Quick Reference Guide

Instructions for Completing a Test Requisition

fulgent Oncology

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.

2. **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.
   - Insurance: 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.
   - Split Bill: Client (TC) and Insurance (PC): 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).
   - Bill charges to other Hospital/Facility: 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.

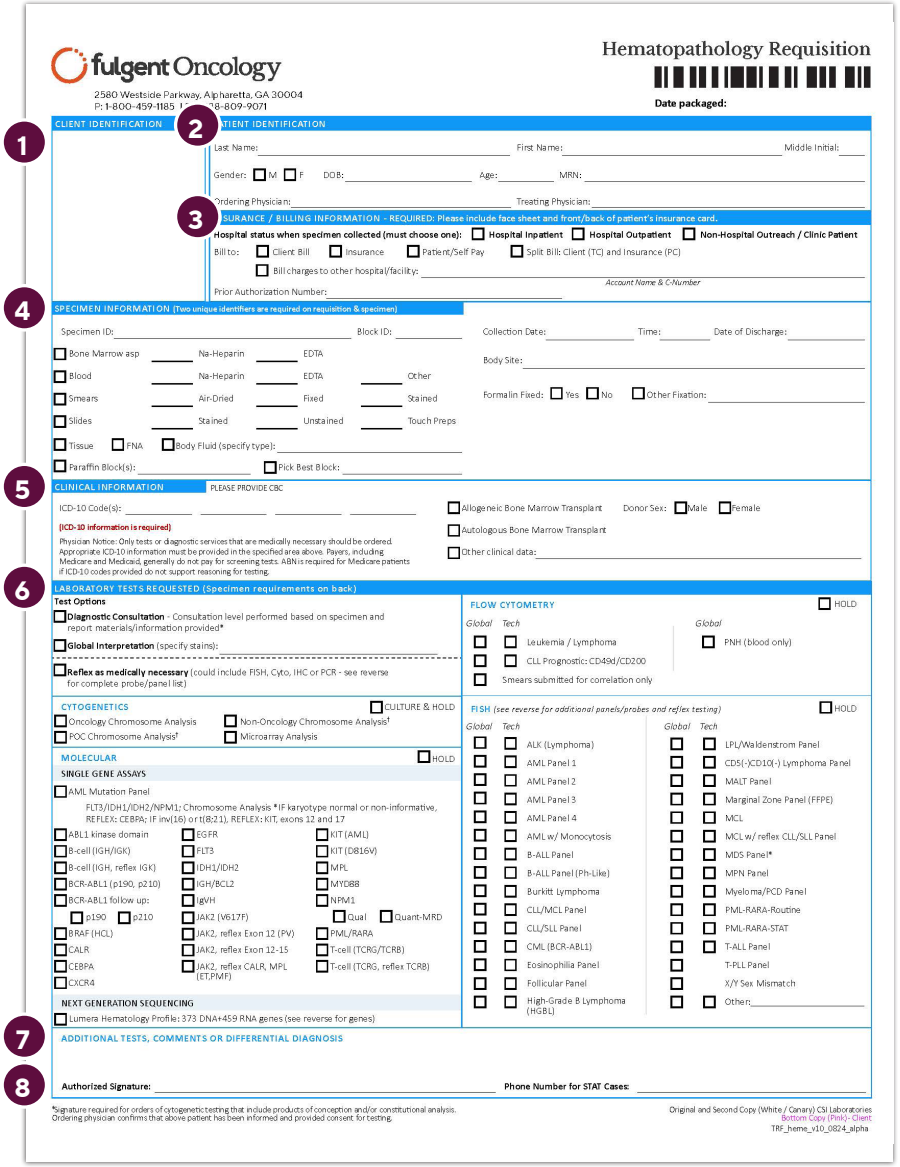
4. **Specimen Information: Required** – Specimen ID, Dates/Times (collection, discharge), specimen type and prep method. Only provide information for the specimen type submitted. Note that specimen requirements are listed on the back of each requisition.

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.

7. **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.


fulgent Oncology

2580 Westside Parkway, Alpharetta, GA 30004
P: 1-800-459-1185 | F: 1-888-809-9071

Hematopathology Requisition

Date packaged:

1 CLIENT IDENTIFICATION

2 PATIENT IDENTIFICATION

Last Name: First Name: Middle Initial:

Gender: M F DOB: Age: MRN:

Ordering Physician: Treating Physician:

3 INSURANCE / BILLING INFORMATION - REQUIRED: Please include face sheet and front/back of patient's insurance card.

Hospital status when specimen collected (must choose one): Hospital Inpatient Hospital Outpatient Non-Hospital Outreach / Clinic Patient

Bill to: Client Bill Insurance Patient/Self Pay Split Bill: Client (TC) and Insurance (PC)

Bill charges to other hospital/facility: (Account Name & C-Number)

Prior Authorization Number:

4 SPECIMEN INFORMATION (Two unique identifiers are required on requisition & specimen)

Specimen ID: Block ID: Collection Date: Time: Date of Discharge:

Bone Marrow asp ___ Na-Heparin ___ EDTA

Blood ___ Na-Heparin ___ EDTA ___ Other

Smears ___ Air-Dried ___ Fixed ___ Stained

Slides ___ Stained ___ Unstained ___ Touch Preps

Body Site:

Formalin Fixed: Yes No Other Fixation:

Tissue FNA Body Fluid (specify type):

Paraffin Block(s): Pick Best Block:

5 CLINICAL INFORMATION PLEASE PROVIDE CBC

ICD-10 Code(s):

(ICD-10 information is required)

Physician Notice: Only tests or diagnostic services that are medically necessary should be ordered. Appropriate ICD-10 information must be provided in the specified area above. Payers, including Medicare and Medicaid, generally do not pay for screening tests. ABN is required for Medicare patients if ICD-10 codes provided do not support reasoning for testing.

Allogeneic Bone Marrow Transplant Donor Sex: Male Female

Autologous Bone Marrow Transplant

Other clinical data:

6 LABORATORY TESTS REQUESTED (Specimen requirements on back)

Test Options

Diagnostic Consultation - Consultation level performed based on specimen and report materials/information provided*

Global Interpretation (specify stains):

Reflex as medically necessary (could include FISH, Cyto, IHC or PCR - see reverse for complete probe/panel list)

CYTOGENETICS CULTURE & HOLD

Oncology Chromosome Analysis Non-Oncology Chromosome Analysis†

POC Chromosome Analysis† Microarray Analysis

MOLECULAR HOLD

SINGLE GENE ASSAYS

AML Mutation Panel

FLT3/IDH1/IDH2/NPM1; Chromosome Analysis *IF karyotype normal or non-informative, REFLEX: CEBPA; IF inv(16) or t(8;21), REFLEX: KIT, exons 12 and 17

ABL1 kinase domain EGFR KIT (AML)

B-cell (IGH/IGK) FLT3 KIT (D816V)

B-cell (IGH, reflex IGK) IDH1/IDH2 MPL

BCR-ABL1 (p190, p210) IGH/BCL2 MYD88

BCR-ABL1 follow up: IgVH NPM1

p190 p210 JAK2 (V617F) Qual Quant-MRD

BRAF (HCL) JAK2, reflex Exon 12 (PV) PML/RARA

CALR JAK2, reflex Exon 12-15 T-cell (TCRG/TCRB)

CEBPA JAK2, reflex CALR, MPL (ET,PMF) T-cell (TCRG, reflex TCRB)

CXCR4

NEXT GENERATION SEQUENCING

Lumera Hematology Profile: 373 DNA+459 RNA genes (see reverse for genes)

FLOW CYTOMETRY HOLD

Global	Tech		Global	
		Leukemia / Lymphoma		PNH (blood only)
		CLL Prognostic: CD49d/CD200		
		Smears submitted for correlation only		

FISH (see reverse for additional panels/probes and reflex testing) HOLD

Global	Tech		Global	Tech	
		ALK (Lymphoma)			LPL/Waldenstrom Panel
		AML Panel 1			CD5(-)CD10(-) Lymphoma Panel
		AML Panel 2			MALT Panel
		AML Panel 3			Marginal Zone Panel (FFPE)
		AML Panel 4			MCL
		AML w/ Monocytosis			MCL w/ reflex CLL/SLL Panel
		B-ALL Panel			MDS Panel*
		B-ALL Panel (Ph-Like)			MPN Panel
		Burkitt Lymphoma			Myeloma/PCD Panel
		CLL/MCL Panel			PML-RARA-Routine
		CLL/SLL Panel			PML-RARA-STAT
		CML (BCR-ABL1)			T-ALL Panel
		Eosinophilia Panel			T-PLL Panel
		Follicular Panel			X/Y Sex Mismatch
		High-Grade B Lymphoma (HGBL)			Other:

7 ADDITIONAL TESTS, COMMENTS OR DIFFERENTIAL DIAGNOSIS

8 Authorized Signature: Phone Number for STAT Cases:

*Signature required for orders of cytogenetic testing that include products of conception and/or constitutional analysis. Ordering physician confirms that above patient has been informed and provided consent for testing.

Original and Second Copy (White / Canary) CSI Laboratories
Bottom Copy (Pink) - Client
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