



CellsBin Inc.

25 Business Park Drive, Branford, CT 06405
CLIA ID: 07D2336599 | CT License: CLAB.1158

TEST REQUISITION FORM

TEST ORDERED

CB-Scout™ BCMA CAR-T

Laboratory Developed Test (LDT)

ORDERING PHYSICIAN / ORGANIZATION

ORGANIZATION / FACILITY

ORDERING PHYSICIAN NAME

NPI #

PHONE

FAX / EMAIL FOR RESULTS

ADDRESS

PATIENT INFORMATION

PATIENT LAST NAME

PATIENT FIRST NAME

DATE OF BIRTH (MM/DD/YYYY)

MRN / PATIENT ID

GENDER

☐ Male ☐ Female ☐ Other

DIAGNOSIS / ICD-10 CODE

SPECIMEN INFORMATION

#	SAMPLE DESIGNATION	SPECIMEN TYPE	COLLECTION DATE	COLLECTION TIME
1	BCMA CAR-T Infusion Baseline			
2	Pre-Infusion PBMC Baseline			
3	Post-Infusion PBMC			

Accepted specimen types: PBMC, Whole Blood, Bone Marrow

PRIORITY

☐ Routine ☐ **STAT**

CLINICAL NOTES / SPECIAL INSTRUCTIONS

ORDERING PHYSICIAN SIGNATURE

Signature

DATE

MM / DD / YYYY

This test is a Laboratory Developed Test (LDT) validated and performed by CellsBin Inc.
pursuant to CLIA requirements. It has not been cleared or approved by the FDA.