InSure® ONE™
One Day Fecal Immunochemical Test

Immunoassay for Human Hemoglobin in Stool

Quest Diagnostics™ ClinicalGenomics

# Requisition Form

▸ **PLEASE RETURN THIS FORM WITH THE INSURE® ONE™ TEST CARD** 0000000

## PHYSICIAN INFORMATION - Office staff to complete the entire blue section before patient leaves the office.

(B)11290 - By submitting this form you are ordering Fecal Globin by Immunochemistry (InSure).

☐ Bill My Account

Diagnosis Code **REQUIRED** _____

Client # (Quest Acct #) **REQUIRED** _____

Physician Name **REQUIRED - PLEASE PRINT** _____

NPI # **REQUIRED** _____

Physician Signature **REQUIRED FOR NJ, NY, PA, MA, WV MEDICAID** _____

Phone # _____

Office Use _____

Medicare Limited Coverage Tests

B= Has both diagnosis and frequency- related coverage limitations.

## PATIENT INFORMATION - Patient to complete gold section. All fields are required.

Last Name _____ First Name _____ MI _____ Patient Date of Birth ___/___/___

☐ Male ☐ Female Phone # _____

Mailing Address _____ City _____ State _____ Zip Code _____

Your Physician's Name _____

## SAMPLE INFORMATION

**Date of Bowel Movement**

___/___/___
Month Date Year

**IMPORTANT: We cannot process your test without actual sample date.**

## PATIENT BILLING INFORMATION - Print clearly and complete all required information.

Please provide all required insurance information below and complete the field in its entirety to avoid receiving a bill.
Only list your primary insurance. **DO NOT LIST SUPPLEMENTAL INSURANCE.**

☐ I **do not** have insurance so please bill me directly for services.

1. If your primary coverage is **MEDICARE**, list entire Medicare number: _____
   **STOP: Additional information is not necessary.**
2. If your primary coverage is **MEDICAID**, list entire Medicaid number: _____
   **STOP: Additional information is not necessary.**
3. If your primary coverage is insurance **other than** Medicare or Medicaid, please fill out the information below:

Subscriber Name _____ Employer Name _____

Insurance Company Name _____ Insurance Company Phone # _____

Insurance Company Claim Address _____ City _____ State _____ Zip Code _____

Member ID / Subscriber Number _____ Group Number (if applicable) _____

Subscriber Relation to Patient: Self _____ Spouse _____ Other _____

If you have any questions about using InSure® ONE™, please call Clinical Genomics at **1.800.531.3681** or visit **clinicalgenomics.com/quest**

Laboratory testing provided by Quest Diagnostics. InSure® ONE™ is manufactured by Enterix Inc., a Clinical Genomics Inc. Company.
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InSure® ONE™
One Day Fecal Immunochemical Test

**PLEASE READ ALL INSTRUCTIONS BEFORE BEGINNING YOUR TEST**

# 3 Easy Steps

InSure® ONE™ is a fecal immunochemical test (FIT) that qualitatively detects human hemoglobin from blood in fecal samples. The samples will generally be collected by the test subject at home and the test developed at laboratories or professional offices. The InSure ONE test is used to aid in the detection of lower gastrointestinal bleeding.

## LIMITATIONS OF THIS TEST:

- This test detects blood in or on your stool. There are many conditions that may cause blood in your stool so you must follow-up with your doctor if you receive a "positive" test result.
- This test does not replace a physical exam by your doctor.
- A "negative" test result means blood was not found in the sample; however, colorectal lesions may bleed intermittently and blood may not be uniformly distributed in or on the stool, so a negative test result may occur even when a gastrointestinal disease is present.
- Failure to follow the test instructions could affect the test results.

## DO THE TEST:

- At your next bowel movement

## PREPARING TO COLLECT SAMPLES:

- You do not have to avoid specific foods or medications
- Eating fruits and vegetables can increase test accuracy
- Remove cleaners or bluing agents in your toilet bowl or tank then flush toilet twice

## WARNINGS AND PRECAUTIONS:

## DO NOT DO THE TEST IF ANY OF THE FOLLOWING CONDITIONS EXIST:

- The test card is expired
- The test card is damaged, dirty, or if tampering is apparent
- If any kit contents are missing.
- You have bleeding hemorrhoids
- Have blood in your urine or see blood in the toilet, contact your doctor
- It is three days before or after your menstrual cycle
- You have bleeding cuts on your hands
- Your toilet water uses salt water or is rusty

## WHAT'S IN THIS KIT?

- Test card
- (2) Sampling brushes
- (2) Blue waste disposal bags
- Instructions/requisition form
- Return envelope

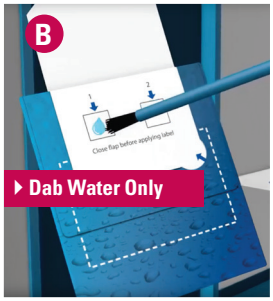
For a video demonstration on how to use this kit, please go to **clinicalgenomics.com/quest**

If you have questions about collecting your sample, call **800-531-3681.**

## STEP 1. Collect Water Sample

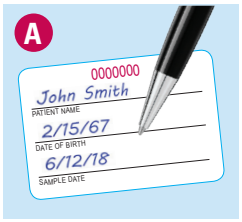
1. Flush toilet and have a bowel movement. Place used toilet paper in one of the blue waste bags in the kit and discard into household trash.
2. Lift the flap on front of test card.
3. Brush the surface of the stool for 5 seconds. Tap the brush once into toilet to remove excess water (Fig. A).
4. Brush surface of square 1 with water sample for about 5 seconds (Fig. B) and repeat same process with second brush on square 2. Use second blue waste bag to discard both brushes into household trash.

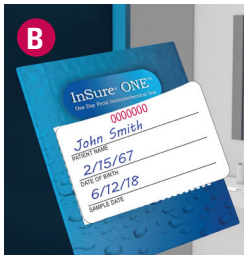
This is a water-based test. **Do not apply stool to the test card.**


## STEP 2. Label Your Sample

1. Complete all fields on removable label (Fig. A) using a ballpoint pen.
2. Close flap on test card.
3. Peel off label and use it to seal the flap on the test card. Apply label to card as shown (Fig. B).

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PATIENT NAME

DATE OF BIRTH

SAMPLE DATE

## STEP 3. Return Sample

1. Complete the requisition form on the reverse side of these instructions.
2. Place completed requisition form and sealed test card into postage paid envelope.
3. Please mail your sample return envelope as soon as possible — **preferably within 48 hours.**

- If your doctor printed a requisition, return it in the envelope with the test card.
- Do not wrap bag or wrap the test card.

For more information about InSure ONE, please visit **clinicalgenomics.com/quest**


ClinicalGenomics

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**See reverse side for Requisition Form**