

EpiSwitch® CST Requisition Form

To order the test, fax the completed requisition form to 1.301.576.7111. For any questions, please call 1.888.236.8896 or email CST.TEST@myOBDX.com

For Laboratory Use Only

TESTING MAY BE DELAYED IF REQUIRED FIELDS ARE NOT PROVIDED

Patient Information

Gender: (optional) F M

First Name _____ MI _____ Last Name _____ Medical Record # (optional) _____ DOB (MM/DD/YYYY) _____

Address _____ City _____ State _____ Postal Code _____ Country _____ Primary Phone _____

Patient History

Has the patient been tested for the presence of SARS CoV-2? Y N Type of SARS-CoV-2 test: PCR Antibody Test Result: Positive/Detected Negative Date of Test _____

Has the patient been vaccinated for the SARS CoV-2 virus? Y N Vaccine Given (if known) _____

Additional Case information (optional) _____

Treating Physician Information

Please provide best contact information for case follow-up

Facility or Practice Name _____ Treating Physician (full legal name) _____ NPI Number _____

Facility/Practice Address _____ City _____ State _____ Postal Code _____ Country _____ Phone _____

Oxford BioDynamics Account # (optional) _____ Email _____ Fax _____

Additional Physician to be Copied (optional) _____ Facility Name (optional) _____ Email (optional) _____ Fax (optional) _____

Test Menu and Specimen Collection

Test	Description	Accepted Specimen Type	Minimum Volume Required
<input type="radio"/> EpiSwitch CST	Prognostic test for likelihood of severe immune reaction following SARS-CoV-2 infection	Whole blood, EDTA Tube	1 mL

Intended Use and Technical Information

Intended Use: The test is intended to identify people who are at the highest risk of critical COVID-19 disease resulting from untreated SARS-CoV-2 virus. People with a high risk of severe or critical disease may benefit from increased infection mitigation and in the event of infection, early use of medications or other interventions. An average risk with a lower score should not be construed as lower severity probability; complications not requiring critical care are possible. The test is not intended to evaluate an individual's risk of infection.

EpiSwitch CST is a quantitative 3D-genomic laboratory derived test for the determination of likely risk of severe immune reactions if a patient is infected with the SARS-CoV-2 coronavirus. The test analyzes six epigenomic features to derive a relative risk score for severe immune reactions following SARS-CoV-2 infection.

Billing Information

Contact Name _____ Email _____ Phone _____

Address _____ State _____ Postal Code _____ Country _____

Certificate of Medical Necessity/Consent/Test Authorization and Physician Signature

My signature constitutes a Certificate of Medical necessity, certifies that this test will inform the patient's ongoing treatment plan, and that I am the patient's treating physician. I have explained to the patient the nature and purpose of the testing to be performed and have obtained informed consent, to the extent legally required, to permit Oxford BioDynamics to (a) perform the testing specific herein, (b) retain the test results for an indefinite period for internal quality assurance/operations purposes, and (c) de-identify the test results and use or disclose such de-identified results for future unspecified research or other purposes.

Treating Physician Signature _____ Printed Name (full legal name) _____ Date (MM/DD/YYYY) _____