# Agendia Customer Portal QuickStart Guide



# **Logging On**

- URL: https://agendia.secure.force.com/
- Enter your username and password and click [Login].

(Refer to your email from Agendia titled, "Your Agendia Inc. Customer Portal username and password" to retrieve your **username** and password.)

#### **New Order - Selection Screen**

• Defaults to Breast Cancer and Block(s) / slides. Click [Next>>] if this is correct.



# **New Order - Physician Tab**

• Additional required fields will display when you select "Yes" for **Additional Physician Reports**. Select how the additional physician(s) should receive the patient report (select any combination). In the **Additional Physician Contact Information** text field, provide the physician information and indicate how the report should be delivered (e.g. email address, Fax number, mailing address).

Physician	Patient	Billing	Tests	Specimen	Attachments	Authorization
	Ordering Pl	nysician Do	ctor, Test	~		Account Name Agendia Test Account 🗸
Additional	Reports					
Copy Of Re Additional Additional	eport to Patho Physician Re Physician Co Inform	ports Z Em ntact Fax 12 ation Email	→ ail ✓ Fax 21-121-1212 to doctortes	Hard Copy @agendia.com	Additional Physic	ian Reports Ves ♥
				Pre	vious Nex	t

#### **New Order - Patient Tab**

- Enter all **Patient information** fields.
- All Date fields must be entered in this format mm/dd/yyyy or select the date from the pop-up calendar.
- Selecting Medicare Patient = "Yes" makes the Hospital Status field required.
- Selecting Hospital Status = "Hospital Inpatient (>24 hour stay)" makes the Hospital Inpatient Discharge Date required.
- If the patient is enrolled in a Clinical Trial (e.g. FLEX, I-SPY2, etc.) or an Agendia Program (e.g. DiscoverPrint), select the appropriate option from the **Clinical Program** field.



	Physician	Patient	Billing	Tests	Specimen	Attachme	ents A	uthorization		
	First Nan	ne Test				Middle Name	A		Last Name	Patient
	Addre	ss 123 Test	St.						City	Irvine
	State/Provin	ce CA 🔹	·		Zip	Postal Code	92618		Patient Telephone	(000) 000-0000
	Gend	er Female	~			DOB	01/01/1980	(mm/dd/yyyy)	MRN	12345
	Medica Patie	nt Yes	•		Н	ospital Status	Hospital In	patient (>24 hour stay) •	Hospital Inpatient Discharge Date	05/05/2020 (mm/dd/yyyy)
	Clinic Progra	m Select			~					
L					P	revious	Next			

### **New Order - Billing Tab**

- The fields displayed are controlled by what you select in the Coverage field.
- If Insurance is selected, the screen updates to show Primary Insurance fields. The Secondary Insurance field defaults to "No". Selecting "Yes", adds another feild where the secondary insurance information can be entered.

Physician	Patient	Billing	Tests	Specimen	Attachments	Authorizati	on			
ICD-10 Cat ICD-10 Cov	tegory C50.1 Code C50.1 rerage Insura	1 Malignant 11 Malignan nce ❤	neoplasm o t neoplasm	of central portion of central portior	of breast, female n of right female brea	▼ ast ▼	Other			
Primary Ins	surance									
Payor Name Relationship to Insured Secondary Insurance	Blue Shield of Spouse	f California	red [01/10/ DB (mm/d	1970 Id/yyyy)	Payor (9 Telephone (9 Group 3 Member 3	999) 999-9999 253123	Me	Prior Auth#	354 3456	
Secondary	Insurance									
Payor Nam Relationship Insure	ne Cigna to ed Spouse	▼ Ins	ured 01/1 DOB (mm	0/1970 1/dd/yyyy)	Payor Telephone Group Member	121) 121-1122	Me	Prior Auth#	3456	
				Prev	vious Next					

#### New Order - Tests Tab

- Submission Type Defaults to "First Submission" change to "Resubmission" if applicable.
- Collection Instructions Defaults to "Agendia to request specimen from pathology". If you are providing the specimen yourself, please change to "Ordering physician to request specimen from pathology".
- **Requested Tests** Selecting **Agendia Breast Cancer Test Suite** checks off MammaPrint and BluePrint. You can also order individual tests.
- Agendia will perform any test selected.



Physician	Patient	Billing	Tests	Specimen	Attachments	Authorization	
Submissio	n Type   Firs	t Submission	•	Collect	tion Instructions	gendia to request specimen from pathology 🗸 🗸	
Gene Expre	ession Pr	ofiles					
Agendia will p ✓ Perform te Requested Tes	erform any i st(s) marked	est(s) indicat d on requisitio	ed by stand on only	ding order on file	e from the ordering	physician unless otherwise requested:	
requested les	🗢 🔽 Age	ndia Breast	Cancer Te	st Suite (Mamn	naPrint & Blue Print	)	
	🗹 M	ammaPrint,	70 Gene B	reast Cancer Re	ecurrence Assay (N	lammaPrint Only)	
	🗹 В	luePrint, 80	Gene Mole	cular Subtyping	Assay (BluePrint C	nly)	
				Pre	vious Nex	t	

### **New Order - Specimen Tab**

- The **Path Lab** field displays any pathology labs that Agendia has associated with your account. Selecting a value from this list displays the Fax number associated with that Path Lab.
- If there are no path labs listed, or if the one you need is not listed, click the **Other Path Lab/Fax** checkbox to the right and enter the Path Lab name and Fax number. When your order is processed by Agendia, we will setup a new Path Lab record and associate it with your account. The next time you enter an order, that Path Lab will be listed for selection.
- If the FFPE block should be returned to a different Path Lab, set Return to Same to "No" and enter information about where to return the block in the Other Block Return Info field.
- Please fill out the **Specimen and Clinical Pathological Information** sections with all available information.

Physician	Patient	Billing	Tests	Specimen	Attachments	Authorization			
Re	Path Lai Fa: turn to Same'	O ARD - Pa x (999) 999- ? Yes x	thology Lab 9999 •	1 🗸		Other Path La Other Block Return	ab/Fax		
Specimen									
Collection Date Multiple Primaries Location Co <i>clock positio</i> Testing	5/14/2020 Agendia to c mments if mu	(mm/dd/yyyy hoose best b	) Sp lock V S ens, please	ecimen Biop Type Biop (123 provide locatio	Insy/Core  Section Sec	en Left Breast 345 erior, Medial, Late	▼ 3. eral) or	Container Type 123456	
Clinical Pa	thological	Informatio	n						
N	odal Status 🧯	(NX) Not S	ubmitted or	Found 🗸	Tumor	Size (cm) 🥝 ≤ 5.	0 cm 🗸	ER Status 🥝 Posit	ive 🗸
Clinical A	ssessment 🤇	2			Tum	or Grade 🥝 1	~	PR Status 🥝 Nega	tive 🗸
					Clinical As	sessment 🥝 🗹		HER2 Status 🥝 Equiv	rocal ♥
<u>.</u>				Pre	evious Nex	t			,



# New Order - Attachments Tab

• If you have electronic versions of the patient insurance card or pathology report that you would like to attach, click the [**Attach**] button and follow the on-screen prompts to browse and select the electronic file.



• If you attach the wrong document, click the checkbox to the left of the row, then click the [**Delete**] button to remove it.



### New Order - Authorization Tab

- Please review the Agendia General Terms & Conditions by clicking on the blue
- hyperlink. These are the same terms and conditions on a paper Test Request Form (TRF).
- Click the checkbox to agree with the Ordering Physician Authorization statement and click [**Submit**].

As the p this patie obtained	hysician of re ent. I anticipa I already. This	cord, I have the that this te Order form	concluded that est(s) will provid is part of the n	t the test(s) I am or de prognostic and/o nedical record, is confirm	dering is medically n or predictive informat onsistent with other e	ecessary for treatment of ion which has not been entries in the record, and generated for this test to be	
performe submittir Conditio	ng this Order, ng this Order, ns. Agendia's	endia, Inc. t I acknowled General Ter	o release test i lge that I have rms & Condition	nformation when n read and agree to ns (accessible via t	ecessary to obtain re be bound by Agendia his link).	imbursement. In 's General Terms &	