moleculera biosciences
a precision medicine company

INTERNATIONAL TEST REQUISITION
AUTOIMMUNE BRAIN PANEL™
(formerly known as the Cunningham Panel™)

Moleculera Patient ID For Office Use Only

PATIENT INFORMATION					
Patient FIRST Name	Patient LAST Name	MI	Date of Birth Month	Day	Year
Street Address	City and State	Country	Postal Code	Sex assigned at birth ☐ Male ☐ Female	
Cell Phone Number (include country code)	Home Phone Number (include country code)	Email			

RESPONSIBLE PARTY INFORMATION				
Responsible Party FIRST Name	Responsible Party LAST Name	MI	☐	Check here if address and phone numbers are the same as above.
Street Address	City and State	Country	Postal Code	Sex ☐ Male ☐ Female
Cell Phone Number (include country code)	Home Phone Number (include country code)	Email		

BILLING / PAYMENT INFORMATION			
Select billing / payment option: ☐ Bill patient directly. (Pre-payment or completed Payment Form required). ☐ Invoice Institution (Complete billing information below).			
Institution Name (to be invoiced)	Attention		
Street Address	City and State	Country	Postal Code
Phone Number (include country code)	Fax Number (include country code)	Email	

ORDERING PROVIDER INFORMATION				
Provider FIRST Name	Provider LAST Name	MI	Degree	Medical License Number
Clinic Name		Specialty		
Street Address	City and State	Country	Postal Code	
Phone Number (include country code)	Fax Number (include country code)	Email		

TESTING INFORMATION	
Ordering Provider Signature	**Date**
X	

NOTE: Requisition must have ordering provider's signature to avoid a delay in processing.