

Instructions for Service Request

- 1 Complete and sign the Test Requisition Form (TRF)
- 2 Give patient a Peripheral Blood Kit + completed TRF form
 - Provide the patient with a Fulgent Oncology Peripheral Blood Kit
 - Heme: 1 EDTA (purple) + 1 Heparin (green) tube
 - Solid Tumor/Germline: 1 EDTA (purple)
 - **Mandatory:** Include a copy of the completed TRF with the kit
- 3 Complete a Mobile Phlebotomy Request Form with the patient
 - Assist the patient in completing the Mobile Phlebotomy Request form
- 4 Send forms and documents to Fulgent/Inform Diagnostics by faxing them to +1.855.856.0655 or emailing them to info@fulgentoncology.com:
 - Completed TRF
 - Completed Mobile Phlebotomy Request form
 - Most recent CBC and relevant clinical reports
 - Patient insurance information/cards
- 5 **Optional:** Contact your local sales representative or customer service at +1.888.354.8168 to notify them of the order and request

What's Next?

- Fulgent will reach out to your patient to confirm their appointment within 24 hours.
- Fulgent has partnered with GetLabs for this service. Service region limitations may apply.
- Patients will be contacted by Fulgent and/or GetLabs by phone, text, and/or email as part of this service.
- Samples may take 1-2 days from the time of collection to arrive at the laboratory.
- If you have any questions, contact us at +1.888.354.8168 or info@fulgentoncology.com.

Mobile Phlebotomy Request Form

Patient Information

*All Fields Required

PATIENT LAST NAME

PATIENT FIRST NAME

DATE OF BIRTH

CELL PHONE NUMBER

EMAIL

PATIENT ADDRESS/LOCATION OF PHLEBOTOMY SERVICE

Preferred Times of Service

Please provide at least TWO 3-hour time windows (e.g. 3/1/2023, 9am-12am PT).

Blood draw sessions are typically 30 minutes.

1

2

Fulgent/Inform Diagnostics will contact you, the patient, to confirm your appointment time.

Consent to Receive Text Message and Email Appointment Reminders

By signing below, I authorize Fulgent and its affiliates to contact me by text message and email for appointment reminders. I understand that I am responsible for all fees charged by my carrier's service plan. I may opt-out of receiving text communications at any time by replying by text, "STOP." I understand that text messaging is not a secure format of communication. There is some risk that individually identifiable health information or other sensitive or confidential information contained in such text may be misdirected, disclosed to or intercepted by unauthorized third parties. Information included in text messages may include your first name, date/time of appointments, or other pertinent information. By signing below, I indicate I am the primary user for the mobile phone number listed above, I accept the risk explained above and consent to receive text and email communications from Fulgent and its affiliates.

X

PATIENT SIGNATURE

DATE (MM/DD/YYYY)