

SmartGut™ Microbiome Test Requisition Form

The uBiome SmartGut™ Test is a next generation sequencing-based clinical microbiome screening test that provides detailed information about a patient's gut microbiome. Using advanced DNA sequencing technology, SmartGut™ detects known beneficial, pathogenic, and commensal microorganisms that may affect the gut.

- The SmartGut™ test was developed and its performance characteristics determined by uBiome, Inc., a clinical laboratory certified under the Clinical Laboratory Improvement Amendments of 1988 and accredited by the College of American Pathologists (CAP) to perform high complexity testing. This test has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary.
- The data provided is for use by healthcare professionals to assist in their clinical treatment decisions. The results themselves do not constitute a clinical diagnosis and should not be construed as medical advice.
- uBiome cannot accept samples from New York state.



Patient Information

First Name	Last Name	Gender	Phone	Birthdate
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City, State, Zip	Insurance Provider	Insurance Number	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sample Information

Sample Source	Sample Date	Kit Id	New Sample?	Rerun Archived Sample?
<input type="text" value="Fecal"/>	<input type="text" value="At collection"/>	<input type="text"/>	<input type="checkbox"/> A kit will be sent to the patient.	<input type="checkbox"/> Note, previously collected samples will not be representative of the patient's current microbiome.

Licensed Healthcare Provider Information

First Name	Last Name	NPI	Phone	Email
<input type="text"/>				
Address	City	State	ZIP	Fax
<input type="text"/>				

Diagnosis Codes

The ICD-10 codes listed in this section are provided as a convenience for the ordering licensed healthcare provider (HCP). No HCP is required to use these ICD-10 codes. The ordering HCP should report the diagnosis code that is based on documentation in the patient's medical record and, which, in the HCP's professional judgment, best describes the reason for performing the test, regardless of whether it is included in the list below. Please note, the HCP must provide an ICD-10 code.

- Z13.9** - Encounter for screening, unspecified
- R19.7** - Diarrhea, unspecified
- K59.0** - Constipation
- R19.8** - Other specified symptoms and signs involving the digestive system and abdomen
- R10.819** - Abdominal tenderness, unspecified site
- K50.9** - Crohn's disease, unspecified
- K58.9** - Irritable bowel syndrome without diarrhea
- K58.0** - Irritable bowel syndrome with diarrhea
- R14.3** - Flatulence

DIAGNOSIS: If not already selected above, please provide diagnosis code(s) that apply to this patient.

1. _____ 2. _____ 3. _____ 4. _____

IHS Pilot -

Please send additional kits to the patient using the provided address above:

- 5 (**Recommended** - refer to Orange Card for details)
- Other: _____ (provide number)

Signature

I certify that I am a licensed healthcare provider (HCP) with the proper licensing in my jurisdiction to order this testing and that the testing is medically necessary.

<input type="text"/>	<input type="text"/>
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Authorized HCP Signature (required)

Date (MM/DD/YYYY)