

FREE to patients with cystinuria

Cystinuria Management Program

The Cystinuria Management Program is a comprehensive, 24-hour urine testing 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 provided by the Total Care Hub: YES NO

If yes, which medication? _____

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 PATIENT INFORMATION ABOVE MUST BE COMPLETED.

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: _____

I request a copy of the 24-hr cystine urine results be mailed directly to this patient.

*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)

SUBMIT THIS COMPLETED FORM:

Via Fax: 1-844-889-2577

Via Email: info@ManagingCystinuria.com

All 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.

