Quick Reference Guide

Instructions for Completing a Test Requisition



- **1. Client Identification:** This section is pre-populated with your information. To request more requisitions, contact your Fulgent Oncology representative, email us at customerservice@fulgentoncology.com or call us at 800.459.1185.
- Patient Identification: Required all fields must be completed. MRN: Medical Record Number.
- **3.** Insurance / Billing Information: Required Provide face sheet and front/back of patient's insurance card. You must specify at least one Bill To option:
 - Client Bill: All charges billed to client listed in client identification section.
 - <u>Insurance</u>: All charges billed to insurance (except when payer follows CMS guidelines and patient status indicated as inpatient or outpatient; if so, TC charges billed to client, PC charges to insurance).
 - Patient/Self Pay: All charges billed to patient.
 - <u>Split Bill: Client (TC) and Insurance (PC):</u> All TC charges billed to client listed in client identification section, all PC charges to insurance.
 - OP Molecular to Medicare: Molecular testing billed to Medicare, all other testing to client (listed in client identification section).
 - <u>Bill charges to other Hospital/Facility:</u> If an entity other than who is listed in the Client Information section (#1 above) is to be billed, provide the Account Name and Account Number. Contact Fulgent Oncology with any questions.
- **4. Specimen Information:** Required Specimen ID, Dates/Times (collection, discharge), specimen type and prep method. Only provide information for the specimen type submitted. Note that specimen requirements are listed on the back of each requisition.
- **5. Clinical Information: Required** Diagnosis/ICD codes and bone marrow transplant information. Attach copy of lab results (i.e. CBC or pathology reports), when appropriate. Information in this section is important to support faster turn-around-time and assist our pathologists in the assessment of the case.
- **6.** Laboratory Test Requested: Required Select requested tests, including the appropriate level of service on FLOW and FISH tests. Note that tech-only tests are only available for authorized accounts. Unauthorized accounts will automatically be accessioned as global. Contact Fulgent Oncology to set up tech-only authorization.
- Additional Tests, Comments or Differential Diagnosis: Include additional tests, comments or differential diagnoses that may assist our pathologists in their assessment.
- **8. Signature:** Signature is **required for orders of cytogenetic testing** that include products of conception and/or constitutional analysis. By signing, the ordering physician confirms that the patient has been informed and provided consent for testing.

2580 Westside Park	Oncology kway, Alpharetta, GA 30	004					
P: 1-800-459-1185	18-809-9071 TIENT IDENTI	FICATION				Date pa	скадец:
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SPECIMEN INFORMATION (T	wo unique identifiers are requ	uired on requisition & specim	en)	į			
Specimen ID:		Block II	Dt	Colle	ection Date:	Time:	Date of Discharge:
Bone Marrow asp	Na-Heparin	EDTA		Body	/ Site:		
□ Blood	Na-Heparin	EDTA	Other	Form	nalin Fixed: Yes No	Other First	ion
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CLINICAL INFORMATION	PLEASE PROVIDE CBC						
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(ICD-10 information is required) Physician Notice: Only tests or diagr				Autologou	us Bone Marrow Transplant		
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