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 also measures the density of intraepidermal nerve fibers to support a diagnosis of small fiber neuropathy. For other important insights, Syn-One includes modified Congo Red staining to identify amyloid proteins to support a diagnosis of amyloidosis and hematoxylin and eosin for skin morphology.

Individual Test Options ☐ Synuclein + Skin histology (H&E) ☐ Synuclein + IENFD (PGP 9.5) + Skin histology (H&E) ☐ Amyloidosis (Congo Red) + Skin histology (H&E)

PLEASE INCLUDE ALL INFORMATION BELOW TO AVOID PROCESSING DELAYS. INCLUDE PRINTED COPIES OF REQUESTED INFORMATION WITH SPECIMEN SHIPMENT.

☐ Primary insurance card (front/back)
☐ Secondary insurance card (front/back)
☐ Government issued ID (front/back)
☐ Relevant medical records
☐ Patient demographic information (face sheet, etc.)
☐ Assignment of benefits

CPT codes for standard Syn-One Test panel: 88305 x 3, 88314 x 3, 88346 x 2, 88350 x 4, 88356 x 3
Codes and units reflect standard biopsy sites and number of biopsies. Codes and units may vary if non-standard number of biopsies are used.

PATIENT INFORMATION

First Name | Middle Initial | Last Name / Surname

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

Sex at Birth
☐ Male
☐ Female
Gender Identity: _____

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

Street Address | City | State

ZIP or Postal Code | Email Address

Primary Insurance Name/Member ID | Secondary Insurance Name/Member ID | Other Insurance Name/Member ID

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)

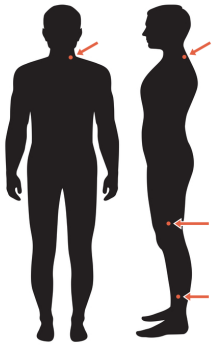
Phone Number | Fax Number | Email Address

PLEASE COMPLETE AND SIGN THE OTHER SIDE OF THIS DOCUMENT
MISSING INFORMATION MAY CAUSE DELAYS.

SYNUCLEINOPATHY CLINICAL INFORMATION

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

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

Biopsy Sites	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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