



Client Services
Phone: (888) 203-2725
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TEST REQUISITION FORM

To avoid delays complete the entire form

ACCOUNT INFORMATION		PATIENT INFORMATION		
CLINIC NAME	RENALYTIX ACCOUNT #	PATIENT NAME (LAST, FIRST, INITIAL)		
STREET ADDRESS		PATIENT ID # / MEDICAL RECORD #	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE BIRTH DATE (MM/DD/YYYY)	
CITY	STATE	ZIP	STREET ADDRESS	
PHONE NUMBER	FAX NUMBER	CITY	STATE ZIP	
OFFICE CONTACT		DAYTIME PHONE NUMBER EMAIL ADDRESS		
EMAIL ADDRESS		RACE AND ETHNICITY <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER <input type="checkbox"/> OTHER		
PATIENT CLINICAL INFORMATION				
PROVIDE MOST RECENT VALUES				
Estimated Glomerular Filtration Rate (eGFR, ml/min/1.73m ²)		Platelet Count (x10 ³ per µL)		
Urinary Albumin to Creatinine Ratio (uACR, mg/g)		Serum Calcium (mg/dL)		
Systolic Blood Pressure (SBP, mm of Hg)		Aspartate Aminotransferase (AST, IU/Liter)		
Hemoglobin A1c (%)				
DIAGNOSIS INFORMATION		BILLING INFORMATION (Choose one option and provide the necessary information)		
ICD-10 CODES ARE REQUIRED				
Patient has been diagnosed with Type 2 Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Insurance	A legible copy of both sides of insurance cards. Indicate which is primary. Testing may be delayed if not received with the sample.	
ICD-10 Code/s		<input type="checkbox"/> Self-Pay	Patient will be contacted once sample is received to complete this process and set up payment or payment plan.	
Patient has been diagnosed with Chronic Kidney Disease (CKD) <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Client	Client Name: Client Contact:	
ICD-10 Code/s		<input type="checkbox"/> Other Third Party	Pay Source: Contact Information:	
Other Conditions				
ICD-10 Code/s				
TEST REQUESTED				
<input type="checkbox"/> KidneyIntelX™ - is a quantitative electrochemiluminescence immunoassay using the Meso Sector S 600 instrument for measurement of soluble Tumor Necrosis Factor Receptor 1 (sTNFR1), soluble Tumor Necrosis Factor Receptor 2 (sTNFR2) and Kidney Injury Molecule-1 (KIM-1) in human plasma combined with clinical data, using an artificial intelligence-derived algorithm to produce a composite risk score. It is indicated for use as an aid to further assess the risk of progressive decline in kidney function within a period of up to 5 years in patients over the age of 21 with Type 2 diabetes and existing chronic kidney disease. Patients with chronic kidney disease will have an estimated Glomerular Filtration Rate [eGFR] of 30-59 ml/min/1.73 m [G3a, G3b] * or eGFR ≥ 60 with albuminuria [UACR] ≥ 30 mg/g [A2, A3] *.				
A progressive decline in kidney function occurs when one or more of the following conditions are observed:				
<ul style="list-style-type: none">• Rapid Kidney Function Decline (RKFD) defined as an eGFR slope of ≥ 5 ml/min/1.73m² /year• Sustained decrease in eGFR ≥ 40% confirmed at least 3 months apart• Kidney Failure, defined by sustained eGFR < 15 ml/min/1.73m², initiation of long-term dialysis, or kidney transplantation				
KidneyIntelX is not intended as a screening or stand-alone diagnostic test.				
*KDIGO 2012 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease				
AUTHORIZED SIGNATURE				
Physician Name		NPI Number	Email Address	
I am a licensed medical professional. I acknowledge that the test requested herein is medically necessary and the patient is eligible for the test. I attest that the documentation of medical necessity for tests ordered is documented in the patient's medical record, which will be made available upon request of performing laboratory and/or third-party payer.				
Physician's Signature		Date		
SPECIMEN INFORMATION				
DATE SAMPLE WAS TAKEN	TIME SAMPLE WAS TAKEN	PHLEBOTOMIST NAME	PHLEBOTOMIST PHONE NUMBER	PHLEBOTOMIST LAB NAME (if applicable)
	<input type="checkbox"/> AM <input type="checkbox"/> PM			



New York, NY 10013 | Salt Lake City, UT 84108 | St. Petersburg, FL 33707
CLIA # 33D2156875 | CLIA # 46D2176492 | CLIA # 10D2254405