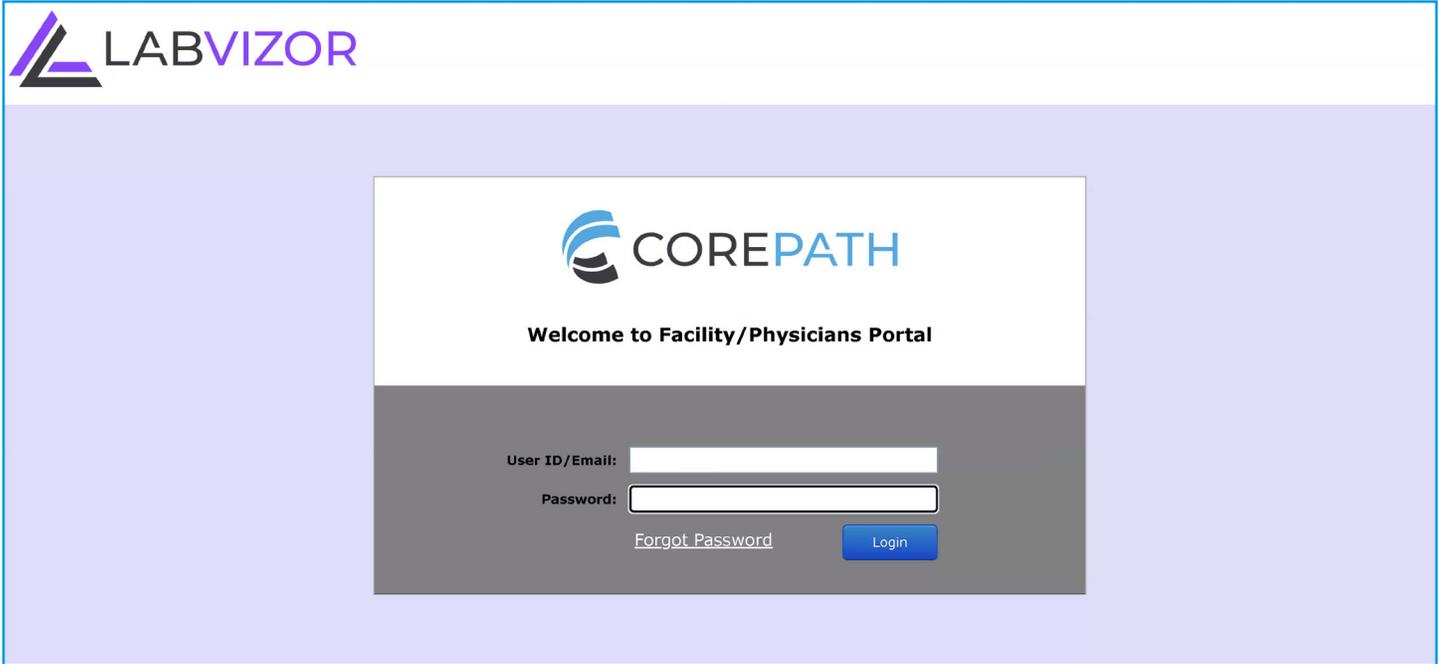


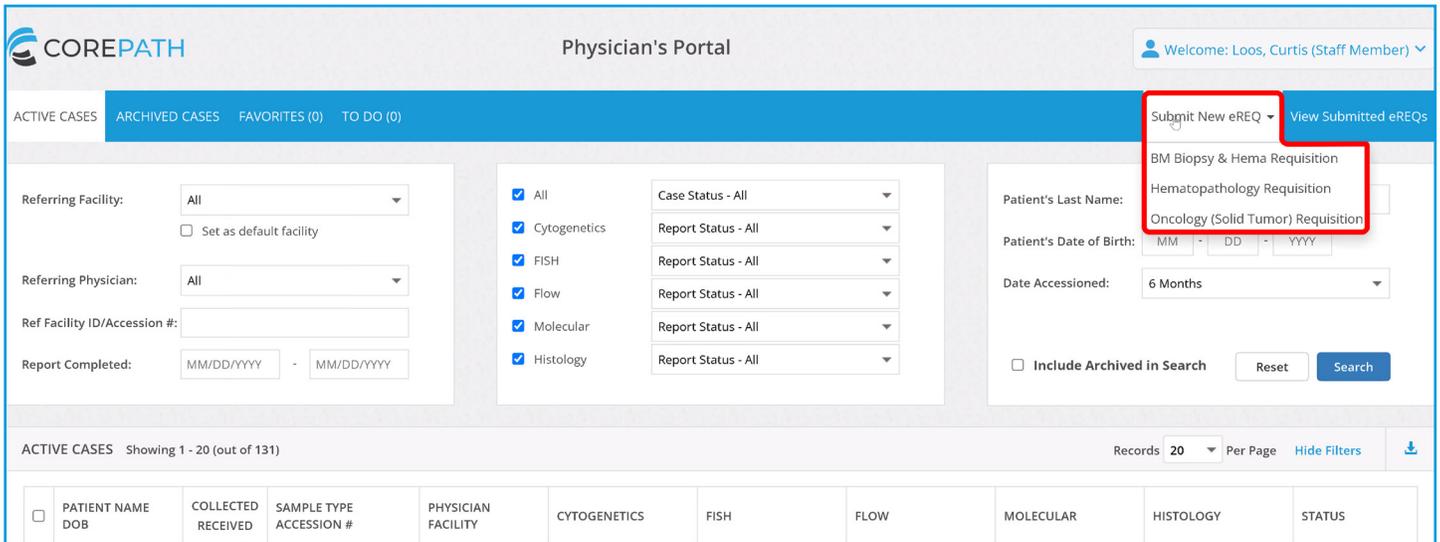
# A Guide to eREQs

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

## 01. Log into your LabVizor portal.



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



**03.** Fill out the entire eREQ as you normally would.

**COREPATH** Bone Marrow Biopsy Procedure and Hematopathology Work-Up Requisition

6918 Camp Bullis Rd  
San Antonio, TX 78256  
www.corepath.us  
P 210-617-4445 | F 210-617-4457

**REQUIRED ITEMS**  
1. CBC 2. Clinical Information 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**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  Other \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Patient ID: \_\_\_\_\_

**PROVIDER INFORMATION**

Facility:  Physician:

The undersigned certifies that they are authorized to order the test(s) listed below and that such test(s) are medically necessary for the care/treatment of this patient.

Authorized Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Fax Duplicate Report to Additional Provider Fax: \_\_\_\_\_

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

**ATTACHMENTS**

Attachment Saved successfully

Select File:  No file chosen Category:  Requisition Form  Images  Supporting Docs  Other

File Name	Category	Date & Time Uploaded	Uploaded By	Actions
First_Last_PatientHistory.pdf	Supporting Docs	05/24/2022 11:10:42	Doe, John	<input type="button" value="Delete"/>

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

KMT2A (MLL; 11q23)  
 MYC (8q24)  
 PDGFRA (4q12)  
 PDGFRB (5q32)  
 Other: \_\_\_\_\_

**ATTACHMENTS**

Select File:  No file chosen

File Name: \_\_\_\_\_

**Please double-check and verify information**

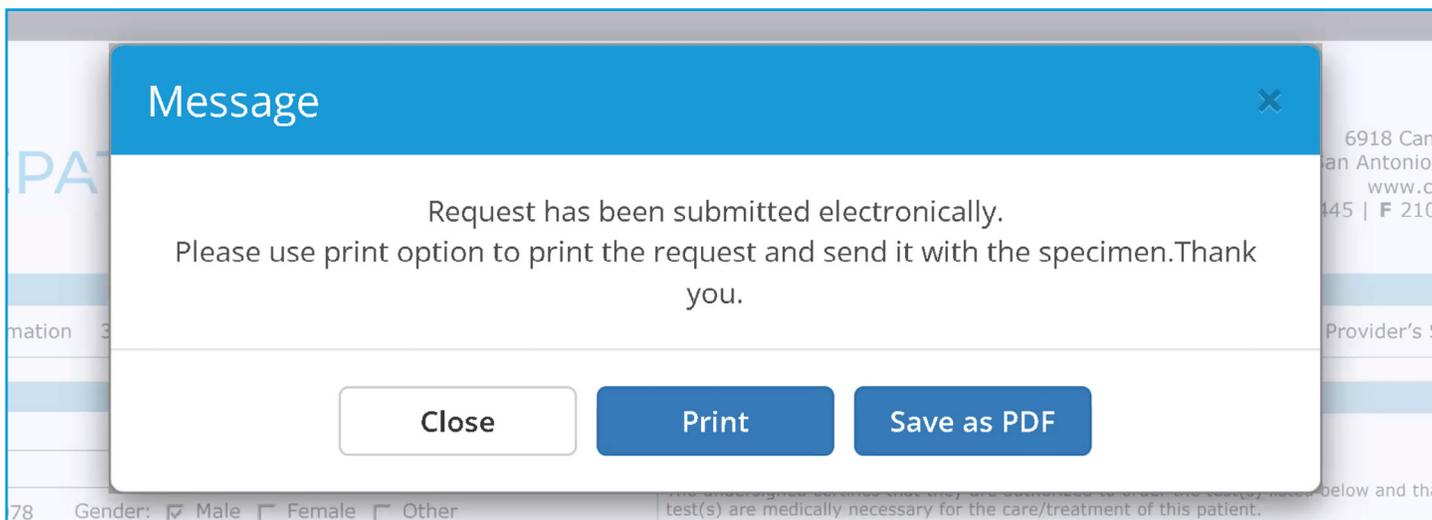
Patient's Name: \_\_\_\_\_ Facility: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Physician: \_\_\_\_\_  
Gender: \_\_\_\_\_ Patient ID: \_\_\_\_\_

Reports Requested:

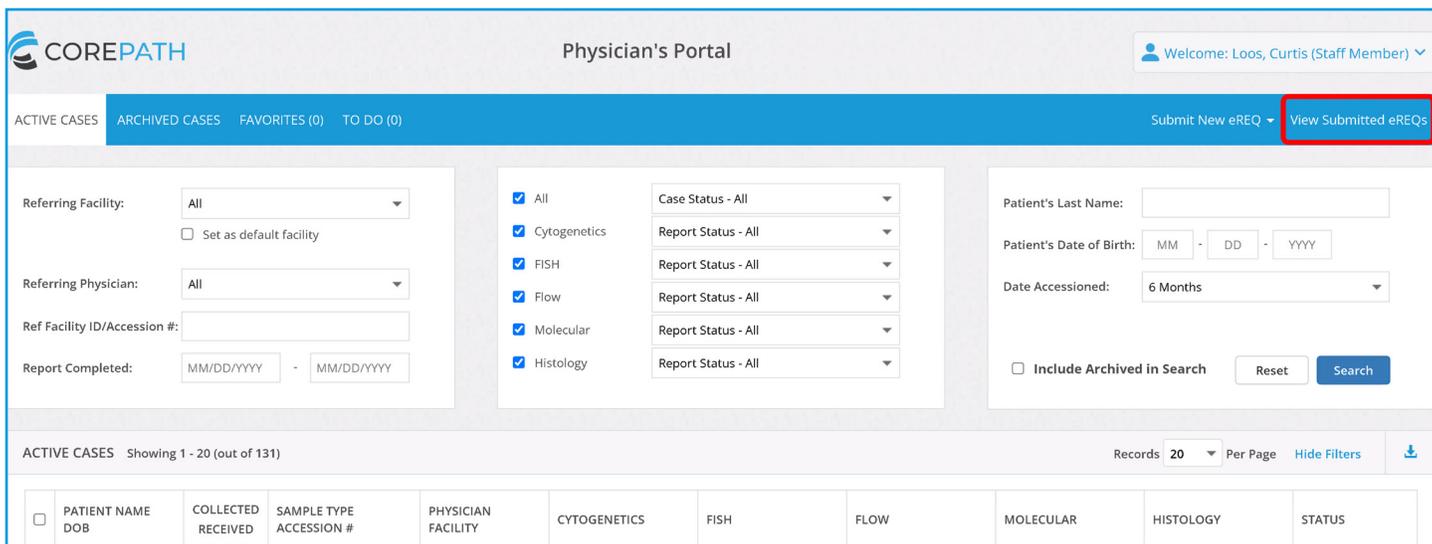
- Bone Marrow Biopsy Procedure**
- STAT (within 2 days)
- 20/20 CORE EVALUATION REPORT**
- FLOW CYTOMETRY**
- Acute Leukemia Panel
- FISH**
- ALL
- MOLECULAR ASSAYS**
- MYD88 L265P Mutation, FLT3/NPM1 Mutation

I have carefully reviewed information

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



**07.** View your eREQ history by clicking on the “View Submitted eREQs” on the top right.



**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.