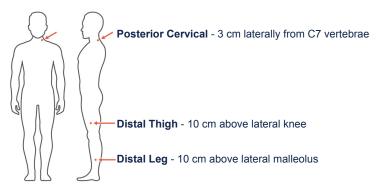


$\textbf{SYN-ONE TEST}^{\circ} \ \textbf{REQUISITION FORM}$

| Please select ONE of | the test choices be | low (one of the t | three boxes n | nust be | marked for | the lab | to accept the ord | ler). | | | |
|---|---------------------|-------------------|------------------|----------------|---------------------------|-----------|---------------------------------------|-----------------|--------------------------------|-------------------------------|--|
| ☐ Syn-One | Test® for Sy | nucleinop | athy [Stand | lard pan | nel includes: S | Synuclein | + IENFD (PGP 9. | 5) + Skin morph | ology (H&E) + Aı | myloidosis (Congo Red)] | |
| Alternative Test Opt ☐ Synuclein + IENI ☐ Amyloidosis (Cor | FD (PGP 9.5) + Sk | | | | | | | | | | |
| PATIENT INFO | RMATION | | | | | | | | | | |
| First Name | | | | | Middle Initia | l Last | Name / Surname | е | | | |
| | | | | | | | | | | | |
| Email Address | Cell Phone Number | | | Phone | Number | | Sex at Birth | | Date of Birth (Month/Day/Year) | | |
| | | | | | | | Male Female | | | | |
| | | | | | | | | ender Identity: | | | |
| Guarantor Name | | | | Guara | ntor Date of | f Birth | | | | ICD-10 Code (Refer to page 2) | |
| | | | | | | | Primary Insurance Secondary Insurance | | | | |
| | | | | | | | · <u> </u> | | | | |
| | | VITH SPECI | | MEN t issue | T. ed ID (front | /back) | ☐ Patie | ent demograp | | on (face sheet, etc.) | |
| PRACTICE INFO | RMATION | | | | | | | | | | |
| Ordering Clinician (Medi | | linician) C | Clinician NPI (I | US) or | Clinician ID | Number | (International) | Practice Nan | ne | | |
| | | | | | | | | | | | |
| Street Address | | | City | | | | | State | | IP or Postal Code | |
| | | | | | | | | | | | |
| Phone Number | Fay N | lumber | | | Email Addı | ress | | | | | |
| none rumber | Taxiv | | | | Email / tadi | | | | | | |
| District Designation Dis- | | | | | | IDI (IIO) | 01: .: .: | | P D | | |
| Clinician Performing Biop | osy | | | | Clinician N | IPI (US) | or Clinician ID N | umber (Internat | tional) | | |
| | | | | | | | | | | | |
| ate of Collection (Month/Day/Year) | | | | | Time of Collection | | | | | | |
| | | | | | | | | | | P | |
| Attention: Ensu | re site inform | ation is fill | ed in its | entir | ety and | matcl | n vial labels | s, or resul | ts may be | delayed. | |
| Biopsy Sites | Side (Select one | e) | Anatomic | Locatio | on (Select or | ne) | | | | | |
| Specimen 1 | Left | Right | Poste | erior Ce | rvical (PC) | | Other non-sta | ndard: | | | |
| Specimen 2 | Left | Right | Distal | l Thigh | (DT) | | Other non-standard: | | | | |
| Specimen 3 | Left | Right | Distal | l Leg (E | DL) | | Other non-sta | ndard: | | | |
| The undersigned co care/treatment of th | | he is license | d to order | the te | est(s) sele | ected a | nd that such | test(s) are r | nedically ne | cessary for the | |
| uthorized Signature | | | | | | | | | | | |
| For Internal Use Only | | | | | | | | | | | |
| # of Vials Received | Date F | Received | | / R | | | R | L/R | Init | ials | |



3MM SKIN BIOPSY SPECIMEN INFORMATION



Skin Biopsy Guidelines:

- When performing the biopsy, the metal head of the punch tool should be used with gentle rotation and gentle pressure until the metal part is fully buried into the skin
- Gently handle the biopsy with the forceps. Do not squeeze the epidermis
- · Make sure the biopsy is free floating in the vial

Common ICD-10-CM Codes Related to Synucleinopathies

Listed below are common ICD-10-CM codes. This list may be a useful reference tool; however, it is not a complete list. Please refer to an ICD-10-CM manual for a complete listing.

G20.A1 - Parkinson's disease without dyskinesia, without mention of fluctuations

G20.A2 - Parkinson's disease without dyskinesia, with fluctuations

G20.B1 - Parkinson's disease with dyskinesia, without mention of fluctuations

G20.B2 - Parkinson's disease with dyskinesia, with fluctuations

G20.C - Parkinsonism, unspecified

G31.83 - Neurocognitive disorder with Lewy bodies

G47.52 - REM sleep behavior disorder

G60.3 - Idiopathic progressive neuropathy

G90.3 Multisystem degeneration of the autonomic disorder - Disorder of the autonomic nervous system, unspecified G90 9

R41.840 - Attention and concentration deficit

R41.841 - Cognitive communication deficit

R41.842 - Visuospatial deficit

R41.843 - Psychomotor deficit

R41.844 - Frontal lobe and executive function deficit

The Syn-One Test® is a cutaneous neurodiagnostic test that uses immunofluorescence techniques to identify objective pathological markers of a synucleinopathy (e.g., 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 visualizes and quantifies the deposition of abnormal, phosphorylated alpha-synuclein within dermal nerves and simultaneously measures the density of intradepidermal nerve fibers to detect evidence of neurodegeneration as seen in some neurodegenerative diseases and in peripheral neuropathies. Syn-One includes modified Congo Red staining to identify amyloid proteins to support a diagnosis of amyloidosis and applies hematoxylin and eosin for overall skin morphology.

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