
Medical record number		

### Specimen Information

Specimen collection date/time

\*Freshly collected blood serum should be prepared and shipped according to the specimen instruction.

*For help with this section, please contact customer service*

### Billing Information

Institution/hospital
Bill to

### Insurance Information

Insurance name		
Address		
City	State	Zip
Phone	Fax	

### Statement of medical necessity

This requisition constitutes an order for service. I certify that the services are medically indicated and necessary, and they will assist me in treating my patient.

Authorized signature

Print name

Date

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Attach patient label here

Please send completed medicare/insurance information  
Attention Clinical Specimen Receiving by  
Our secure fax: (+1) 833-985-0131  
or Encrypted Email: [orders@mProbe.com](mailto:orders@mProbe.com)

Please note that email encryption is the responsibility of the sender. Please contact customer service for questions during normal business hours Monday - Friday 9:00 am to 5:00 pm EST at

(+1) 301-977-3654