Please complete all parts of the requisition highlighted in red. Below are some tips to properly complete the form.

**Collection Date**
Fill in collection date for timely processing.

**Physician Information**
Please complete ordering physician and ensure all information is accurate.

**Signatures**
Both physicians and patients should sign the test request form.

**Patient Information**
Clearly complete all patient information.

**Clinical Information**
Check off patient’s menopausal status.

**Insurance Information**
Ensure the patient’s insurance information is complete and up to date or attach copy of insurance card, front and back.

**Billing Information**
Ensure all patient information is accurate.

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**Laboratory Test Requisition Form**

**TEST REQUEST FOR OVA1**

**VDS-125** (FEMALE SERUM ONLY) **OVA1+** is a reflex test in which OVA1® is performed and then reflexes to OVERA® if the OVA1® result is in the intermediate range.

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**7844.277.4721 ASPiRALab.com**

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