RAPID AML COMPLETE™ TEST REQUISITION FORM

PATIENT INFORMATION

Last Name	First Name	MI	Gender	DOB	Patient ID/MRN/SSN
			☐ Male ☐ Female		

Address	City	State	ZIP	Phone
				( ) –

PHYSICIAN INFORMATION

Physician and Ordering Facility (Name, Address, Phone and Fax)

Copy report to additional Physician

Physician Name

Phone ( ) –

Fax ( ) –

BILLING

This service is available as client bill only.

CLINICAL STATUS

☐ New Diagnosis ☐ Monitoring ☐ Under Therapy

☐ Post Therapy ☐ Staging

ICD-10 CODES

1. 2.

3. 4.

☐ Bone Marrow Aspirate X_____ (1 tube min. 1 ml)

☐ Peripheral Blood X _____ (2 tubes min. 2 ml each)

*** EDTA tubes only.**

Collection Date: ___ / ___ / ___

Time of Collection: ____ : ____ ☐ AM ☐ PM

TEST(S) REQUESTED

Rapid AML Complete ™

Step 1 – Rapid Bloodhound™ AML panel (IDH1, IDH2, KIT, FLT3_IDT, FLT3_TKD, & NPM1)
BloodHound™ AML is a rapid, highly sensitive, and highly specific multiplex qPCR assay designed to detect clinically actionable genetic alterations in patients with acute myeloid leukemia (AML)

Step 2 – NGS 58-Gene Myeloid panel
This comprehensive next-generation sequencing (NGS) assay is designed to detect clinically relevant genomic alterations associated with hematologic malignancies, including leukemias, and other myeloid disorders. The assay identifies somatic mutations that support disease diagnosis, molecular classification, prognostic risk stratification, therapeutic selection, and longitudinal disease monitoring.

COMMENTS

(Please specify additional tests, notes, requests, etc.)

Physician Signature: _____ **Date:** ___ / ___ / ___

Ship with an ice pack in the specimen kit. DO NOT allow ice pack to be in direct contact with sample.
Specimens should be sent within 48 hours of draw. Clearly label each tube with patient initials.
Include previous molecular reports for patients under therapy, post therapy or monitoring.
DO NOT EXPOSE PATIENT NAME OR OTHER IDENTIFYING INFORMATION ON THE SHIPPER. HIPAA regulations prohibit disclosure of confidential patient information.

Call Customer Service at **203.787.1717** to schedule a specimen pickup.
Reporting of Results will be available to the requesting physician on **CaseVu**™ at **www.precioiodx.com**.

For authorized healthcare provider and institutional use only. Rapid AML Complete Molecular Testing must be ordered by a licensed healthcare provider, hospital, laboratory, or other person or entity legally authorized to order clinical laboratory testing under applicable federal and state law. Precipio does not accept direct patient orders for this service unless expressly permitted by applicable law and Precipio's ordering procedures. Submission of a request for kits or testing does not constitute acceptance of an order. All testing is subject to receipt of a complete requisition, required patient and specimen information, and verification of ordering authority.