



## Laboratory Requisition for Blood Work (US & Canadian\* Customers Only)

IBS<sub>chek</sub><sup>TM</sup> is the only quick and reliable blood test for a confident diagnosis of Irritable Bowel Syndrome (IBS).

\*For laboratory analysis only; IBS<sub>chek</sub> kit not available in Canada.

PLACE VIAL LABEL HERE  
FOR IDENTIFICATION PURPOSES

Laboratory Director: Alireza Sepehr, MD



Patient



Provider

### PATIENT INFORMATION

Date of Specimen Collection: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(MM) (DD) (YYYY)

Name: \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Sex: ☐ Male ☐ Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email: \_\_\_\_\_  
(MM) (DD) (YYYY)

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### PATIENT BILLING INFORMATION

CPT Codes: 86625 - CdtB | 83520 - Vinculin Sample Type: Whole Blood

☐ PATIENT SELF-PAY ☐ INSURANCE

(Please attach a copy of insurance card[s] front & back.)

Company: \_\_\_\_\_ ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relation to Patient: \_\_\_\_\_  
(if different from patient) (MM) (DD) (YYYY)

### PATIENT CONSENT

#### Patient Release of Information Authorization:

By signing this Laboratory Requisition Form, I authorize the release of any medical information necessary to my insurance company and the payment of benefits to Commonwealth Laboratories, LLC<sup>TM</sup> (Commonwealth) for services received. I also authorize the release of information to the listed physicians and/or individuals named. As required by HIPAA, confidentiality of my Protected Health Information (PHI) will be maintained at all times according to Commonwealth's HIPAA-compliant privacy practices.

#### Patient Insurance and Test Payment Guidelines:

- I understand that Commonwealth contracts with national and local insurance carriers and will always submit claims to my insurance carrier on my behalf.
- I understand that, in the event that my insurance provider denies my insurance claim or I have not met my deductible, Commonwealth works with its patients, on a patient-by-patient basis based on financial need, to arrange a payment plan to ensure that patients have access to IBS<sub>chek</sub>. If I have any questions regarding an outstanding bill, or would like to request a payment plan, I will contact the Commonwealth Laboratories Customer Service Department at 1-877-IBS-CHEK (427-2435).
- I will forward that payment and a copy of my EOB directly to Commonwealth or I will remit a personal check to Commonwealth for the amount that was sent to me by my insurance carrier.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TEST INFORMATION

Test Name: IBS<sub>chek</sub> Test Description: Blood test

ICD-10 Code: ☐ K58.0 (Irritable bowel syndrome with diarrhea) ☐ Other \_\_\_\_\_

The above code is listed as a convenience. Ordering practitioners should report the diagnosis code(s) that best describe the reason for performing the test, regardless of whether the code is listed above or not.

### PROVIDER / GROUP INFORMATION

Requesting Provider: \_\_\_\_\_ Physician NPI: \_\_\_\_\_

Office Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature of Ordering Provider: \_\_\_\_\_ Date: \_\_\_\_\_

How would you like to receive results? ☐ Fax: \_\_\_\_\_ ☐ Web Portal Confirmation Email: \_\_\_\_\_

New customers, please go to IBS<sub>chek</sub>.com or call 1-877-IBS-CHEK (427-2435) to set up your online web portal.



IBS<sub>chek</sub><sup>TM</sup> is being offered through Quest Diagnostics<sup>TM</sup>. To utilize Quest, simply complete this Laboratory Requisition and send it with the patient to any Quest Patient Service Center nationwide. Quest will draw the specimen and transport to Commonwealth Labs for analysis. Test results will be returned to the ordering provider within 24 hours of specimen receipt at Commonwealth. Visit [www.IBSchek.com](http://www.IBSchek.com) to find a Quest Patient Service Center near you.



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Phone: 1-877-IBS-CHEK (427-2435) | Fax: 1-866-427-2435

## INFORMATION FOR LABORATORY

### MATERIALS FOR IBSchek<sup>TM</sup>

**If your laboratory does not have IBSchek Kits on hand:**

**Option 1: Use OUR Kits!**

- Order IBSchek Kits on our website (IBSchek.com) or call 1-877-IBS-CHEK (427-2435)
- Complete the Laboratory Requisition Form in the kit which has everything needed for a blood draw
- Return blood sample to Commonwealth Laboratories, LLC<sup>TM</sup> using enclosed shipping label

**Option 2: Use YOUR Supplies**

- Print and complete a single Laboratory Requisition Form on our website (IBSchek.com) or order a ReqDek<sup>TM</sup> (pad of 50 forms) to keep on hand at your office
- Collect 6cc of blood in a 6cc EDTA blood tube
- Make certain that the patient identifier number is on the blood sample tube and the Laboratory Requisition Form. Return blood sample and the completed Laboratory Requisition Form to Commonwealth Laboratories using your own shipping labels or download a prepaid shipping label from our website

**Option 3: Quest Diagnostics**

- If utilizing Quest Diagnostics, simply complete this Laboratory Requisition Form and give to the patient to bring to a local Quest Patient Service Center. The Patient Service Center will have all materials on-site to collect and transport the specimen to Commonwealth

**If you have questions about the ordering and shipping process,  
please call our Customer Service Representatives at 1-877-IBS-CHEK (427-2435).**

### INSTRUCTIONS FOR BLOOD SAMPLE COLLECTION

- Complete the IBSchek requisition form and read the shipping specifications listed on the Shipping Box. Only whole blood samples that have not been centrifuged will be accepted
- Separate the kit along the perforated line
- Prepare the patient for blood draw and proceed to draw enough blood to fill the 6cc EDTA tube, then invert the tube 10 times to mix with the EDTA
- Place the tube securely inside the Tube Transport Box (using the pictures as a guide), sealing the plastic bag securely around the box
- Close the box and adhere the return shipping label to the designated space on the Shipping Box, making sure to leave the UN3373 diamond visible, and send back to Commonwealth

### SHIPPING INSTRUCTIONS

**If shipping Monday - Thursday:** 2-day shipping at ambient temperature

**If shipping on Friday:** 2-day shipping with an ice pack (not dry ice) in an insulated container to maintain 2°C-8°C

Please note that blood sample integrity is expected for only 48 hours at ambient temperature, or 3-4 days at 2°C-8°C.

**DO NOT FREEZE BLOOD SAMPLE.**

**Blood samples are subject to rejection if:**

- The blood sample guidelines, shipping temperature, and/or time frame are not adhered to
- The blood sample has been centrifuged prior to shipping
- The blood sample is coagulated, hemolyzed, or contaminated

**If the blood sample is rejected, Commonwealth will notify the physician requesting the test.**

### FINAL CHECKLIST FOR EACH BLOOD SAMPLE SHIPPED

✓ **Is the ordering healthcare provider included on the form?**

✓ **Are the correct ICD codes listed on the form?**

✓ **Did you include the patient identifier on the blood sample tube?**

✓ **Did you include copies of both sides of the insurance card[s]?**

✓ **Did the ordering provider sign the document?**

The IBSchek test was developed and its performance characteristics determined by Commonwealth Laboratories, LLC. It has not been cleared or approved by the US Food and Drug Administration. Performance characteristics refer to the analytical performance of the test. These standards are guidelines only. The provider should use this data in conjunction with additional clinical information that is unavailable to Commonwealth to make a clinical diagnosis. Commonwealth is a Clinical Laboratory Improvement Amendment (CLIA)-certified, independent clinical laboratory and is required under CLIA to ensure the quality and validity of the IBSchek test.

Based on a >90% specificity level for IBS associated with diarrhea in a large, randomized, controlled trial of >2500 patients.