

Client Services  
 Phone: (347) 441 9182  
 Email: clientservices@predict-ain.com

## TEST REQUISITION FORM

To avoid delays complete the entire form

ACCOUNT INFORMATION		PATIENT INFORMATION		
CLINIC NAME	PREDICT AIN ACCOUNT #		PATIENT NAME (LAST, FIRST, INITIAL)	
STREET ADDRESS		PATIENT ID # / MEDICAL RECORD #		BIRTH DATE (MM/DD/YYYY) <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CITY	STATE	ZIP	STREET ADDRESS	
PHONE NUMBER	FAX NUMBER		CITY	STATE ZIP
OFFICE CONTACT		DAYTIME PHONE NUMBER		EMAIL ADDRESS
EMAIL ADDRESS		RACE AND ETHNICITY <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> NATIVE HAWAIIAN OR <input type="checkbox"/> OTHER PACIFIC ISLANDER		

### PATIENT CLINICAL INFORMATION

#### PROVIDE MOST RECENT VALUES

Serum creatinine (mg/dl) \_\_\_\_\_  
 Blood urea nitrogen (mg/dl) \_\_\_\_\_  
 Urine dipstick specific gravity \_\_\_\_\_  
 Urine dipstick protein \_\_\_\_\_

### DIAGNOSIS INFORMATION

#### ICD-10 CODES ARE REQUIRED

Patient has been diagnosed with any autoimmune disease  Yes  No  
 ICD-10 Code/s \_\_\_\_\_  
 Patient has been diagnosed with Chronic Kidney Disease (CKD)  Yes  No  
 ICD-10 Code/s \_\_\_\_\_  
 Other Conditions \_\_\_\_\_  
 ICD-10 Code/s \_\_\_\_\_

#### BILLING INFORMATION (Choose one option and provide the necessary information)

<input type="checkbox"/> Insurance	A legible copy of both sides of insurance cards. Indicate which is primary. Testing may be delayed if not received with the sample.
<input type="checkbox"/> Self-Pay	Patient will be contacted once sample is received to complete this process and set up payment or payment plan.
<input type="checkbox"/> Client	Client Name: Client Contact:
<input type="checkbox"/> Other Third Party	Pay Source: Contact Information:

### TEST REQUESTED

**PredictAIN** - is a quantitative electrochemiluminescence immunoassay using the Meso Sector S 600 instrument for measurement of Tumor Necrosis Factor-alpha, interleukin-9, and CXCL-9 human urine combined with clinical data, using an artificial intelligence-derived algorithm to produce a composite probability score. It is indicated for use as an aid to further assess the probability of acute interstitial nephritis (AIN) in patients with unexplained loss of kidney function.

### AUTHORIZED SIGNATURE

Physician Name \_\_\_\_\_ NPI Number \_\_\_\_\_ Email Address \_\_\_\_\_

I am a licensed medical professional. I acknowledge that the test requested herein is medically necessary and the patient is eligible for the test. I attest that the documentation of medical necessity for tests ordered is documented in the patient's medical record, which will be made available upon request of performing laboratory and/or third-party payer.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

### SPECIMEN INFORMATION

DATE SAMPLE WAS TAKEN \_\_\_\_\_ TIME SAMPLE WAS TAKEN \_\_\_\_\_

AM  PM \_\_\_\_\_