

# Test Requisition Form

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

## 1. Account Information

## Patient Information

CLINIC NAME		RENALYTIX ACCOUNT #	
STREET ADDRESS			
CITY	STATE	ZIP	
ORDERING PHYSICIAN FIRST NAME		LAST NAME	
NPI NUMBER			

PATIENT LAST NAME	FIRST NAME	<input type="checkbox"/> MALE
<input type="checkbox"/> 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

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 m<sup>2</sup>

**OR**

Patient has an eGFR ≥ 60 ml/min/1.73 m<sup>2</sup> **AND** UACR ≥ 30 mg/g

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

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: >0 mg/g – 10,000 mg/g)	RESULT
*Hemoglobin A1c (HbA1c Acceptable Range: 4.9% – 18.1%)	RESULT
*Blood Urea Nitrogen (BUN Acceptable Range: 6 mg/dL – 96 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.

**Intended Use: Patients diagnosed with Type 2 Diabetes and Chronic Kidney Disease, Stages 1-3b.**

Note: Additional ICD-10 codes are listed on the back. Unspecified codes are not acceptable.

**Diabetes Mellitus** Select one of the following:

- E11.21 Type 2 diabetes mellitus with diabetic nephropathy
- E11.22 Type 2 diabetes mellitus with diabetic chronic kidney disease
- E11.29 Type 2 diabetes mellitus with other diabetic kidney complication
- E11.65 Type 2 diabetes mellitus with hyperglycemia
- Other: \_\_\_\_\_

**Chronic Kidney Disease (CKD)** Select one of the following:

- N18.1 Chronic kidney disease, stage 1
- N18.2 Chronic kidney disease, stage 2 (mild)
- N18.31 Chronic kidney disease, stage 3a
- N18.32 Chronic kidney disease, stage 3b

## 4. Billing Information

## 5. Specimen 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 #

COLLECTION DATE	COLLECTION TIME	<input type="checkbox"/> AM
<input type="checkbox"/> PM		
<input type="checkbox"/> MOBILE BLOOD DRAW	SERVICE PROVIDER:	
<input type="checkbox"/> SHIP COLLECTION KIT		

**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

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
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## Billing and Coding: kidneyintelX.dkd testing.

These codes complement the Local Coverage Determination for kidneyintelX.dkd testing.

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### Diabetes Mellitus

E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication
E08.649	Diabetes mellitus due to underlying condition with hypoglycemia without coma
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma
E11.65	Type 2 diabetes mellitus with hyperglycemia
E13.21	Other specified diabetes mellitus with diabetic nephropathy
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease
E13.29	Other specified diabetes mellitus with other diabetic kidney complication
E13.649	Other specified diabetes mellitus with hypoglycemia without coma
E13.65	Other specified diabetes mellitus with hyperglycemia

### Chronic Kidney Disease (CKD)

N18.1	Chronic kidney disease, stage 1
N18.2	Chronic kidney disease, stage 2 (mild)
N18.31	Chronic kidney disease, stage 3a
N18.32	Chronic kidney disease, stage 3b