

Test Requisition Form



Zepto Life Technology, Inc.

*Required Information

Test Requested: FungiFlex® Mold Panel
Specimen Type: K2-EDTA Whole Blood or Plasma

Patient Information

MRN*	Last Name*	First Name*
DOB*	Biological Sex* <input type="checkbox"/> Female <input type="checkbox"/> Male	M.I.

Ordering Physician Information

Last Name*	First Name*	M.I.
Phone #*	Email	

Institution Information

Institution Name*		
Address*		
City*	State*	Zip Code*
Email	Phone #	Fax #
If FungiFlex® Mold Panel test results are detected, please call back.*		Call back #*

Mold Panel - Organisms Detected

Aspergillus flavus
Aspergillus fumigatus
Aspergillus niger
Aspergillus terreus
Fusarium spp.
Fusarium verticillioides
Fusarium oxysporum
Fusarium solani
Scedosporium spp.
Scedosporium species
Lomentospora prolificans
Mucorales agents
Mucor circinelloides
Rhizomucor miehei
Rhizopus microsporus
Rhizopus oryzae
Cunninghamella bertholletiae

Specimen Information

Accession #	Collection Date*	Collection Time*
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Clinical Context

Primary ICD-10 Code	Secondary ICD-10 Code
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Immunocompromised

- | | |
|--|---|
| <input type="checkbox"/> Bone Marrow Transplant | <input type="checkbox"/> Solid Organ Transplant |
| <input type="checkbox"/> GVHD | <input type="checkbox"/> Heart |
| <input type="checkbox"/> HIV | <input type="checkbox"/> Kidney |
| <input type="checkbox"/> Leukemia | <input type="checkbox"/> Liver |
| <input type="checkbox"/> Lymphoma | <input type="checkbox"/> Lung |
| <input type="checkbox"/> Primary Immunodeficiency/Genetic Solid Turner | <input type="checkbox"/> Pancreas |
| | <input type="checkbox"/> Visceral |
| | <input type="checkbox"/> Steroids/Biologics |

General

- Fever
- FUO
- Malaise
- Myalgia/Arthragia
- Neutropenia
- Sepsis

Systematic Treatment

- Antibacterials
- Antifungals
- Antiparastics
- Antivirals

I attest that I ordered Zepto's FungiFlex® Mold Panel Test, or that I am authorized by the ordering physician to place this order as documented in the patient's record. This test provides medically necessary information to support effective treatment of the patient's condition. I have informed the patient that Zepto may use or disclose de-identified results for future, unspecified research purposes.

Authorizing Signature
Clinician/Designee

Date

STEP 1: SAMPLE PREPARATION

STANDARD METHOD: Sample Collection and Processing Procedure

Specimen Collection

- Collect 5 mL whole blood into a BD Lavender Top, K2-EDTA tube.
- Immediately and gently invert the tube 8–10 times to ensure adequate anticoagulation.
- Label the tube with: (1) Patient first and last name, (2) A unique patient identifier (DOB, MRN, or Sample ID), & (3) Date and time of specimen collection.

Centrifugation

- Centrifuge the specimen within **6 hours of draw**.
- Centrifugation conditions: (1) 1,600 RCF (g), (2) 10 minutes, & (3) Ambient temperature.

Plasma Isolation

- Carefully transfer plasma into the sterile polypropylene tube provided in this test kit.
- Avoid disturbing the buffy coat.
- Minimum volume **required**: 2 mL.
- Label plasma tube: (1) Patient first and last name, (2) A unique patient identifier (DOB, MRN, or Sample ID), & (3) Date and time of specimen collection.

ALTERNATIVE METHOD: Pediatric Specimen Processing Procedure*

Note: Use this procedure when a lower blood volume is anticipated, such as pediatric collections.

Specimen Collection

- Collect 3mL whole blood into a K2-EDTA Lavender Top tube.
- Do not pool multiple blood draws.
- Gently invert the tube 8–10 times.

Centrifugation

- Centrifuge within 6 hours of draw.
- Conditions: (1) 1,600 RCF (g), (2) 10 minutes, & (3) Ambient temperature.

Plasma Isolation

- Carefully transfer plasma into the sterile polypropylene tube provided in this test kit.
- Avoid disturbing the buffy coat.
- Minimum volume required: 2 mL.
- Label plasma tube: (1) Patient first and last name, (2) A unique patient identifier (DOB, MRN, or Sample ID), & (3) Date and time of specimen collection.

*Plasma volumes as low as 0.5 mL may be accepted; however, the likelihood of a “Indeterminate” outcome increases.

STEP 2: TEST REQUISITION

- Complete Zepto FungiFlex® Mold Panel Test Requisition Form.
- The requisition form is available at zeptolife.com. Contact Zepto Life for more information.

STEP 3: PACKAGING AND SHIPPING INSTRUCTIONS

Note: Preferred Shipping Condition: Ambient Temperature;
Specimens must arrive at Zepto Life within 96 hours of specimen collection.



1 Place the specimen in a biohazard bag with an absorbent pad.



2 Wrap the ambient gel pack around the specimen bag.



3 Place the wrapped specimen inside the foil bubble mailer



4 Place the bubble mailer along with the completed Test Requisition Form into the Zepto FungiFlex® Mold Panel test kit cardboard box.



5 Place the box inside a UPS® UN 3373 Category B Pak. A UPS® Pak preprinted return label is provided in the Zepto FungiFlex® Mold Panel test kit.

STORAGE AND STABILITY

After Plasma Separation

If the specimen is not expected to arrive at Zepto Life within 96 hours, freeze the sample and ship on dry ice.

Temperature	Time
Ambient	96 Hours
≤ -20°C	6 Months

REJECTION CRITERIA

Specimens may be rejected for the following reasons:

- Plasma separation performed > 6 hours after blood draw.
- Unfrozen specimen received > 96 hours after collection.
- Specimen demonstrates incomplete or improper plasma separation.
- Specimen collected in an expired tube.
- Specimen labeling is missing two required patient identifiers.
- Grossly hemolyzed, clotted, or leaked specimens (if applicable and determined non-testable by laboratory evaluation).

ALTERNATIVE SHIPPING METHOD: Frozen

Note: For frozen specimens, ship on dry ice using appropriate UN3373 compliant packaging. Specimens can be frozen after transferring plasma into a polypropylene tube.

1. Place the frozen specimen into a biohazard bag with an absorbent pad.
2. Position the sealed specimen bag on dry ice inside an appropriate insulated shipping container. Ensure that sufficient dry ice is included to maintain the specimen in a fully frozen state throughout transport (approximately 5 lbs is typically adequate for 2–3 days in transit).
3. Ship the specimen using UPS Next Day Air® Early. Contact Customer Success to obtain the required dry ice shipping labels. FedEx First Overnight® shipments are also acceptable.

Contact us if you have any questions

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