

Announcing Cystinuria Management Program

FREE to patients with cystinuria

The Cystinuria Management Program is a new, comprehensive program.

It can help your physician manage your cystinuria by monitoring urinary cystine levels to determine if you are at risk of forming stones.

Routine monitoring of urinary cystine levels with 24-hour urine cystine testing is essential to preventing new stone formation. It is an accurate way of assessing urinary cystine levels and to inform treatment decisions.

Talk to your doctor about being a part of the Cystinuria Management Program.

See attached form to be completed by your healthcare professional.

This program is available to cystinuria patients in the U.S. Program may be canceled or changed at any time.



CYSTINURIA MANAGEMENT PROGRAM ENROLLMENT FORM

24-HOUR CYSTINE URINE TEST REQUEST

Patient information

LAST NAME FIRST NAME MIDDLE INITIAL
DATE OF BIRTH GENDER (M/F)
MEDICAL RECORD # (MRN) HEIGHT (inches) WEIGHT (pounds)
STREET ADDRESS
CITY STATE ZIP CODE
HOME PHONE # MOBILE PHONE #
EMAIL
CURRENTLY ON THIOL-BINDING MEDICATION: YES NO
IF YES, WHICH MEDICATION? _____

ALL PATIENT INFORMATION ABOVE MUST BE COMPLETED.

Practitioner information

LAST NAME FIRST NAME
FACILITY NAME
STREET ADDRESS
CITY STATE ZIP CODE
OFFICE/PRACTITIONER PHONE # FAX #
PRACTITIONER NPI # OFFICE CONTACT NAME
PRACTITIONER EMAIL

ALL PRACTITIONER INFORMATION ABOVE MUST BE COMPLETED.

Order

Diagnosis: E72.01 CYSTINURIA OTHER _____

Diagnosis in ICD-CM format in effect at date of service (highest specificity required)

24-hour cystine urine panels (for patients with known cystinuria)

TESTS

Cystine concentration	Urine pH	Urine Sodium
Timed collection	Urine volume	Urine Nitrogen
Quantitative cystine	Urine Calcium	Creatinine

ALL TESTS WILL BE PERFORMED ON EACH 24-HOUR URINE COLLECTION.

Testing will be performed by Select Reference Laboratories, LLC.

TEST FREQUENCY INSTRUCTIONS, SEND COLLECTION KIT TO PATIENT EVERY:

3 MONTHS* 4 MONTHS* 6 MONTHS* 12 MONTHS* HOLD SHIPMENT OF TEST UNTIL: ____/____/____

Prescriber Direction: _____

*In a 12-month period.

For questions regarding this program, contact the Cystinuria Management Program at:

1-855-846-5390, M-F: 8:00AM-8:00 PM (ET)

FAX THIS COMPLETED FORM TO 1-844-889-2577.

All faxed orders will be processed next business day.

Criteria for free testing:

Patient has been diagnosed with cystinuria.

I hereby attest that the patient has been diagnosed with cystinuria and is a candidate for this 24-Hour Cystine Urine Test. I understand that the diagnostic testing services offered under this program are directional in nature and that they do not eliminate the need for additional medical management.

Authorized practitioner signature

Date

Program may be cancelled or changed at any time.

