CND Life Sciences™

SYN-ONE TEST™ REQUISITION FORM

☐ **Syn-One Test™ for Synucleinopathy**

Syn-One is an anatomical pathology test to detect, visualize, and quantify the presence of abnormal, phosphorylated alpha-synuclein in cutaneous nerve fibers to support a diagnosis of a synucleinopathy: Parkinson's disease (PD), dementia with Lewy bodies (DLB), multiple system atrophy (MSA), pure autonomic failure (PAF), or REM sleep behavior disorder (RBD). Syn-One is also able to confirm and quantify the density of intra-epidermal nerve fibers to support a diagnosis of small fiber neuropathy and includes modified Congo red staining to identify amyloid proteins to support a diagnosis of amyloidosis hematoxylin and eosin for cell morphology.

TO PROVIDE THE BEST SUPPORT PLEASE INCLUDE ALL INFORMATION BELOW. MISSING INFORMATION MAY CAUSE PROCESSING DELAYS.

☐ Patient's insurance card (front/back) ☐ Patient contact and demographics ☐ Relevant medical records (optional)

PATIENT INFORMATION

First Name | Middle Initial | Last Name / Surname

Phone Number | Date of Birth (Month/Day/Year)

☐ Male ☐ Female

ICD-10 Code Information
☐ G60.3 Idiopathic Neuropathy
☐ G20 Parkinsonism
☐ Other: _____

PRACTICE INFORMATION

Ordering Physician/Clinician | Physician NPI (US) or Clinician ID Number (International)

Practice Name

Street Address | City | State

Zip or Postal Code | Country (International Only)

Phone Number | Fax Number | Email Address

SYNUCLEINOPATHY CLINICAL INFORMATION

Family History of Parkinson's Disease	☐ Yes	☐ No	☐ Unknown
Response to L-Dopa	☐ Yes	☐ No	☐ Unknown
Response to Dopaminergic Agonists	☐ Yes	☐ No	☐ Unknown
Dementia	☐ Yes	☐ No	☐ Unknown
Irregular Autonomic Function	☐ Yes	☐ No	☐ Unknown
Resting Tremors	☐ Yes	☐ No	☐ Unknown
Orthostatic Hypotension	☐ Yes	☐ No	☐ Unknown
REM Sleep Behavioral Disorder	☐ Yes	☐ No	☐ Unknown
Loss of Smell (Anosmia)	☐ Yes	☐ No	☐ Unknown
Periods of Confusion/Hallucinations	☐ Yes	☐ No	☐ Unknown
Constipation	☐ Yes	☐ No	☐ Unknown
Bladder Dysfunction	☐ Yes	☐ No	☐ Unknown
DaTScan Result	☐ Normal	☐ Abnormal	☐ Unknown

PLEASE COMPLETE AND SIGN THE OTHER SIDE OF THIS DOCUMENT

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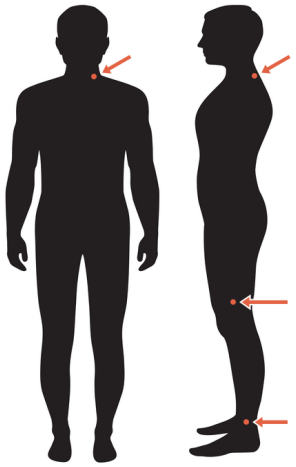
3MM SKIN BIOPSY SPECIMEN INFORMATION



Posterior Cervical - 3 cm laterally from C7 vertebrae

Distal Thigh - 10 cm above lateral knee

Distal Leg - 10 cm above lateral malleolus

Guidelines:

- When performing the biopsy, the metal head of the punch tool should be used with gentle pressure and rotation until **fully into the skin**
- **Gently** handle the biopsy with the forceps
- Make sure the biopsy is **free floating** in the vial

Clinician Performing Biopsy

Physician NPI (US) or Clinician ID Number (International)

Date of Specimen (Month/Day/Year)

Time of Specimen ☐ AM ☐ PM

	Side (Choose One)		Location (Choose One)				
Specimen 1	☐ Right	☐ Left	☐ Posterior Cervical	☐ Distal Thigh	☐ Distal Leg	☐ Other: _____	
Specimen 2	☐ Right	☐ Left	☐ Posterior Cervical	☐ Distal Thigh	☐ Distal Leg	☐ Other: _____	
Specimen 3	☐ Right	☐ Left	☐ Posterior Cervical	☐ Distal Thigh	☐ Distal Leg	☐ Other: _____	

The undersigned certifies that he/she is licensed to order the test(s) selected and that such test(s) are medically necessary for the care/treatment of this patient

Authorized Signature _____ Date _____

For Internal Use Only

Case # _____ Date Received _____ # of Biopsies _____ Biopsy Locations _____ Initials _____

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