

### New Test Submission Form

#### A. Requestor Information

Name:	
Title:	
Division/Department:	
Email Address:	

#### B. Test Information

New Test Name:	
Test Methodology:	
Recommended Testing Laboratory, Catalog Number:	
CPT Code:	
Cost of Test:	
Medicare/Medicaid Reimbursement:	

#### C. Test Utilization

# Test Orders/Month:	
# Patients/Month:	
Frequency Per Patient:	
% Inpatient vs. Outpatient Orders:	

#### D. Clinical Utility

Please provide a detailed explanation of the current patient management approaches and describe how use of the new test will change patient care and improve patient outcomes compared to currently available alternatives.

Current approach and alternatives for care management:	
What is the intended clinical utility of the test?	

Describe the clinical efficacy of the test (sensitivity/specificity):	
How will use of the test <i>change</i> clinical management and/or treatment?	
How will use of the test <i>change</i> clinical outcomes?	
How will use of the test impact patient safety?	
List the clinical trials support test utilization ( <i>include references</i> ):	
What professional practice guidelines or evidence-based data support test utilization ( <i>include references</i> )?	
Will the new test be utilized for research purposes ( <i>explain</i> )?	
What is the required turn-around time for best use of the test?	

**E. Conflict of Interest**

Please disclose any conflicts of interest.

- I (or a family member) participate in clinical research related to this test
- I (or a family member) a member of a speaker's bureau associated with this test or manufacturer
- I (or a family member) receive funding for research from the manufacturer
- I (or a family member) receive patent royalties associated with this test
- I (or a family member) am an investor, owner or receive other financial incentives associated with this test or manufacturer
- I have no conflicts of interest to disclose

Explain any conflicts listed above:     
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**F. References**

Please attach references to support clinical utility (*e.g., published clinical trial reports, professional practice guidelines*).

References attached

Submitter Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_