



EARLY DIAGNOSIS
MEANS EARLY INTERVENTION

Place one barcode
sticker from test here

Requisition Form

Must return completed form with sample to be processed

SECTION 1 – CLINICIAN INFORMATION

First name										Last name									
Email address																			
Phone										Fax									

SECTION 2 – PATIENT INFORMATION

First name										Last name									
Date of birth					Height					Weight					Sex				
Y	Y	Y	Y	-	M	M	-	D	D	F		IN			LBS	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE		

SECTION 3 – LEGAL GUARDIAN INFORMATION

First name										Last name														
Street address																								
City															State					Zip				
Email address																								
Phone																								

SECTION 4 – COLLECTION INFORMATION

Date of sample collection					Time of sample collection					General collection comments																
Y	Y	Y	Y	-	M	M	-	D	D											:					<input type="checkbox"/> AM	<input type="checkbox"/> PM
Date of last teeth brushing					Time of last teeth brushing																					
Y	Y	Y	Y	-	M	M	-	D	D	:					<input type="checkbox"/> AM	<input type="checkbox"/> PM										
Date of last meal					Time of last meal					Exclusions apply. Visit clarifiasd.com/exclusionaryconditions for more details.																
Y	Y	Y	Y	-	M	M	-	D	D	:					<input type="checkbox"/> AM	<input type="checkbox"/> PM										

SECTION 5 – CLINICIAN CERTIFICATION

My signature certifies that I am a licensed medical professional or his/her representative who is authorized to order the epigenetic testing on his/her behalf. The results will be used in medical management and treatment for this patient. My signature acknowledges the patient has been supplied information regarding epigenetic testing and has been informed about the purpose, limitations and possible risk of the test. The patient has been given the opportunity to ask questions about the consent and to seek outside genetic counseling. The patient has given consent for epigenetic testing to be performed, and for the sample and related epigenetic information to be stored as described in the consent. A copy of the signed consent form is being provided with this requisition.

Clinician signature										Date					NPI #				
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SECTION 6 – LEGAL GUARDIAN ACKNOWLEDGMENT

I affirm that my clinician has offered counseling and has reviewed and explained the benefits, risks and limitations of the saliva collection to my satisfaction; that I have read and signed the patient consent; and I would like to proceed with the saliva collection.

I, _____ legally authorize epigenetic testing on my _____'s sample for epigenetic testing.
Legal guardian full name Relationship to patient

Legal guardian signature										Date									
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