

**Requisition for Agkura™ Personal Score Enzyme Immunoassay for tMUC1**  
(CLIA ID # 34D2103014)

**Please complete ALL fields on this form**

**A: Patient Information**

Name: (Last) \_\_\_\_\_, (First) \_\_\_\_\_, (Middle) \_\_\_\_\_

Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_

(State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Height: (ft./inch.) \_\_\_\_\_ Weight: (lbs) \_\_\_\_\_

Note: If you do not have an online account with us, please create one at oncotab.com in order to access your test results

**B: Ordering Physician Information**

Name: (Last) \_\_\_\_\_, (First) \_\_\_\_\_, (Middle) \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Job Title: \_\_\_\_\_ Address: (Street) \_\_\_\_\_

(State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient Diagnosis (es)/Clinical Data:  Dense breast;  High risk / family history of breast cancer;  Other \_\_\_\_\_

**C. Blood Collection Details**

Date Collected: (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Collected: \_\_\_\_\_

Laboratory Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Collected By (Phlebotomist's Name): (Last) \_\_\_\_\_, (First) \_\_\_\_\_, (M.I.) \_\_\_\_\_

**D. Online Order Confirmation Number** \_\_\_\_\_

✓	<b>Agkura™ Personal Score Enzyme Immunoassay for tMUC1</b>
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**E. Declaration – MUST be read and signed by BOTH Patient and Physician for testing**

I understand that the Agkura™ Personal Score performance validation meets the requirements of CLIA regulations, but has not been reviewed with the FDA. I further understand that the Agkura™ Personal Score is not by itself diagnostic of the presence or absence of disease and that its results can only be assessed as an aid to diagnosis, detection or monitoring of disease in combination with patient history, medical signs and symptoms. I hereby authorize testing/monitoring by this method on an ongoing basis. I have also read and agree to the OncoTAB Privacy Policy and the Terms and Conditions of Sale, which are available at www.oncotab.com.

Patient Signature: \_\_\_\_\_ Date: (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_