kidneyintelX.dkd™ Test Requisition Form

renalytix™
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To avoid delays in receiving test results, all six sections must be completed.

1. Account Information

CLINIC NAME | RENALYTIX ACCOUNT #

STREET ADDRESS

CITY | STATE | ZIP

PHONE NUMBER | FAX NUMBER | OFFICE CONTACT

EMAIL ADDRESS

Patient Information

PATIENT LAST NAME | FIRST NAME | ☐ MALE ☐ FEMALE

PATIENT ID # / MEDICAL RECORD # | BIRTH DATE (MM/DD/YYYY)

STREET ADDRESS

CITY | STATE | ZIP

DAYTIME PHONE NUMBER | EMAIL ADDRESS

2. Intended Use & Clinical Values

Intended Use

Using values obtained within the last 12 months, verify patient has Type 2 Diabetes and meets *one* of the following:

Patient has an eGFR of 30-59 ml/min/1.73 m² ☐

OR

Patient has an eGFR ≥ 60 ml/min/1.73 m² **AND** UACR ≥ 30 mg/g ☐

Note: ***eGFR value based on the CKD-EPI 2021 Creatinine Equation.**

Clinical Values

Provide the most recent values obtained in the last 12 months of this order date. Values must fall within acceptable ranges.

***Urine Albumin Creatinine Ratio**
(UACR Acceptable Range: 1 mg/g – 6022 mg/g): RESULT

Hemoglobin A1c
(HbA1c Acceptable Range: 4.9% – 15.6%): RESULT

Blood Urea Nitrogen
(BUN Acceptable Range: 6 mg/dL – 60 mg/dL): RESULT

***UACR must be reported from a quantitative assay method.**

3. Diagnosis Information

This section is not intended to influence the medical judgment of an ordering provider in determining whether this test is right for any particular patient. The following codes are listed as a convenience. Ordering practitioners should report the diagnosis code(s) that best describes the reason for performing the test.

Patient has been diagnosed with both Type 2 Diabetes and Chronic Kidney Disease (CKD):

Check one: ☐ YES ☐ NO

Chronic Kidney Disease (CKD)

Select one of the following:

- ☐ N18.1 chronic kidney disease (stage 1)
- ☐ N18.2 chronic kidney disease (stage 2)
- ☐ N18.30 chronic kidney disease (stage 3)
- ☐ N18.31 chronic kidney disease (stage 3a)
- ☐ N18.32 chronic kidney disease (stage 3b)
- ☐ Other(s)

Type 2 Diabetes (T2D):
ICD CODE

Other Conditions:
ICD CODE

4. Billing Information

Choose one option and provide the necessary information:

☐ **Medicare Part B, Medicaid, or Other Insurance** — Attach a legible copy of both sides of insurance cards. Indicate which is primary. **Testing may be delayed if not received with the sample.**

☐ **Self-Pay** — Patient will be contacted once sample is received to complete this process and set-up payment or payment plan.

☐ **Other Third Party** — PAY SOURCE | CONTACT PHONE #

5. Specimen Information

COLLECTION DATE | COLLECTION TIME | ☐ AM ☐ PM

☐ MOBILE BLOOD DRAW
☐ SHIP COLLECTION KIT
BLOOD DRAW SERVICE PROVIDER:

WARNING Enbrel® interferes with the ability to accurately measure TNFR-2 in patient specimens and is contra-indicated for kidneyintelX.dkd test.

6. Authorized Signature

PROVIDER FIRST NAME | LAST NAME | NPI NUMBER | EMAIL ADDRESS

I am a licensed medical professional. I acknowledge that the kidneyintelX.dkd test requested herein is medically necessary and the patient is eligible for the test. I attest that the medical necessity for tests ordered is documented in the patient's medical record, which will be made available upon request of the performing laboratory and/or third party payer. I hereby order and authorize testing, have explained the nature and purpose of the test to the patient, and have obtained informed consent from the patient to the extent required by law, for Renalytix to proceed with testing; release the test results to the patient or other authorized individual; and obtain reimbursement from the patient's insurance plan for this service.

PROVIDER SIGNATURE | DATE