

A Guide to eREQs

Learn how to submit and view our eREQs through this step-by-step LabVizor guide.

01. Log into your LabV	izor portal.	
	Welcome to Facility/Physicians Portal User ID/Email: Password: Eorgot Password Login	

02. To submit a new eREQ, click on the "Submit New eREQ" and pick from the drop-down options.

	н		Physician's Portal				Loos, Curtis (Staff Member) Y		
ACTIVE CASES ARCHIVE	D CASES FAVORITES (0) TO DO (0)						Submit New eREQ 🗸 BM Biopsy & Hema Rec	View Submitted eREQs	
Referring Facility: Referring Physician: Ref Facility ID/Accession # Report Completed:	All Set as default facility All #: MM/DD/YYYY • MM/DD/YYYY	 All Cy Fit Fit Fit Mathematical Hitting 	Case togenetics Reporting SH Reporting Reporti	Status - All t Status - All	* * * *	Patient's Last Name: Patient's Date of Birth: Date Accessioned: Include Archived	Hematopathology Requ Oncology (Solid Tumor MM - DD - 6 Months In Search Reset	uisition) Requisition YYYY Search	
ACTIVE CASES Showing 1 - 20 (out of 131) Records 20 🔻 Per Page Hide Filters									
D PATIENT NAME DOB	COLLECTED SAMPLE TYPE RECEIVED ACCESSION #	PHYSICIAN FACILITY	CYTOGENETICS	FISH	FLOW	MOLECULAR	HISTOLOGY	STATUS	

COF	REPATH	Bone Marr Hematopath	ow Biopsy Procedure and ology Work-Up Requisition	6918 Camp Bullis R San Antonio, TX 7825 www.corepath.u P 210-617-4445 F 210-617-445
REQUIRED ITEMS 1. CBC 2. Clinical Inform	ation 3. ICD 10 Codes 4.	Face Sheet (Front and Back Copy of the	Patient's Insurance Card and Demographic Information)	5. Provider's Signature
PATIENT INFORMATION			PROVIDER INFORMATION	
PATIENT INFORMATION			PROVIDER INFORMATION Facility Select One Physical Select One	sician Select One V
PATIENT INFORMATION Last Name First Name		M.I.	PROVIDER INFORMATION Facility Select One Physical Select One The undersigned certifies that they are authorized to the select of the select One Physical Select One	o order the test(s) listed below and that
PATIENT INFORMATION Last Name First Name DOB	/ Gender @	M.I Male () Female () Other	PROVIDER INFORMATION Facility Select One Physical Select One The undersigned certifies that they are authorized to such test(s) are medically necessary for the care/tree	o order the test(s) listed below and that atment of this patient.
PATIENT INFORMATION Last Name First Name DOB Address	/ Gender @	M.I Male () Female () Other	PROVIDER INFORMATION Facility Select One Physical Ph	o order the test(s) listed below and that atment of this patient.

04. At the bottom, attach any supporting documents before hitting "Submit".

ATTACHMENTS										
Attachment Saved successfully Select File: Choose File No file chosen Category: Requisition Form O Images O Supporting Docs O Other										
File Name	Category	Date & Time Uploaded	Uploaded By	Actions						
First_Last_PatientHistory.pdf	Supporting Docs	05/24/2022 11:10:42	Doe, John	Ĩ						
Cancel Submit										

05. Verify the information entered by checking off the confirmation box and hit "Submit".

KMT2A (MLL; 11q23) MYC (8q24) PDGERA (4q12)			
PDGFRA (4412) PDGFRB (5q32) Other: ATTACHMENTS	Please double-check and Patient's Name: Date of Birth: Gender: Reports Requested: Bone M	Facility: Physician: Patient ID: Marrow Biopsy Procedure	×
Select File: Choose File	STAT (v 20/20 (Acute I FISH ALL MOLEC	vithin 2 days) CORE EVALUATION REPORT CYTOMETRY .eukemia Panel	Cancel Attac
File Name	MYD88	∠265P Mutation, FLT3/NPM1 Mutation	Action
		Cancel Submit	

06. You will have a chance to save or print your eREQ upon submission.

	Message	6918 Can
PA	Request has been submitted electronically. Please use print option to print the request and send it with the specimen.Thank	lan Antonio, www.c 145 F 210
mation	you.	Provider's S
	Close Print Save as PDF	
78	Gender: ↓ Male ↓ Female ↓ Other test(s) are medically necessary for the care/treatment of this patient.	below and that

07. View your eREQ history by clicking on the "View Submitted eREQs" on the top right.

			Physician's Portal				Welcome: Loos, Curtis (Staff Member) 🗸		
ACTIVE CASES ARCHIVE	ED CASES FAV	ORITES (0) TO DO (0)						Submit New eREQ 👻	View Submitted eREQs
Referring Facility: Referring Physician: Ref Facility ID/Accession Report Completed:	All Set as defa All #: MM/DD/YYYY	ult facility MM/DD/YYYY	 AI C FI FI M M 	togenetics Repc 5H Repc ow Repc olecular Repc stology Repc	Status - All rt Status - All	* * * *	Patient's Last Name: Patient's Date of Birth: Date Accessioned:	MM · DD · 6 Months d in Search Reset	www Search
ACTIVE CASES Showir	ng 1 - 20 (out of 1	31)					Reco	ords 20 💌 Per Page	Hide Filters 🛃
DOB PATIENT NAME	COLLECTED RECEIVED	SAMPLE TYPE ACCESSION #	PHYSICIAN FACILITY	CYTOGENETICS	FISH	FLOW	MOLECULAR	HISTOLOGY	STATUS

Questions or Concerns? Reach Out to Your CorePath Representative or Contact Us Directly

Contact Us

1.877.617.4445
contact@corepath.us
www.corepath.us
Fax: 210.617.4457
6918 Camp Bullis Rd.
San Antonio, TX 78256

Regular Hours (CST)

Monday - Friday: 8 a.m. - 6 p.m. Saturday: 8 a.m. - 5 p.m.

After-Hours Phone Directory

Press "1" for client solutions. Press "2" for pathologist on call. Press "3" for general inquiries. Press "0" to leave a message.