

**Center for Precision Diagnostics**

Toll Free: 855.916.4DNA (4362) or 313.916.4DNA Fax: 313.916.7071

**CPD Kit Request Form**

1. Please provide the doctor's name, NPI, and shipping address (If there are multiple physicians, please fill out the Provider Intake form attached for this question.

Provider Name: \_\_\_\_\_

NPI: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Can we please have your phone and fax numbers?

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

3. Will you need UroVysion or urine FISH testing kits? If yes,

a. How many? \_\_\_\_\_

b. Will you need a recurring stock of these kits on a monthly basis?

i. If yes, how many do you estimate you will need? \_\_\_\_\_

4. Will you need specimen transport kits for blood/slides/blocks?

a. How many initial specimen transport kits do you need? \_\_\_\_\_

i. Will you need a recurring stock of these kits on a monthly basis?

1. If yes, how many do you estimate you will need? \_\_\_\_\_

5. It typically takes 2-3 business days for these kits to arrive. Is that adequate or do you need them sooner?

a. \_\_\_\_\_ 2-3 days is ok \_\_\_\_\_ I need them sooner

6. Will you be collecting samples in your office or will you need to send your patient to another facility to have their blood drawn?

a. If collecting at your office, our specimen transport kits contain pre-paid FedEx mailers that you can use to ship the samples directly to our laboratory.

b. If you do not collect patient samples in your office, do you know where you will be sending your patients? Please provide us with the collection site information so we may ensure proper collection and handling.

\_\_\_\_\_

c. We have locations in the Metro Detroit area that are equipped to handle these test requests and specimen collections. You can find all of our lab service locations by visiting our website at [www.henryford.com/hfcpd](http://www.henryford.com/hfcpd)

7. Would you ever request a test without obtaining prior authorization before specimen collection? Y N

a. If yes, we will fax you financial documents that the patient must sign in order for us to proceed with testing without prior authorization

Please fax this form to the HF CENTER FOR PRECISION DIAGNOSTICS at 313-916-7071 or email to [hfcpd@hfhs.org](mailto:hfcpd@hfhs.org)

**LAB USE ONLY** Entered into PMA and Atlas \_\_\_\_\_