

EpiSwitch® PSE Test Requisition Form

To order the test, fax the completed requisition form to 1.240.913.5681. For any questions, please call 1.888.236.8896 or email PSE.TEST@myOBDX.com

TESTING MAY BE DELAYED IF REQUIRED FIELDS ARE NOT PROVIDED

For Lab Use

Order #

For Lab Use

Kit Barcode ID #

Patient Information

First Name	MI	Last Name	Medical Record # (optional)	Month	Day	Year	DOB	Gender: (optional)	F	M
Address		City	State	Postal Code	Country	Primary Phone				

Patient Diagnosis & History

Primary ICD-10	Diagnosis
The patient must have completed a prostate specific antigen (PSA) test before proceeding with the EpiSwitch Prostate Screening (PSE) Test.	Additional Case information (optional)
Input: Previous PSA test result (ng/mL)	Date of PSA test

Treating Physician Information

Please provide best contact information for case follow-up

Facility or Practice Name	Treating Physician (full legal name)	NPI Number		
Facility/Practice Address	City	State	Postal Code	Country
Oxford BioDynamics Account # (optional)	Email (optional)	Phone	Fax	
Additional Physician to be Copied (optional)	Facility Name (optional)	Email (optional)	Fax (optional)	

Test Menu and Specimen Collection

Test	Description	Accepted Specimen Type	Minimum Volume Required		
EpiSwitch Prostate Screening (PSE) Test	Screening blood test that identifies an individual's likelihood of having prostate cancer.	Whole blood, EDTA Tube	3 mL		
Month	Day	Year	Specimen collected during a hospital outpatient encounter? Yes No		
Specimen Collection Date	For Medicare/Medicaid patients: Specimen collected during a hospital inpatient period? Yes No	Month	Day	Year	Hospital discharge Date

Intended Use and Technical Information

Intended Use: EpiSwitch Prostate Screening (PSE) Test is a blood-based screening test for prostate cancer which can be administered alongside or following a standard PSA test. The test evaluates the PSA score plus a targeted PCR evaluation of five (5) DNA regulatory markers called chromatin-conformation signatures (CCS). This information is valuable in determining who should proceed to biopsy and who can be placed on active surveillance without additional testing.

EpiSwitch Prostate Screening (PSE) Test is a laboratory developed test (LDT). It has not been reviewed or cleared by the US Food and Drug Administration. The laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high-complexity clinical testing. Decisions regarding patient care and treatment should not be solely based on a single test such as this test, rather, on the independent medical judgment of the treating physician taking into consideration all available information concerning the patient's conditions, including other clinical tests, in accordance with the standard of care in each healthcare setting.

Billing Information

Contact Name	Email	Phone					
Address	City	State	Postal Code	Country			
Insurance	Self-pay	(For self-pay patients, attach Patient Agreement of Financial Responsibility and Credit Card Authorization form.)					
Insurance Carrier		Patient relation to policy holder:		Self	Spouse	Child	Other
Attach copies of insurance card(s), front and back.							

Test Authorization and Physician Signature

The undersigned certifies that he/she is licensed to order the test(s) listed above and that such test(s) are medically necessary for the care/treatment of this patient.

Treating Physician Signature	Printed Name (full legal name)	Month	Day	Year	Date
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FINANCIAL POLICIES AGREEMENT

Thank you for choosing Oxford BioDynamics Inc. (OBD)

Prior to receiving services, please read and acknowledge our patient financial policies:

You agree to provide OBD with current and accurate insurance, health care benefits program and/or other payer information, and to immediately notify us if your coverage changes.

- You acknowledge that OBD will bill your insurance plan or program for services provided by OBD. You agree you are assigning your right to receive payment or benefits from such insurer or program to OBD. You are authorizing payment to be made directly to OBD.
- You agree you are responsible for payment to OBD of any co-pays, deductibles and co-insurance applicable under your insurance policy, plan or program.
- Depending on your insurer, plan or program, some services may not be covered. If your insurance does not authorize or cover a service or treatment and you nevertheless decide to receive such service, you agree that you are responsible for payment. This applies to all payers in accordance with all applicable law and regulation and payer requirements (including any "advance beneficiary notice" (ABN) which may be applicable).
- To facilitate payment of claims, to perform internal operations and to coordinate your care with other health care providers, OBD will use your personal health information internally and will share such information with your insurance provider and certain business associates of OBD in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable federal and state law and regulation.
- The patient's out of pocket expense for OBD services will not exceed the established self-pay cost for that service.
- You agree that these policies apply to you, and may change from time to time without notice.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

- By signing this form, you acknowledge that you have read and accept the terms of the Financial Policies provided here.

Patient Name (Print)

DOB

Patient Signature

Date

Parent or Guarantor Signature

Date

How to **BOOST** the accuracy of your blood test for prostate cancer to **94%**?



Meet with your physician and order the PSE test

The EpiSwitch® Prostate Screening (PSE) Test can only be ordered by a physician using the PSE Requisition Form

- Download the [Requisition Form](https://mypse.co/94-percent) at <https://mypse.co/94-percent>



Complete the Requisition Form

Work with your physician to complete the [Requisition Form](#)

- Your physician will **fax** the completed form to **+1 240-913-5681**



Provide a small blood sample

- PSE Customer Service will send you or your physician a Specimen Submission Kit to ship your blood sample
- Coordinate with your provider to schedule a blood draw



Receive your PSE test result

Within 5 days of receiving the sample, your prostate cancer result will be sent to your physician

- With 94% accuracy, you and your physician can move forward with confidence

Questions? Email PSE Customer Service at PSE.test@myOBDX.com

