

SUBMISSION INSTRUCTIONS

1. Submit this form via fax to **1 (866) 407-2325** or secure 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 PrismRA test kit? (marking **NO** means we will send kit to patient's home): Yes No

Patient Name:

Patient Date of Birth (mm/dd/yyyy):

Patient Biological Sex: Female Male

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:
