

# MEDICAL DIAGNOSTIC LABORATORIES, L.L.C.

A MEMBER OF GENESIS BIOTECHNOLOGY GROUP

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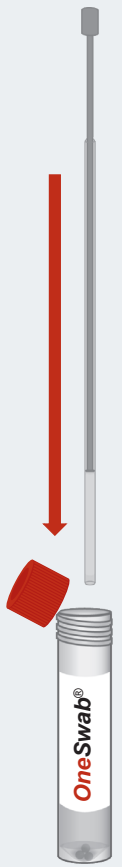
**FOR LAB USE  
ONLY**

## Endometritis Test Requisition Form

Ordering Physician/Laboratory	Endometrial Collection's <b>OneSwab</b> ® Vial
<p>(Required: Include the ordering physician's first &amp; last name, NPI, practice name, complete address, phone number and fax number.)</p>          <p>Physician to receive additional result report:</p>	<p><b>OneSwab</b>® (Endometrial Biopsy)</p> <p>143 <input type="checkbox"/> <i>Actinomyces israelii</i> by Real-Time PCR            105 <input type="checkbox"/> <i>Chlamydia trachomatis</i> by Real-Time PCR            153 <input type="checkbox"/> <i>Enterococcus faecalis</i> by Real-Time PCR (Reflex to vancomycin-resistant Van A &amp; Van B by Real-Time PCR)            141 <input type="checkbox"/> <i>Escherichia coli</i> by Real-Time PCR            1112 <input type="checkbox"/> Group A Streptococcus by Real-Time PCR            172 <input type="checkbox"/> <i>Klebsiella</i> species by Real-Time PCR (Reflex to Speciation by Pyrosequencing)            129 <input type="checkbox"/> <i>Mycoplasma genitalium</i> by Real-Time PCR            130 <input type="checkbox"/> <i>Mycoplasma hominis</i> by Real-Time PCR            167 <input type="checkbox"/> <i>Neisseria gonorrhoeae</i> by Real-Time PCR (Reflex to Antibiotic Resistance by Bio-Plex Analysis)            109 <input type="checkbox"/> <i>N. gonorrhoeae</i>* &amp; <i>C. trachomatis</i> by Real-Time PCR            146 <input type="checkbox"/> <i>Proteus mirabilis</i> by Real-Time PCR            174 <input type="checkbox"/> <i>Pseudomonas aeruginosa</i> by Real-Time PCR            320 <input type="checkbox"/> <i>Ureaplasma urealyticum</i> by Real-Time PCR</p>
<p>Physician's Signature (Required): _____ Date: _____</p>	<h3>Endometrial Specimen Collection</h3> <p>Attention: Carefully read all safety information included in the Wallach Surgical Devices Brochure before using the Endocell™ Endometrial Cell Sampler.</p>
Patient Information (Please Print)	
Name (Last, First) (Required): _____	
In Care of: _____	
Patient Address: _____	
City: _____	State: _____ Zip: _____
Date of Birth (Required): _____	
Patient SS#: _____	Patient ID#: _____
Phone Number: _____	
Billing Information (Please include a copy of the front & back of card.)	
<input type="checkbox"/> Patient Billing <input type="checkbox"/> Insurance Billing <input type="checkbox"/> Lab Account <input type="checkbox"/> Physician Account	<p>Relation (Required):  <input type="checkbox"/> Spouse  <input type="checkbox"/> Self  <input type="checkbox"/> Dependant</p> <p>ICD-9 Codes (Required):            Please provide ALL applicable diagnosis codes.            _____            _____</p>
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: _____
Other Tests/Panels: _____	

### INSTRUCTIONS:

1. Collect the specimen using the Wallach Endocell™ disposable Endometrial Cell Sampler according to the instructions in the Wallach Surgical Devices Brochure included in the Endometrial Sampling Kit. For more information on the Endocell™ Endometrial Cell Sampler, visit <http://www.wallachsurgical.com>.
2. Open the **OneSwab**® peel pouch. Remove and discard the Dacron swab.
3. Remove the **OneSwab**® specimen transport vial and open the lid of the vial.
4. Express the contents of the Endocell™ Endometrial Cell Sampler inside of the **OneSwab**® vial.
5. To prevent leakage, tightly cap the vial and label with patient information.
6. For packaging and shipping instructions, please refer to MDL's catalog of services.



**OneSwab**® is a registered trademark of Medical Diagnostic Laboratories, LLC. Endocell™ is a trademark of Wallach Surgical Devices, Inc.

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.

\* Reflex to Antibiotic Resistance by Bio-Plex Analysis.  
**OneSwab**® is a registered trademark in the United States Patent and Trademark Office.