




**EPISEEK MULTI-CANCER DETECTION TEST  
REQUISITION PATIENT FORM**

Please fax completed form to:  
(520) 777-7367

PATIENT INFORMATION			ORDERING PROVIDER	
LAST NAME	FIRST NAME	MI	CLINICIAN NAME <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> DC <input type="checkbox"/> OTHER: _____	
DATE OF BIRTH	SEX AT BIRTH		PRACTICE NAME	
STREET			STREET ADDRESS	
CITY/STATE/ZIP			CITY/STATE/ZIP	
CELL PHONE	HOME PHONE		BUSINESS PHONE	FAX
EMAIL ADDRESS			ORDERING NPI	

**PURCHASING AND KIT SHIPPING ADDRESS INFORMATION**

Payment and collection kit shipping information: An email with the test fee invoice will be sent to the email listed below. Once payment is received, the collection kit will be shipped to the physical address listed below. Please call our lab with any questions at (520) 372-7522.

Responsible party for billing and collection kit shipping address: ☐ Same as above.

Email address: \_\_\_\_\_

Shipping address: \_\_\_\_\_

**PERSONAL HISTORY, CHECK ALL THAT APPLY:**

- ☐ Patient has never been diagnosed with cancer other than skin cancer.
- ☐ Patient suspects that they may currently have cancer based on the following signs and symptoms: \_\_\_\_\_
- ☐ Patient has been diagnosed with cancer AND has not been in remission for at least three years.  
Cancer type(s): \_\_\_\_\_
- ☐ Patient has been diagnosed with cancer but has been in remission for at least three years. Cancer type(s) and date of last treatment (mm/yyyy): \_\_\_\_\_

For Phlebotomist Use Only - Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ ; \_\_\_\_ AM/PM

Precision Epigenomics Inc. is a clinical reference laboratory registered under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) to perform high-complexity testing. The EPISEEK test was developed, and its performance characteristics were determined by Precision Epigenomics Inc. The EPISEEK test has not been cleared or approved by the Food and Drug Administration. The EPISEEK laboratory-developed test is intended for clinical purposes.

The EPISEEK test is recommended for use in adults with an elevated risk for cancer, such as those aged 45 or older. The EPISEEK test does not detect all cancers and should be used in addition to routine cancer screening tests recommended by a healthcare provider. The EPISEEK test is intended to detect abnormal cancer signals. The EPISEEK test is not recommended in people who are pregnant, 21 years old or younger, or undergoing active cancer treatment. Please visit our website for additional important information.

A healthcare provider should be able to interpret results in the context of medical history, clinical signs, and symptoms. A test result of "Cancer Signal Not Detected" does not rule out the possibility of cancer. A test result of "Abnormal Methylation Signal Detected" requires diagnostic evaluation by medically established procedures (e.g., imaging, additional laboratory testing, and possible invasive procedures) to evaluate the patient for malignancy.