Center for Molecular Medicine
A joint venture of Spectrum Health and the VanAndel Institute

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CELLSEARCH CTC REQUISITION

DATE ORDERED	DATE COLLECTED	TIME COLLECTED	COLLECTOR'S INITIALS

NAME: LAST, FIRST, MIDDLE INT.

ADDRESS	PHONE

CITY, STATE ZIP

SEX		BIRTH DATE	

Ordering Comment:_____

Physician _____Fax_____

DIAGNOSIS/ICD-9 CODE(S) REQUIRED

1st _____

2nd _____

_____Note: Must include signs and symptoms to support medical necessity

CLINICAL INFORMATION AND TESTING NOTES

Test request (Check one)

Metastatic breast cancer ☐

Metastatic colon cancer ☐

Metastatic prostate cancer ☐

Important CellSave tube handling instructions:

Do not refrigerate or freeze tube before or after collection or during shipping.

Do not collect sample while IV is being administered.

Do not collect sample within 7 days of doxorubicin (Adriomycin) therapy, this will interfere with the test.

Completely fill tube with 10 mL of whole blood and gently invert 8 times to insure complete mixing of preservative and blood.

Do not place tube on rocker. After inverting tube 8 times proceed to shipping.

Ship promptly, we must receive the specimen within 48 hours of collection.

Has patient ever had the CellSearch test performed previously

YES **NO**

DATE_____

Done at CMM? **YES** **NO**

If no, where and when was the test performed. Please provide phone number for location

Phone _____

_____

BILLING REQUIREMENTS
PLEASE NOTE NEW BILLING REQUIREMENTS

☐ Bill to sending facility

☐ Bill patient's insurance (Attach copy of insurance card)

Attach copy of patient's insurance information and billing demographics.