A DIVISION OF GENESIS DIAGNOSTICS
A MEMBER OF GENESIS BIOTECHNOLOGY GROUP

MEDICAL DIAGNOSTIC LABORATORIES, L.L.C.
2439 Kuser Road • Hamilton, NJ 08690-3303
(609) 570-1000 • Fax (609) 245-7665
Toll Free (877) 269-0090
www.mdlab.com

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

Core OB/GYN Test Requisition Form

Ordering Physician/Laboratory

(Required: Include the ordering physician's first & last name, NPI, practice name, complete address, phone number and fax number.)

Physician to receive additional result report:

Physician's Signature: | Date:

Patient Information (Please Print)

Name (Last, First) (Required):

In Care of:

Patient Address:

City: | State: | Zip:

Gender (Required): ☐ Female ☐ Male | Date of Birth (Required):

Patient SS#: | **Ethnicity†:**

Phone Number:

Email:

Billing Information (Please include a copy of the front & back of card.)

☐ Patient Billing
☐ Insurance Billing
☐ Path Lab/Hospital
☐ Physician Account

Relation (Required):
☐ Self
☐ Spouse
☐ Dependant

Diagnosis Codes (Required):
Please provide ALL applicable diagnosis codes.
_____ _____
_____ _____

Primary Insurance Carrier:

Insured's Name (if not patient):

Insured's SS#: | Insured's DOB:

Claims Address:

Medicare, Medicaid or Policy ID#:

Employer/Group Name: | Group#:

Specimen Information

Date Collected (Required): | Specimen Source:

Pharmacogenomics Test Selection

Whole Blood or Buccal Swab- ***Informed Consent form must accompany specimen.**

3101 ☐ **Antiplatelet Agents**-Aspirin, Cilostazol, Clopidogrel, Prasugrel, Ticagrelor (ABCB1, CYP1A2, CYP2B6, CYP2C9, CYP2C19, CYP2D6, CYP3A4, CYP3A5, ITGB3, SLOC1B1)

3102 ☐ **Statins**-Atorvastatin, Fluvastatin, Lovastatin, Pitavastatin, Pravastatin, Rosuvastatin, Simvastatin (ABCB1, ABCG2, APOE, CYP2C9, CYP2D6, CYP3A4, CYP3A5, KIF6, MTHFR, SLCO1B1)

3104 ☐ **Thrombophilia**-Susceptibility to Factor II, Factor V Leiden (F2, F5, MTHFR)

3105 ☐ **Calcium Channel Blockers**-Amlodipine, Nifedipine (CYP3A4, CYP3A5)

3106 ☐ **Beta Blockers**-Bufuralol, Carvedilol, Metoprolol, Propranalol, Talinolol, Timolol (ABCB1, CYP2D6, UGT1A1)

3201 ☐ **Pain Management-General**-Alfentanil, Codeine, Fentanyl, Hydrocodone, Ketamine, Lomoxicam, Methadone, Morphine, Opioids, Oxycodone, Sumatriptan, Tramadol (ABCB1, COMT, CYP2B6, CYP2C9, CYP2D6, DBH, OPRD1, OPRM1)

3303 ☐ **Antimetabolites**-Cytarabine, Fludarabine, Mercaptopurine, Methotrexate, Silibinin (ABCB1, ABCG2, MTHFR, SLCO1B1, TPMT)

3306 ☐ **Platinum Derivatives**-Carboplatin, Cisplatin, Oxaliplatin, Platinum Compounds (gen) (ABCB1, ABCG2, CYP3A5, MTHFR, TPMT)

3310 ☐ **Uracil Derivatives**-Capecitabine, Fluorouracil, Folfox, Folox, Leucovorin, Tegafur, Xelox (ABCB1, ABCG2, DYPD, MTHFR, SLCO1B1)

3404 ☐ **Anxiety, Insomnia, Severe Agitation** - Bupropion, Dexmedetomidine, Duloxetine, Escitalopram, Lorazepam, Midazolam, Oxazepam, Venlafaxine (ABCB1, ADRA2A, ANKK1, COMT, CYP1A2, CYP2B6, CYP2C19, CYP2D6, CYP3A4, CYP3A5, GABRP, HTR2A, UGT2B15)

3407 ☐ **Depressive Disorder and Major Depressive Disorder**-Agomelatine, Amitriptyline, Antidepressants (gen), Antipsychotics (gen), Bupropion, Citalopram, Clomipramine, Desipramine, Diazepam, Doxepin, Duloxetine, Escitalopram, Fluoxitine, Fluvoxamine, Imipramine, Maprotiline, Mirtazapine, Nortriptyline, Olanzapine,Opipramol, Paroxetine, Quetiapine, Sertraline, SSRIs (gen), Trimipramine, Venlafaxine, Vortioxetine (ABCB1, ADRA2A, ANKK1, COMT, CYP1A2, CYP2B6, CYP2C19, CYP2C9, CYP2D6, CYP3A5, DRD4, GABRP, GRIK4, HTR2A, HTR2C, MTHFR)

3603 ☐ **Type-II Diabetes** - Repaglinide, Sulfoureas (gen), Urea Derivatives (gen) (CYP2C8, CYP2C9, SLCO1B1)

3605 ☐ **Inflammation**-Anti-inflammatories (gen), Celecoxib, Dexamethasone, Diclofenac, Flurbiprofen, Lomoxicam, Lornoxicam, Meloxicam, Prednisone/ Prednisolone (ABCB1, CYP2C9, COMT, DBH, OPRM1)

3704 ☐ **Contraception**-Oral Contraceptives (gen) (CYP2C9, F2, F5, MTHFR)

Confirmation of Informed Consent and Medical Necessity for Pharmacogenomic/Genetic Testing

My signature below certifies that I am a licensed medical professional or his/her representative or a genetic counselor authorized to order genetic testing. My signature further acknowledges the patient has been supplied information regarding genetic testing and has been informed about the purpose, limitation and possible risks. The patient has been given the opportunity to ask questions about this consent and seek outside genetic counseling.

In the event that the patient's health insurance plan determines for the test(s) I checked above that some of the genes that I requested for analysis are not covered, I understand that Medical Diagnostic Laboratories, L.L.C. shall perform and result the test(s) for the genes I selected, then submit the claim to the patient's health insurance plan for the testing of the genes covered under the patient's plan.

If the testing is covered by the patient's health plan and the out-of-pocket expense is less than $150.00, testing will proceed without further delay or additional contact. The patient has given consent for genetic testing to be performed and the signed consent form is being provided with this requisition. I confirm that this testing is medically necessary for the specified patient and that these results will be used in the medical management and treatment decisions for this patient.

Medical Professional Signature (Req.):_____ Date: _____

Pathology Test Selection

Date Collected (Required): | Specimen Source:

Anatomic Source (Required): ☐ Cervix/Endocervix ☐ Vagina ☐ Vaginal Cuff ☐ Other: _____

Date of LMP:
Date of Last Pap:

Previous Results: ☐ ASCUS ☐ CIN 1 ☐ Other:
☐ Normal ☐ LGSIL ☐ CIN 2
☐ Reactive ☐ HGSIL ☐ CIN 3

Pathology Test Requisition with completed clinical information must accompany specimen

ThinPrep®

Liquid Pap only	Liquid Pap with HPV Options	
	Ages 21 and older	Ages 30 and older
1301 ☐ Liquid Pap test	1302 ☐ 1301 with Reflex HPV if ASCUS or greater	1304 ☐ 1301 with HPV

HPV Reflex Test:

714 ☐ HPV Type-Detect® 3.0 by Next Generation Sequencing **High Risk Subtypes Only (Includes HPV Subtypes: 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68)**

Infectious Disease Test Selection

ThinPrep® or OneSwab® (female - cervical, vaginal, rectal, lesion) (male - lesion, [urethral - *special male swab required*])

Testing by Real-Time PCR unless otherwise specified.
To order panel components individually, select tests beneath the panel.

182 ☐ Aerobic Vaginitis (AV) Panel PCR (GBS, *S. aureus, E.coli, E. faecalis*)
- 127 ☐ Group B Streptococcus (GBS) Is the patient pregnant? ☐ Yes ☐ No
- 184 ☐ *Staphylococcus aureus*
- 141 ☐ *Escherichia coli*
- 153 ☐ *Enterococcus faecalis*

166 ☐ Bacterial Vaginosis (BV) Panel PCR [*A. vaginae*, BVAB2, *G. vaginalis*, *Megasphaera* species (Types 1&2)] (with Lactobacillus Profiling by qPCR)
- 142 ☐ *Atopobium vaginae*
- 164 ☐ Bacterial Vaginosis Associated Bacterium 2 (BVAB2)
- 132 ☐ *Gardnerella vaginalis*
- 165 ☐ *Megasphaera* species (Type 1 and Type 2)

560 ☐ Candida Vaginitis Panel (*C. albicans, C. glabrata, C. parapsilosis, C. tropicalis*)
- 551 ☐ *Candida albicans*
- 559 ☐ *Candida glabrata*
- 558 ☐ *Candida parapsilosis*
- 557 ☐ *Candida tropicalis*

127 ☐ Group B Streptococcus (GBS) Is the patient pregnant? ☐ Yes ☐ No

137 ☐ Group B Streptococcus (GBS) Antibiotic Resistance by PCR (***OneSwab®*** **only)**
**(#127 Req.) Only check if patient is penicillin-allergic and clindamycin/erythromycin resistance determination is required for alternate treatment.

126 ☐ Herpes subtype (HSV-1, HSV-2)

121 ☐ Leukorrhea Panel (*N. gonorrhoeae*, C. trachomatis**, T. vaginalis•*)
- 105 ☐ *Chlamydia trachomatis* (**Reflex to azithromycin resistance by Pyrosequencing)
- 167 ☐ *Neisseria gonorrhoeae* (*Reflex to antibiotic resistance by Molecular Analysis)
- 111 ☐ *Trichomonas vaginalis* (•Reflex to metronidazole resistance)

129 ☐ *Mycoplasma genitalium* (ΨReflex to azithromycin & fluoroquinolone resistance by Pyrosequencing)

110 ☐ *Treponema pallidum* (syphilis)

320 ☐ *Ureaplasma urealyticum* (‡Reflex to fluoroquinolone resistance by Pyrosequencing)

MALE & FEMALE SEXUALLY TRANSMITTED INFECTIONS

UroSwab® **(Urine specimens only) by Real-Time PCR unless otherwise specified**

105 ☐ *Chlamydia trachomatis* (**Reflex to azithromycin resistance by Pyrosequencing)
121 ☐ Leukorrhea Panel (*N. gonorrhoeae*, C. trachomatis**, T. vaginalis•*)
129 ☐ *Mycoplasma genitalium* (ΨReflex to azithromycin & fluoroquinolone resistance by Pyrosequencing)
167 ☐ *Neisseria gonorrhoeae* (*Reflex to antibiotic resistance by Molecular Analysis)
109 ☐ *N. gonorrhoeae** & *C. trachomatis***
110 ☐ *Treponema pallidum* (syphilis)
111 ☐ *Trichomonas vaginalis* (•Reflex to metronidazole resistance)

Applicable for adolescent females who are not candidates for pelvic exams.

BRCAcare® Test Selection

***BRCAcare®* Testing - Whole Blood or Mouthwash**

To order panel components individually, select tests beneath the panel.
BRCAcare® Test Requisition and Informed Consent forms must accompany specimen

1235 ☐ Breast Cancer High Risk Extended Panel Plus: 14 genes (BRCA1, BRCA2, CDH1, PTEN, TP53, STK11, ATM, CHEK2, PALB2, BARD1, BRIP1, MUTYH, RAD51C, RAD51D) by Gene Sequencing with BRCA1/2 Deletion/Duplication Analysis

1279 ☐ Lynch Syndrome Gene Panel: 5 Genes (EPCAM, MLH1, MSH2, MSH6, PMS2) by Gene Sequencing with Deletion/Duplication Analysis

1221 ☐ *BRCA1/2*: Comprehensive BRCA Analysis by Gene Sequencing with Deletion/ Duplication Analysis

Genetic Carrier Screening Test Selection

Whole Blood (ACD Solution A), ***OneSwab®*****, ThinPrep or Mouthwash**

To order panel components individually, select tests beneath the panel.
Genetic Carrier Screening Test Requisition with completed clinical information must accompany specimen.

1231 ☐ Cystic Fibrosis Core Test (23 major CFTR variants approved by ACOG/ACMG)

1232 ☐ Cystic Fibrosis Comprehensive Test by Next Generation Sequencing (191 variants of the CFTR gene, including 23 major variants approved by ACOG/ACMG)

1274 ☐ Genetic Carrier Screening Panel (3 genes) includes:
- 1231 ☐ Cystic Fibrosis Core Test (23 major CFTR variants approved by ACOG/ACMG) (CFTR)
- 1272 ☐ Fragile X Syndrome (FMR1)
- 1273 ☐ Spinal Muscular Atrophy (SMN1)

Other Tests/Panels:

To view all of MDL's Test Requisition forms, please visit www.mdlab.com/forms/

Commonly Used ICD-10 Diagnosis Codes for Medical Diagnostic Laboratories, L.L.C. Tests

Please indicate your Diagnosis Code selection on the front of this test requisition in the designated spaces under "Billing Information – Diagnosis Codes (Required)".

This is a general, non-comprehensive guide for use by the healthcare provider to assist in the assignment of a diagnosis code to the laboratory testing ordered. The healthcare clinician must only order tests determined to be medically necessary for the diagnosis and treatment of the patient.

Pharmacogenomics Testing:

ICD-10	Description
Cardiology	
T45.615A	Adverse effect thrombolytic drugs, initial encounter
T46.1X5A	Adverse effect of calcium-channel blockers, initial encounter
T44.7X5A	Adverse effect of beta-adrenoreceptor, initial encounter
Pain Management	
T40.4X5A	Adverse effect of other synthetic narcotic, initial encounter
T48.1X5A	Adverse effect of skeletal muscle relaxants, initial encounter
Psychiatric Disorders (Including Addiction)	
T43.505A	Adverse effect of unspecified antipsychotics and neuroleptics, initial encounter
T43.205A	Adverse effect of unspecified azntidepressants, initial encounter
Immunology / Immune Modulation	
T39.395A	Adverse effect of other nonsteroidal anti-inflammatory drugs [NSAID], initial encounter
Oral Contraceptives	
T38.4X5A	Adverse effect of oral contraceptives, initial encounter
Other	
T88.7XXA	Unspecified adverse effect of drug or medicament, initial encounter
T88.7XXD	Unspecified adverse effect of drug or medicament, subsequent encounter
Z79.899	Other long term (current) drug therapy

Infectious Disease Testing:

ICD-10	Description
Sexually Transmitted Diseases	
A63.8	Other specified predominantly sexually transmitted diseases
A64	Unspecified sexually transmitted disease
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
Z20.9	Contact with and (suspected) exposure to unspecified communicable disease
Z77.9	Other contact with and (suspected) exposures hazardous to health
A49.3	Mycoplasma infection, unspecified site
A49.9	Bacterial infection, unspecified
B37.3	Candidiasis of vulva and vagina
B37.9	Candidiasis, unspecified
A56.02	Chlamydia trachomatis infection of lower genitourinary sites
A74.89	Other chlamydial diseases
A74.9	Chlamydial infection, unspecified
A60.04	Herpesviral vulvovaginitis
A63.0	Anogenital (venereal) warts
B00.89	Other herpes viral infection
B07.9	Viral wart, unspecified
A49.3	Mycoplasma infection, unspecified site
A59.01	Trichomonal vulvovaginitis
A59.9	Trichomoniasis, unspecified
Vaginitis	
N76.0	Acute vaginitis
N76.1	Subacute and chronic vaginitis
Cervicovaginal Disorders	
N72	Inflammatory disease of cervix uteri
N73.9	Female pelvic inflammatory disease, unspecified
N84.1	Polyp of cervix uteri
N87.0	Mild cervical dysplasia
Z87.410	Personal history of cervical dysplasia
N89.8	Other specified noninflammatory disorders of vagina
N88.9	Non-inflammatory disorder of cervix uteri, unspecified
Z12.4	Encounter for screening for malignant neoplasm of cervix
Z12.72	Encounter for screening for malignant neoplasm of vagina
Z12.89	Encounter for screening for malignant neoplasm of other sites
Human Papillomavirus (HPV)	
R87.610	Atypical squamous cells of undetermined significance on cytologic smear of cervix (ASC-US)
R87.611	Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytologic smear of cervix (ASC-H)
R87.612	Low grade squamous intraepithelial lesion on cytologic smear of cervix (LGSIL)
R87.613	High grade squamous intraepithelial lesion smear of cervix (HGSIL)
R87.619	Unspecified abnormal cytological finding in specimens from cervix uteri
R87.810	Cervical high risk human papillomavirus (HPV) DNA test positive
R87.820	Cervical low risk human papillomavirus (HPV) DNA test positive
Z11.51	Encounter for screening for human papillomavirus (HPV)
Menstruation and Bleeding	
N92.5	Other specified irregular menstruation
N93.8	Other specified abnormal uterine and vaginal bleeding
N94.89	Other specified conditions associated with female genital organs and menstrual cycle
N95.0	Postmenopausal bleeding
N95.2	Postmenopausal atrophic vaginitis
R10.2	Pelvic and perineal pain
Pregnancy and Group B Streptococcus	
Z34.80	Encounter for supervision of other normal pregnancy, unspecified trimester
Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
Z36	Encounter for antenatal screening of mother
O99.820	Streptococcus B carrier state complicating pregnancy
O99.824	Streptococcus B carrier state complicating childbirth
O99.825	Streptococcus B carrier state complicating the puerperium
Z22.330	Carrier of Group B streptococcus
Genetic Carrier Screening	
Cystic Fibrosis	
E84.0	Cystic fibrosis with pulmonary manifestations
E84.11	Meconium ileus in cystic fibrosis
E84.19	Cystic fibrosis with other intestinal manifestations
E84.8	Cystic fibrosis with other manifestations
E84.9	Cystic fibrosis, unspecified
Z14.1	Cystic fibrosis carrier
Fragile X Syndrome	
Q99.2	Fragile X chromosome
Spinal Muscular Atrophy	
G12.9	Spinal muscular atrophy, unspecified
G12.1	Other inherited spinal muscular atrophy

For BRCA testing ICD-10 codes, please refer to the back of the Genetic Test Requisition Form.
For Pathology testing ICD-10 codes, please refer to the back of the Comprehensive Test Requisition Form.

* Reflex to antibiotic resistance by Molecular Analysis. ♦ Reflex to metronidazole resistance by Real-Time PCR. ** Reflex to azithromycin resistance by Pyrosequencing. Ψ Reflex to azithromycin & fluoroquinolone resistance.
‡ Reflex to fluoroquinolone resistance by Pyrosequencing). *** This test can only be performed when the test in parenthesis is positive. All tests performed will be billed.

Physicians must only order tests that they have determined are medically necessary for the diagnosis and treatment of a patient. MDL offers individual tests, as well as a limited number of customized panels. If you choose to order a panel, please make certain that each and every test is medically necessary. If you check off a panel as your choice, MDL understands that the physician has determined that all of the component tests are medically necessary, and will perform, report and bill for all such component tests.