



Provider Request for Mobile Phlebotomy

All fields required

SUBMISSION INSTRUCTIONS

1. Submit this form via fax to **1 (866) 407-2325** or email at **Support@Scipher.com**.
Note, a test order (i.e., completed PrismRA test requisition form) needs to accompany this form.
2. We will then coordinate with our mobile phlebotomy partner who will contact the patient to find a convenient day/time to have phlebotomist perform the blood draw.
3. Upon receipt of the completed blood kit, we will process for testing.
4. You will receive the test results as soon as they are ready.

PROVIDER INFORMATION

Ordering Provider: _____

Practice Name: _____

Practice Address: _____

Practice Phone Number: _____

PATIENT INFORMATION

Has this patient received a kit? (marking no means we will send kit to patient home): **Yes** **No**

Patient Name: _____

Patient Date of Birth (mm/dd/yyyy): / / Patient Sex: **Female** **Male** **N/A**

Patient Cell Phone #: _____

Patient Home Phone #: _____

Patient E-Mail Address: _____

Patient Address for Blood Draw (no PO box): _____

City: _____

State: _____

Zip: _____

Preferred Language (if not English) _____

Patient will be contacted by mobile phlebotomy within 24-48 business hours, first by text (where applicable) then by phone call. Contact is attempted for 3 consecutive business days.

Preferred Date/Time 1: _____

Preferred Date/Time 2: _____