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|---|---|--|---|---|--|---|--|--|--|--|--|--|---|--|--|--|
| <p><b>PATIENT INFORMATION</b> (PLEASE PRINT IN BLACK INK)</p> <p>Last Name _____ First _____ MI _____</p> <p>Address _____ Birth Date _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>City _____ SS # _____</p> <p>State _____ Zip _____ Home Phone _____</p> <p>Hospital/Physician Office Patient ID # _____ Accession # _____</p> <p>MEDICAL NECESSITY NOTICE: When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.</p> <p><b>INSURANCE BILLING INFORMATION</b> (PLEASE ATTACH CARD OR PRINT IN BLACK INK)</p> <p><b>BILL TO:</b> <input type="checkbox"/> Client/Institution <input type="checkbox"/> Medicare <input type="checkbox"/> Insurance (Complete insurance information below) <input type="checkbox"/> Patient</p> <p><b>PATIENT STATUS:</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-Hospital Patient Hospital discharge date: ____/____/____</p> <p><b>PRIMARY:</b> <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Ins. _____ <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child</p> <p>Subscriber Last Name _____ First _____ MI _____</p> <p>Beneficiary / Member # _____ Group # _____</p> <p>Claims Address _____ City _____ State _____ Zip _____</p> <p><b>SECONDARY:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, please attach) <b>ABN:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>DIAGNOSIS CODE (REQUIRED)</b> ICD-10 Codes 1. _____ 2. _____ 3. _____</p>  | <p><b>CLIENT INFORMATION</b></p> <p>Physician Name _____</p> <p>Physician NPI# _____</p> <p>Physician Phone _____</p> <p>Physician Email _____</p> <p><input type="checkbox"/> Call Results to phone number: ( _____ ) _____</p> <p><input type="checkbox"/> Fax report to: ( _____ ) _____</p>   |  |   |   |  |   |  |  |  |  |  |  |   |  |  |  |
| <p><b>ORDERING PHYSICIAN CONTACT</b></p>  |   |  |   |   |  |   |  |  |  |  |  |  |   |  |  |  |
| <p><b>SPECIMEN INFORMATION</b> Collection Date: ____/____/____ Time: _____ Body Site: _____ Client Case #: _____ Specimen ID# _____</p> <p><b>Blood</b> <input type="checkbox"/> Venipuncture <input type="checkbox"/> Catheter _____ <b>Lower Respiratory</b> <input type="checkbox"/> Sputum <input type="checkbox"/> Endotracheal aspirate <input type="checkbox"/> BAL <input type="checkbox"/> Bronchial brush</p> <p><b>CSF</b> <input type="checkbox"/> Lumbar puncture <input type="checkbox"/> Ventricular shunt <input type="checkbox"/> Other _____ <b>Respiratory</b> <input type="checkbox"/> Bronchial wash <input type="checkbox"/> Transbronchial biopsy</p> <p><b>Body fluid</b> <input type="checkbox"/> Peritoneal fluid <input type="checkbox"/> Synovial fluid <input type="checkbox"/> Pleural fluid <input type="checkbox"/> Pericardial fluid <input type="checkbox"/> Other _____ <b>Genital tract</b> <input type="checkbox"/> Urethral swab <input type="checkbox"/> Endocervical swab <input type="checkbox"/> Vaginal swab <input type="checkbox"/> Vaginal/rectal swab</p> <p><b>Wound/abscess</b> <input type="checkbox"/> Aspirate <input type="checkbox"/> Swab (suboptimal) <input type="checkbox"/> Indicate source: _____ <b>Stool</b> <input type="checkbox"/> Feces <input type="checkbox"/> Rectal Swab</p> <p><b>Tissue</b> <input type="checkbox"/> Indicate source: _____ <b>Urine</b> <input type="checkbox"/> Clean catch <input type="checkbox"/> Straight catheter <input type="checkbox"/> Indwelling catheter (e.g., Foley)</p> <p><b>Upper Respiratory</b> <input type="checkbox"/> Throat swab <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Nasal swab <input type="checkbox"/> Sinus <input type="checkbox"/> Other _____ <b>Other</b> <input type="checkbox"/> Indicate type/source: _____</p>   |   |  |   |   |  |   |  |  |  |  |  |  |   |  |  |  |
| <p><b>INDICATE TESTS REQUIRED</b> (CHECK APPROPRIATE BOX. MORE THAN ONE BOX MAY BE ORDERED FOR A SINGLE SPECIMEN)</p> <table style="width:100%;"> <tr> <td style="vertical-align: top;"> <p><b>BACTERIOLOGY</b></p> <p><input type="checkbox"/> <i>Aeromonas/Plesiomonas</i> culture (stool) <b>AERPLE</b></p> <p><input type="checkbox"/> Anaerobic culture (no swabs) <b>ANACUL</b></p> <p><input type="checkbox"/> Body fluid culture &amp; gram stain <b>BFCUL</b></p> <p><input type="checkbox"/> <i>Bordetella pertussis</i> detection by NAAT <b>BORAMP</b></p> <p><input type="checkbox"/> Bronchoscopy culture &amp; gram stain <b>BALCSM</b></p> <p><input type="checkbox"/> Campylobacter Culture <b>CAMPY</b></p> <p><input type="checkbox"/> Carbapenem Resistance Gene PCR <b>CRGPCR</b></p> <p><input type="checkbox"/> Catheter Tip Culture (intravascular) <b>CTCUL</b></p> <p><input type="checkbox"/> <i>Clostridium difficile</i> PCR (liquid stool only) <b>CDPCR</b></p> <p><input type="checkbox"/> CSF culture &amp; gram stain <b>CSFCUL</b></p> <p><input type="checkbox"/> Cystic Fibrosis Respiratory Culture <b>CFRCUL</b></p> <p><input type="checkbox"/> Ear culture &amp; 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Candida Smear <b>BVCNSM</b> <input type="checkbox"/> Calprotectin, Fecal <b>CALPRO</b> <input type="checkbox"/> Fecal occult blood (Polymedco vial) <b>IFOBT</b> <input type="checkbox"/> Stool Gastrointestinal Panel by PCR (detects 22 bacteria, viruses, &amp; parasites) <b>STGIPR</b> <input type="checkbox"/> Vaginal pathogens DNA probe (<i>Candida, Gardnerella vaginalis, Trichomonas vaginalis</i> - requires BD Affirm transport) <b>VAGDNA</b></p> <p><input type="checkbox"/> Fecal lactoferrin <b>STLWBC</b> <input type="checkbox"/> Occult blood exam (SENSA test card) <b>OBDX</b></p> |  |
| <p><b>BACTERIOLOGY</b></p> <p><input type="checkbox"/> <i>Aeromonas/Plesiomonas</i> culture (stool) <b>AERPLE</b></p> <p><input type="checkbox"/> Anaerobic culture (no swabs) <b>ANACUL</b></p> <p><input type="checkbox"/> Body fluid culture &amp; gram stain <b>BFCUL</b></p> <p><input type="checkbox"/> <i>Bordetella pertussis</i> detection by NAAT <b>BORAMP</b></p> <p><input type="checkbox"/> Bronchoscopy culture &amp; gram stain <b>BALCSM</b></p> <p><input type="checkbox"/> Campylobacter Culture <b>CAMPY</b></p> <p><input type="checkbox"/> Carbapenem Resistance Gene PCR <b>CRGPCR</b></p> <p><input type="checkbox"/> Catheter Tip Culture (intravascular) <b>CTCUL</b></p> <p><input type="checkbox"/> <i>Clostridium difficile</i> PCR (liquid stool only) <b>CDPCR</b></p> <p><input type="checkbox"/> CSF culture &amp; gram stain <b>CSFCUL</b></p> <p><input type="checkbox"/> Cystic Fibrosis Respiratory Culture <b>CFRCUL</b></p> <p><input type="checkbox"/> Ear culture &amp; gram stain <b>EARCSM</b></p> <p><input type="checkbox"/> Enteric Bacterial Panel by PCR (Salmonella, Shigella, Campylobacter, Shiga toxin genes) <b>STLPCR</b></p> <p><input type="checkbox"/> Eye culture &amp; gram stain <b>EYECSM</b></p> <p><input type="checkbox"/> Group A Streptococcus by PCR <b>GASPCR</b></p> <p><input type="checkbox"/> Group B strep PCR (vaginal-rectal swab) <b>GBPCR</b></p> <p><input type="checkbox"/> <i>H. pylori</i> culture (gastric biopsy) <b>HPYCUL</b></p>  | <p><input type="checkbox"/> <i>H. pylori</i> urease/CLO test (gastric biopsy) <b>UREASC</b></p> <p><input type="checkbox"/> Helicobacter pylori Antigen by EIA, stool <b>HPYLAG</b></p> <p><input type="checkbox"/> <i>Legionella</i> culture <b>LEGCUL</b></p> <p><input type="checkbox"/> <i>Legionella pneumophila</i> PCR (resp sources; not valid for pleural fluid, lung exudate, tissue) <b>LEGPCR</b></p> <p><input type="checkbox"/> MRSA culture screen <b>MRSASC</b></p> <p><input type="checkbox"/> MRSA/S. aureus culture screen <b>SANSAL</b></p> <p><input type="checkbox"/> <i>Mycoplasma</i> Culture (genitourinary sites) <b>MYPLAS</b></p> <p><input type="checkbox"/> <i>Nocardia</i> culture &amp; stain <b>NOCARD</b></p> <p><input type="checkbox"/> Respiratory culture &amp; gram stain <b>RCULST</b></p> <p><input type="checkbox"/> <i>Staph. aureus</i> PCR <b>SAPCR</b></p> <p><input type="checkbox"/> Sinus culture &amp; gram stain <b>SINUSC</b></p> <p><input type="checkbox"/> <i>S. pneumoniae</i> antigen (urine) <b>SPNAG</b></p> <p><input type="checkbox"/> Throat culture (R/O Group A Strep) <b>THRCUL</b></p> <p><input type="checkbox"/> Tissue culture &amp; gram stain <b>TISCUL</b></p> <p><input type="checkbox"/> Urine culture <b>URCUL</b></p> <p><input type="checkbox"/> Vaginosis scored gram stain <b>BVSTIN</b></p> <p><input type="checkbox"/> <i>Vibrio</i> culture (stool) <b>VIBCUL</b></p> <p><input type="checkbox"/> VRE culture (rectal swab) <b>VRESC</b></p> <p><input type="checkbox"/> Wound culture &amp; gram stain <b>WCUL</b></p> <p><input type="checkbox"/> <i>Yersinia</i> culture (stool) <b>YERCUL</b></p> | <p><b>GCCT TESTING</b></p> <p><input type="checkbox"/> <i>Chlamydia trachomatis</i> Amplification (genital, rectal &amp; oral) <b>CT</b></p> <p><input type="checkbox"/> <i>Chlamydia trachomatis</i> Amplification, Urine (Aptima tube) <b>UCT</b></p> <p><input type="checkbox"/> <i>Neisseria gonorrhoeae</i> (GC) Amplification (genital, rectal &amp; oral) <b>GC</b></p> <p><input type="checkbox"/> GC Amplification, Urine (Aptima tube) <b>UGC</b></p> <p><input type="checkbox"/> GC/Chlamydia Amplification (genital, rectal &amp; oral) <b>GCCT</b></p> <p><input type="checkbox"/> GC/Chlamydia Amplification, Urine (Aptima tube) <b>UGCCT</b></p> <p><input type="checkbox"/> Miscellaneous GC Screen <i>Neisseria gonorrhoeae</i> Culture <b>MISCGC</b></p>  | <p><input type="checkbox"/> Fungal culture &amp; smear (non-dermal) <b>FCULSM</b></p> <p><input type="checkbox"/> Fungal smear (only) <b>FUNGSM</b></p> <p><input type="checkbox"/> Fungal CSF culture/Cryptococcal antigen <b>FUNCSF</b></p> <p><input type="checkbox"/> Fungal screen (culture for yeast on mouth, vaginal, urine specimens) <b>FUNGSC</b></p> <p><input type="checkbox"/> <i>Pneumocystis</i> PCR <b>PCPPCR</b></p> <p><input type="checkbox"/> Vaginal smear for Candida <b>CANSTN</b></p>  | <p><input type="checkbox"/> CMV culture <b>YCMV</b></p> <p><input type="checkbox"/> CMV Quant PCR (plasma) <b>CMVQNT</b></p> <p><input type="checkbox"/> EBV PCR, Quant (blood) <b>EBVQNT</b></p> <p><input type="checkbox"/> Enterovirus culture (pericardial, rectal) <b>VENT</b></p> <p><input type="checkbox"/> Enterovirus PCR (CSF) <b>ENTPCR</b></p> <p><input type="checkbox"/> HBV Quant PCR (Viral load) <b>HBVDNU</b></p> <p><input type="checkbox"/> HCV Quant PCR (Viral load) <b>HCQPCR</b></p> <p><input type="checkbox"/> HCV Genotyping <b>HEPGEN</b></p> <p><input type="checkbox"/> Herpes simplex virus/Varicella zoster virus, molecular detection (lesions) <b>HSVZV</b></p> <p><input type="checkbox"/> Herpes simplex virus PCR (CSF) <b>HSPCRC</b></p> <p><input type="checkbox"/> HIV-1 Qual by PCR <b>HIVIQL</b></p> <p><input type="checkbox"/> HIV RNA Quant PCR (Viral load) <b>HIVRNA</b></p> <p><input type="checkbox"/> Rapid PCR Assay for Influenza/RSV (NP swab in UTM only) <b>FLRSV</b></p> <p><input type="checkbox"/> Rapid PCR assay for influenza <b>FLUPCR</b></p> <p><input type="checkbox"/> Rapid PCR assay for RSV <b>RSPCR</b></p> <p><input type="checkbox"/> Respiratory Pathogen Panel by PCR (immunocompromised patients) <b>RPPCR</b></p> <p><input type="checkbox"/> Rotavirus antigen (stool) <b>EROTA</b></p> |  |   |  |  |  |  |  |  |   |  |  |  |
| <p><b>PARASITOLOGY</b></p> <p><input type="checkbox"/> <i>Acanthamoeba</i> culture <b>AMBUCUL</b></p> <p><input type="checkbox"/> Blood Parasites <b>BLDPAR</b></p> <p><input type="checkbox"/> <i>Cryptosporidium, Cyclospora, &amp; Cystoisospora</i> exam (acid fast stain) <b>CRYSPO</b></p> <p><input type="checkbox"/> <i>Ehrlichia/Anaplasma</i> exam <b>EHRLSM</b></p> <p><input type="checkbox"/> Microsporidia exam <b>MICSPD</b></p> <p><input type="checkbox"/> Ova &amp; Parasite exam <b>OVAP</b></p> <p><input type="checkbox"/> <i>Cryptosporidium &amp; Giardia</i> EIA <b>OVAPSC</b></p> <p><input type="checkbox"/> Parasite (Worm) ID <b>PARAID</b></p> <p><input type="checkbox"/> Pinworm preparation <b>TAPE</b></p> <p><input type="checkbox"/> <i>Trichomonas</i> EIA (vaginal swab) <b>TRICHO</b></p> <p><input type="checkbox"/> <i>Trichomonas</i> PCR <b>TRVAMP</b></p>  |   |  |   |   |  |   |  |  |  |  |  |  |   |  |  |  |
| <p><b>VIROLOGY</b></p> <p><input type="checkbox"/> Adenovirus culture (eye only) <b>VADNO</b></p> <p><input type="checkbox"/> Adenovirus DFA (eye only) <b>DADNO</b></p> <p><input type="checkbox"/> BK Virus Quant PCR (plasma) <b>BKQUAN</b></p>  |   |  |   |   |  |   |  |  |  |  |  |  |   |  |  |  |
| <p>For both HPV and PAP, refer to the Cytology PAP Requisition</p> <p><input type="checkbox"/> HPV DNA PCR (Thinprep, no PAP incl.) <b>HPVHRT</b></p> <p><input type="checkbox"/> HPV DNA PCR (Surepath, no PAP incl.) <b>HPVHRS</b></p>  |   |  |   |   |  |   |  |  |  |  |  |  |   |  |  |  |
| <p><b>FOR ORGANISM ISOLATE ID AND/OR MIC</b></p> <p><input type="checkbox"/> Identification, Aerobic Organism <b>OIDAER</b> <input type="checkbox"/> Organism Identification, AFB <b>OIDAFB</b> <input type="checkbox"/> Organism Identification, <i>Nocardia</i> <b>OIDNOC</b> <input type="checkbox"/> Organism MIC <b>OMIC</b></p> <p><input type="checkbox"/> Identification, Anaerobic Organism <b>OIDANA</b> <input type="checkbox"/> Organism Identification, Mold <b>OIDMOL</b> <input type="checkbox"/> Organism Identification, Yeast <b>OIDYEA</b></p>   |   |  |   |   |  |   |  |  |  |  |  |  |   |  |  |  |
| <p><b>OTHER</b> <input type="checkbox"/> Bacterial Vaginosis Scored Gram Stain &amp; Candida Smear <b>BVCNSM</b> <input type="checkbox"/> Calprotectin, Fecal <b>CALPRO</b> <input type="checkbox"/> Fecal occult blood (Polymedco vial) <b>IFOBT</b> <input type="checkbox"/> Stool Gastrointestinal Panel by PCR (detects 22 bacteria, viruses, &amp; parasites) <b>STGIPR</b> <input type="checkbox"/> Vaginal pathogens DNA probe (<i>Candida, Gardnerella vaginalis, Trichomonas vaginalis</i> - requires BD Affirm transport) <b>VAGDNA</b></p> <p><input type="checkbox"/> Fecal lactoferrin <b>STLWBC</b> <input type="checkbox"/> Occult blood exam (SENSA test card) <b>OBDX</b></p>  |   |  |   |   |  |   |  |  |  |  |  |  |   |  |  |  |

**RESPIRATORY PATHOGEN PANEL BY PCR *RPPCR* –  
PANEL COMPONENTS:**

Influenza A  
Influenza A H1  
Influenza A H3  
Influenza B  
Respiratory Syncytial Virus A  
Respiratory Syncytial Virus B  
Human Metapneumovirus  
Rhinovirus/Enterovirus  
Adenovirus  
Parainfluenza virus 1  
Parainfluenza virus 2  
Parainfluenza virus 3  
Parainfluenza virus 4  
Coronavirus 229E  
Coronavirus OC43  
Coronavirus NL63  
Coronavirus HKU1  
Human Bocavirus  
Chlamydomphila pneumoniae  
Mycoplasma pneumoniae

**STOOL GASTROINTESTINAL PANEL BY PCR *STGIPR* –  
PANEL TARGETS:**

*Campylobacter* spp.  
*Clostridium difficile* toxin A/B  
*Plesiomonas shigelloides*  
*Salmonella* spp.  
*Vibrio* spp.  
*Yersinia* spp.  
Enteroaggregative *Escherichia coli* [EAEC]  
Enteropathogenic *E. coli* [EPEC]  
Enterotoxigenic *E. coli* [ETEC]  
Shiga-like toxin-producing *E. coli* [STEC] stx1/stx2 with specific  
identification of *E. coli* O157 serogroup  
Shigella/Enteroinvasive *E. coli* [EIEC].