CSI Laboratories
A FULGENT GENETICS COMPANY

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 CSI representative, email us at clientservice@csilaboratories.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 CSI with any questions.

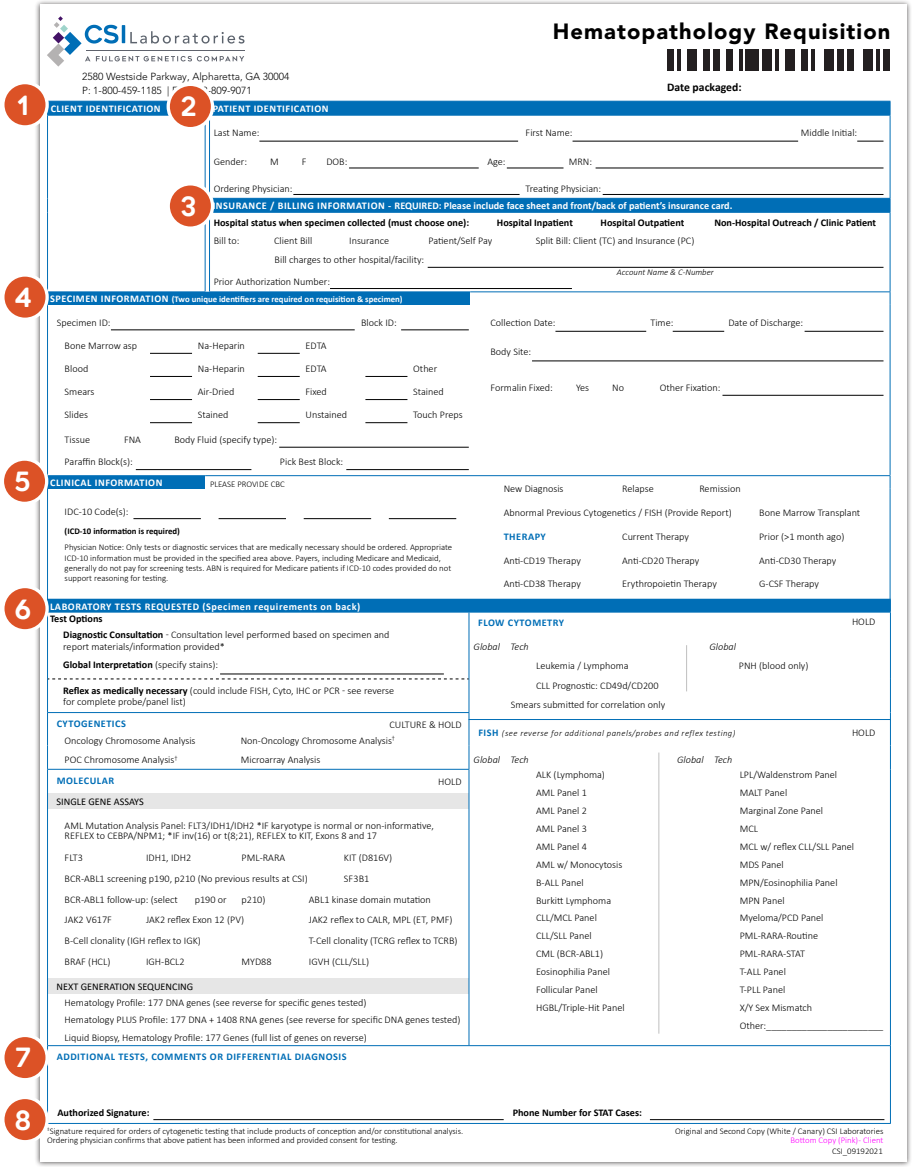
4. **Specimen Information:** **Required** – Specimen ID, Dates/Times (collection, discharge), specimen type and prep method. Only provide information for the specimen type submitted. Note that specimen requirements are listed on the back of each requisition.

5. **Clinical Information:** **Required** – Diagnosis code/ICD codes, reason for referral, stage or disease status. 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 CSI 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.



CSI Laboratories
A FULGENT GENETICS COMPANY
2580 Westside Parkway, Alpharetta, GA 30004
P: 1-800-459-1185 | F: 1-800-809-9071

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

IDC-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.

New Diagnosis Relapse Remission
Abnormal Previous Cytogenetics / FISH (Provide Report) Bone Marrow Transplant
THERAPY Current Therapy Prior (>1 month ago)
Anti-CD19 Therapy Anti-CD20 Therapy Anti-CD30 Therapy
Anti-CD38 Therapy Erythropoietin Therapy G-CSF Therapy

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 Analysis Panel: FLT3/IDH1/IDH2 *IF karyotype is normal or non-informative, REFLEX to CEBPA/NPM1; *IF inv(16) or t(8;21), REFLEX to KIT, Exons 8 and 17
FLT3 IDH1, IDH2 PML-RARA KIT (D816V)
BCR-ABL1 screening p190, p210 (No previous results at CSI) SF3B1
BCR-ABL1 follow-up: (select p190 or p210) ABL1 kinase domain mutation
JAK2 V617F JAK2 reflex Exon 12 (PV) JAK2 reflex to CALR, MPL (ET, PMF)
B-Cell clonality (IGH reflex to IGK) T-Cell clonality (TCRG reflex to TCRB)
BRAF (HCL) IGH-BCL2 MYD88 IGVH (CLL/SLL)
NEXT GENERATION SEQUENCING
Hematology Profile: 177 DNA genes (see reverse for specific genes tested)
Hematology PLUS Profile: 177 DNA + 1408 RNA genes (see reverse for specific DNA genes tested)
Liquid Biopsy, Hematology Profile: 177 Genes (full list of genes on reverse)

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

FISH *(see reverse for additional panels/probes and reflex testing)* HOLD
Global *Tech*
ALK (Lymphoma)
AML Panel 1
AML Panel 2
AML Panel 3
AML Panel 4
AML w/ Monocytosis
B-ALL Panel
Burkitt Lymphoma
CLL/MCL Panel
CLL/SLL Panel
CML (BCR-ABL1)
Eosinophilia Panel
Follicular Panel
HGBL/Triple-Hit Panel
Global *Tech*
LPL/Waldenstrom Panel
MALT Panel
Marginal Zone Panel
MCL
MCL w/ reflex CLL/SLL Panel
MDS Panel
MPN/Eosinophilia Panel
MPN Panel
Myeloma/PCD Panel
PML-RARA-Routine
PML-RARA-STAT
T-ALL Panel
T-PLL Panel
X/Y Sex Mismatch
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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