



## Infection Control 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's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician to receive additional result report: \_\_\_\_\_

### 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#: \_\_\_\_\_ 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#: \_\_\_\_\_

### Urinary Tract Infections Test Selection

Date Collected (Required): \_\_\_\_\_ Specimen Source: \_\_\_\_\_  
 Was **UroSwab**® collected from a catheterized patient?  Yes

**UroSwab**® by Real-Time PCR unless otherwise specified

551 <input type="checkbox"/> <i>Candida albicans</i>	576 <input type="checkbox"/> <i>Candida dubliniensis</i>
559 <input type="checkbox"/> <i>Candida glabrata</i>	578 <input type="checkbox"/> <i>Candida kefyr</i>
558 <input type="checkbox"/> <i>Candida parapsilosis</i>	566 <input type="checkbox"/> <i>Candida krusei</i>
557 <input type="checkbox"/> <i>Candida tropicalis</i>	577 <input type="checkbox"/> <i>Candida lusitanae</i>
127 <input type="checkbox"/> Group B Streptococcus (GBS)	
137 <input type="checkbox"/> Group B Streptococcus (GBS) Antibiotic Resistance* (#127 Req.) Only check if patient is penicillin-allergic and erythromycin/clindamycin resistance determination is required for alternate treatment.	
727 <input type="checkbox"/> <i>Klebsiella oxytoca</i>	
728 <input type="checkbox"/> <i>Klebsiella pneumoniae</i>	
129 <input type="checkbox"/> <i>Mycoplasma genitalium</i> (*Reflex to azithromycin & fluoroquinolone resistance by Pyrosequencing)	
130 <input type="checkbox"/> <i>Mycoplasma hominis</i>	
151 <input type="checkbox"/> <i>Staphylococcus saprophyticus</i>	
178 <input type="checkbox"/> <i>Ureaplasma parvum</i> (Reflex to fluoroquinolone resistance by Pyrosequencing)	
320 <input type="checkbox"/> <i>Ureaplasma urealyticum</i> (*Reflex to fluoroquinolone resistance by Pyrosequencing)	
176 <input type="checkbox"/> Urinary Pathogens Antibiotic Resistance [ <i>E. coli</i> , <i>K. oxytoca</i> , <i>K. pneumoniae</i> , <i>P. mirabilis</i> : amoxicillin-clavulanic acid, cephalothin (cephalexin), trimethoprim-sulfamethoxazole, nitrofurantoin, ciprofloxacin, fosfomycin, <i>P. aeruginosa</i> : ceftazidime, piperacillin-tazobactam, ciprofloxacin, imipenem, aztreonam, gentamicin, <i>E. faecalis</i> , <i>E. faecium</i> : ampicillin, nitrofurantoin, ciprofloxacin, fosfomycin, doxycycline, linezolid]*** (#141, 153, 154, 172, 146 or 174 Req. When panel is ordered and individual tests below are not selected, all 6 will be performed and billed)	
141 <input type="checkbox"/> <i>Escherichia coli</i>	728 <input type="checkbox"/> <i>Klebsiella pneumoniae</i>
153 <input type="checkbox"/> <i>Enterococcus faecalis</i>	146 <input type="checkbox"/> <i>Proteus mirabilis</i>
154 <input type="checkbox"/> <i>Enterococcus faecium</i>	174 <input type="checkbox"/> <i>Pseudomonas aeruginosa</i>
727 <input type="checkbox"/> <i>Klebsiella oxytoca</i>	
575 <input type="checkbox"/> Urogenital Candidiasis Panel ( <i>C. albicans</i> , <i>C. glabrata</i> , <i>C. parapsilosis</i> , <i>C. tropicalis</i> )	
134 <input type="checkbox"/> Urogenital Mycoplasma & Ureaplasma Panel ( <i>M. genitalium</i> *, <i>M. hominis</i> , <i>U. urealyticum</i> *)	

Other Tests/Panels: \_\_\_\_\_

\*\* This test can only be performed when the test in parenthesis is positive. All tests performed will be billed.  
 \* Reflex to fluoroquinolone resistance by Pyrosequencing \* Reflex to azithromycin & fluoroquinolone resistance by Pyrosequencing  
**OneSwab**®, **UroSwab**®, & **NasoSwab**® are registered in the USPTO.  
 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.

### Skin & Soft Tissue Infections Test Selection

Date Collected (Required): \_\_\_\_\_ Specimen Source: \_\_\_\_\_

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

369  *Acinetobacter baumannii*  
 368  *Fusobacterium* species  
 709  *Staphylococcus epidermidis*  
 366  Skin & Soft Tissue Infections (SSTI) Panel [*B. fragilis*, *E. faecalis*, *E. coli*, GAS, GBS, *K. oxytoca*, *K. pneumoniae*, Prevotella Groups 1 & 2, *P. mirabilis*, *P. aeruginosa*, *S. aureus*, MRSA, Community Associated MRSA (CA-MRSA)]

125  *Bacteroides fragilis*  
 153  *Enterococcus faecalis*  
 141  *Escherichia coli*  
 1112  Group A Streptococcus  
 127  Group B Streptococcus (GBS)  
 727  *Klebsiella oxytoca*  
 728  *Klebsiella pneumoniae*  
 1118  MRSA: Methicillin Resistant and Methicillin Susceptible (MSSA) *Staphylococcus aureus* by Conventional PCR (For nasal collection, please use a **NasoSwab**®)  
 1119  CA-MRSA: Community-Associated MRSA. Pantone-Valentine Leukocidin (PVL) DNA\*\* (Type IV MRSA + #1118 Req.) [Community Associated MRSA = Type IV MRSA+ and PVL+] (For nasal collection, please use a **NasoSwab**®)

362  Prevotella species Group 1 (*P. bivia*, *P. disiens*, *P. intermedia*, *P. melaninogenica*)  
 363  Prevotella species Group 2 (*P. corporis*, *P. albensis*)  
 146  *Proteus mirabilis*  
 174  *Pseudomonas aeruginosa*  
 367  SSTI Panel Antibiotic Resistance [*E. faecalis*, *E. coli*, GAS, GBS, *K. oxytoca*, *K. pneumoniae*, *P. mirabilis*, *P. aeruginosa*, MRSA: amoxicillin-clavulanic acid, ampicillin (for *E. faecalis*), cephalothin (cephalexin), clindamycin, doxycycline, trimethoprim-sulfamethoxazole, ciprofloxacin, ceftazidime, piperacillin-tazobactam, imipenem, gentamicin]\*\*\* (#153, 141, 1112, 127, 727, 728, 146, 174, or 1118 Req.) When panel is ordered and individual tests above are not selected, all 9 will be performed & billed)

### Intestinal Pathogens Test Selection

Date Collected (Required): \_\_\_\_\_ Specimen Source: \_\_\_\_\_

**OneSwab**® by Real-Time PCR unless otherwise specified  
 Loose Stool, Rectal Swab, No Lubricant

365  *Campylobacter jejuni*  
 162  *Clostridium difficile* (Toxins A and B)  
 371  *Cryptosporidium parvum*  
 372  *Entamoeba histolytica*  
 168  *Escherichia coli* (O157 and Shiga toxin)  
 370  *Giardia intestinalis*

310  *Helicobacter pylori*  
 274  Human Rotavirus A  
 158  *Listeria monocytogenes*  
 272  Norwalk virus (Norovirus)  
 160  Salmonella  
 161  Shigella

### Respiratory Infectious Diseases Test Selection

Date Collected (Required): \_\_\_\_\_ Specimen Source: \_\_\_\_\_

**NasoSwab**® PEDIATRIC & ADULT by Real-Time PCR unless otherwise specified

369  *Acinetobacter baumannii*  
 222  Adenovirus  
 1101  *Bordetella parapertussis*  
 1102  *Bordetella pertussis* (Reflex to *Bordetella holmesii* by Real-Time PCR)  
 319  *Chlamydia pneumoniae*  
 273  Coxsackie virus A & B by Pyrosequencing  
 1128  Enterovirus D68  
 1112  Group A Streptococcus  
 1125  2009 H1N1 Influenza Virus (Swine Flu) with tamiflu resistance by Pyrosequencing  
 1117  *Haemophilus influenzae*  
 1114  Human Bocavirus  
 1115  Human Coronavirus (Human Coronaviruses 229E, OC43, NL-63)  
 1105  Human Metapneumovirus  
 1136  Influenza A and Influenza B by Multiplex CFX rRT-PCR  
 1109  *Moraxella catarrhalis*  
 1118  MRSA: Methicillin Resistant and Methicillin Susceptible (MSSA) *Staphylococcus aureus* by Conventional PCR  
 1119  CA-MRSA: Community-Associated MRSA. Pantone-Valentine Leukocidin (PVL) DNA\*\* (Type IV MRSA + #1118 Req.) [Community Associated MRSA = Type IV MRSA+ and PVL+]

336  *Mycoplasma pneumoniae*  
 1121  *Neisseria meningitidis* (Reflex to penicillin resistance by Pyrosequencing)  
 1110  Parainfluenza Viruses 1-4  
 174  *Pseudomonas aeruginosa*  
 1127  Rhinovirus and Enterovirus  
 1103  Respiratory Syncytial Virus A (RSV A)  
 1104  Respiratory Syncytial Virus B (RSV B) R  
 1116  RSV A & RSV B by Multiplex Real-Time PCR  
 1120  Severe Acute Respiratory Syndrome (SARS)  
 1111  *Streptococcus pneumoniae*

### Flow Cytometry Test Selection

Please indicate test selection below (required):

1801  Immune Deficiency Assay

**Patient History:** (Required)  Lymphoma  Lymphadenopathy  Splenomegaly  
 Leukemia  Myelodysplastic Syndrome  Other:  
 Autoimmune Disorders  Myeloproliferative Neoplasms (MPN)  
 Immune Deficiency  MGUS/Plasma Cell Disorders

**CBC Results:** (Required) Values provided below should not predate the current specimen by more than 30 days

Date of CBC: \_\_\_\_\_  Cytopenia/Pancytopenia  
 WBC Count: \_\_\_\_\_  Anemia/Polycythemia  
 Lymphocyte %: \_\_\_\_\_  Thrombocytopenia/Thrombocytosis  
 Monocytopenia/Monocytosis  
 Neutropenia/Neutrophilia  
 Other: \_\_\_\_\_

Date Collected (Required): \_\_\_\_\_ No. of Purple Top Tubes (Required): \_\_\_\_\_