Additional Test Requisition

Please complete the BLANK FIELDS and fax requisition to 866.688.3280

INFORM DIAGNOSTICS
A FULGENT GENETICS COMPANY

PATIENT INFORMATION

Patient Name _____

Inform Diagnostics Accession No. _____ Date of Birth _____

CLIENT INFORMATION

Practice/Organization Name _____

Send Results to _____

Phone _____ Fax _____

Requested by _____ Date _____

By signing this requisition, I certify that the tests, including any add-on tests, are medically necessary for the diagnosis, treatment, or management of the patient's condition. I further confirm that the clinical indications, reason(s) for testing, and/or ICD-10 codes provided accurately support the medical necessity of each test ordered.

Authorized Signature _____

REQUESTED TEST

Breast

- ☐ Breast prognostic panel
- ☐ Genomic Health OncotypeDX®
- ☐ HER2 FISH/CISH

Dermatology

- ☐ BRAF (melanoma)
  - ☐ IHC ☐ Molecular
- ☐ DecisionDx™-Melanoma
- ☐ DecisionDx™-SCC
- ☐ Mismatch repair proteins (MLH1/MSH2/MSH6/PMS2) by IHC (Lynch/Muir-Torre syndrome)

Gastroenterology

- ☐ BRAF
- ☐ BRAF with reflex to MLH1 methylation
- ☐ Extended RAS (KRAS/NRAS exons 2-4)
- ☐ HER2/neu/FISH
- ☐ Microsatellite instability (MSI) by PCR (secondary initial screening test for Lynch syndrome)
- ☐ Mismatch repair proteins (MLH1/MSH2/MSH6/PMS2) by IHC (Lynch/Muir-Torre syndrome)
- ☐ TissueCypher™

Hematology

- ☐ Flow cytometry (fresh tissue in RPMI medium required)

Urology

- ☐ Confirm MDx® (prostate)
- ☐ PINgenius™ (prostate)
- ☐ PTEN/ERG biomarker profile IHC
- ☐ Prolaris® (prostate)
- ☐ Genomic Health OncotypeDX® (prostate)
- ☐ Decipher® (prostate)
- ☐ UroVysion® (urine)

OTHER

1. _____
2. _____
3. _____

INTERNAL USE

For internal routing only _____ Date _____

Received _____

To Lab _____ To Path _____ Consult _____

1111 S. Freeport Pkwy. / Coppell, TX 75019 / 866.588.3280 / Fax 866.688.3280 / CLIA 45D0975010
15 Crawford St., Suite 100 / Needham, MA 02494 / CLIA 22D0957540

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