Test Requisition Form

zepto

Zepto Life Technology, Inc.

*Required Information

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

Patient Information

MRN*	Last Name*	First Name*
DOB*	Biological Sex* ☐ Female ☐ 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 #*

Specimen Information

Accession #	Collection Date*	Collection Time*

Clinical Context

Primary ICD-10 Code	Secondary ICD-10 Code

Immunocompromised

- ☐ Bone Marrow Transplant
  - ☐ GVHD
- ☐ HIV
- ☐ Leukemia
- ☐ Lymphoma
- ☐ Primary Immunodeficiency/Genetic
- ☐ Solid Tumor
- ☐ Solid Organ Transplant
  - ☐ Heart
  - ☐ Kidney
  - ☐ Liver
  - ☐ Lung
  - ☐ Pancreas
  - ☐ Visceral
  - ☐ Steroids/Biologics

General

- ☐ Fever
- ☐ FUO
- ☐ Malaise
- ☐ Myalgia/Arthralgia
- ☐ Neutropenia
- ☐ Sepsis

Systematic Treatment

- ☐ Antibacterials
- ☐ Antifungals
- ☐ Antiparasitics
- ☐ 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

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*

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