EpiSwitch® **CST** Requisition Form

Options for test ordering: Fax: 301.576.7111 or email CST.TEST@myOBDX.com
TESTING MAY BE DELAYED IF REQUIRED FIELDS ARE NOT PROVIDED

For Laboratory Use Only

Patient Information

First Name | MI | Last Name | Medical Record # (optional) | DOB (MM/DD/YYYY) | Gender: (optional) ◌ F ◌ M

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*
◯ 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

Select one of the payment options and complete all fields as indicated

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)