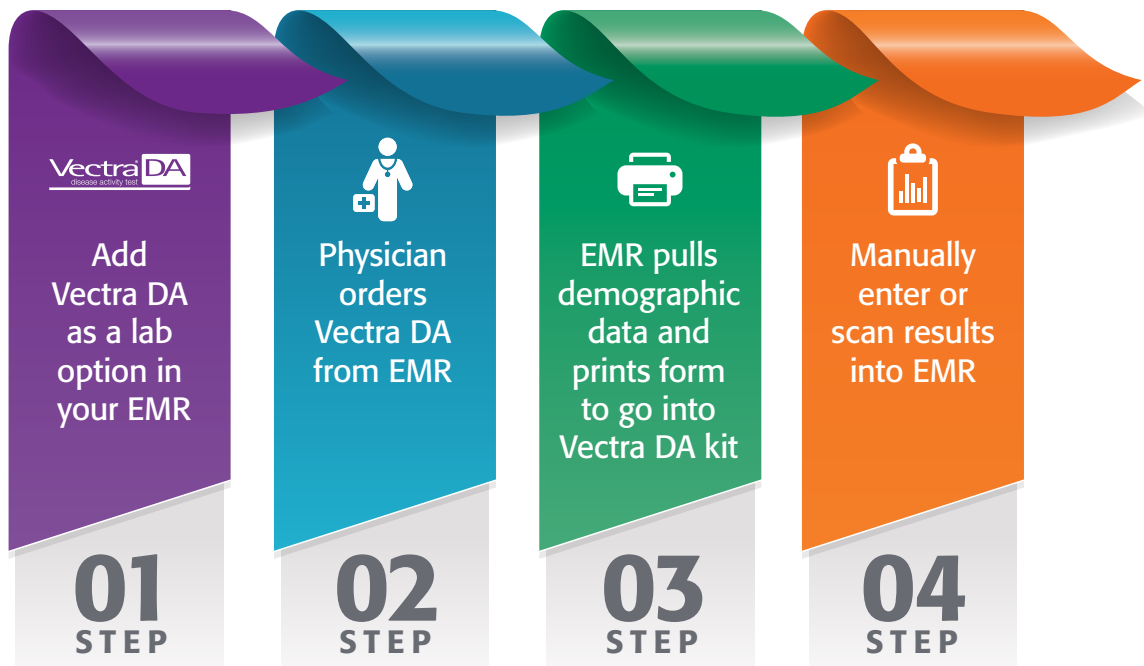


Guide to Creating an EMR-Generated Vectra DA Test Requisition Form

Creating an orderable test and associated printable form from your EMR system involves the following steps



EMR-generated test order forms streamline the process

- Eliminates physical MD signature (if e-signature is available)
- Eliminates extra insurance sheets (if included on form)
- Fast and simple setup

How to get started

- Identify who can customize your EMR, add Vectra DA as orderable test
- Set up form to include items on reverse side
- Send form to 877-743-8640 for approval
- Start ordering the Vectra DA test directly from your EMR system
- If you have any questions, please contact CTLSupport@crecendobio.com or your local CRL

Guide to Creating an EMR-Generated Vectra DA Test Requisition Form

The following fields are requirements for filing an EMR form

Clinic Name

**Random
Clinic Name**

A. Random Doctor, MD
John Q. Physician, MD

Patient
Demographic
Information:

Name
DOB
Gender
Address
Phone

Location: Random Clinic Name
2222 2nd Street
Unknown, CA 22222
(222)222-2222

Control #

MD Name

PATIENT INFORMATION

Name: Ima Patient
Address: 1111 1st Street
Random, CA 11111
(111)111-1111
Sex: M **DOB:** 01/01/1911
Phone: (111)111-1111 **Patient ID:** XB123

ORDERING PHYSICIAN INFORMATION

Physician Name: A. Random Doctor, MD
Lic. #: GU12345 **NP:** 0000000001

Electronically Signed By:
A. Random Doctor, MD 6/2/14

ORDERING PHYSICIAN SIGNATURE

MD e-Signature

CUSTOM PROFILES / LABORATORY TESTS

VDA Vectra DA (ACC-00000)

ICD DX CODES

714.0 **Rheumatoid arthritis**

Vectra DA

Crescendo
Account #

(optional)

ICD-9 Code

Collection Time/Date: 6/2/14 13:00

Collection
Date & Time

(include AM/PM
or Military Time)
(date & time can
be handwritten)

INSURANCE

Patient Insurance Physician Acct.

Primary Medicare Self

Policy Holder: Ima Patient **Policy #:** 000000000000

Payor Address:
Highmark Medicare Services
3333 3rd Street
Missing, CA 33333

Guarantor:
Ima Patient
1111 1st Street
Random, CA 11111

Insurance
Information

(optional only if
copy of insurance
card is provided)

Questions?

Contact Customer Service
at **877.743.8639** or email
CTLSupport@crescendobio.com