

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