



MEDICAL DIAGNOSTIC LABORATORIES, L.L.C.

A MEMBER OF GENESIS BIOTECHNOLOGY GROUP

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FOR LAB USE
ONLY

Endometritis Test Requisition Form

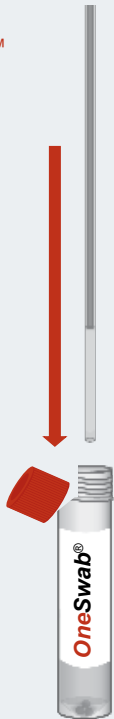
Ordering Physician/Laboratory		Endometrial Collection's <i>OneSwab</i> ® Vial	
(Required: Include the ordering physician's first & last name, NPI, practice name, complete address, phone number and fax number.)		<i>OneSwab</i>® (Endometrial Specimen)	
Physician to receive additional result report:		143 <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 <i>vanA</i> & <i>vanB</i> 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 127 <input type="checkbox"/> Group B Streptococcus (GBS) by Real-Time PCR 137 <input type="checkbox"/> Group B Streptococcus (GBS) Antibiotic Resistance by PCR** (#127 Req.) <i>Only check if patient is penicillin-allergic and erythromycin/clindamycin resistance determination is required for alternate treatment.</i> 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> * & <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 183 <input type="checkbox"/> Reproductive Pathogens Antibiotic Resistance [<i>E. coli</i> , <i>Enterococcus faecalis</i> , <i>Klebsiella</i> species, <i>Proteus mirabilis</i> : ampicillin, amoxicillin-clavulanic acid, cephalothin (cephalexin), ciprofloxacin, doxycycline, moxifloxacin]**(141, 153, 172, or 146 Req.) 1118 <input type="checkbox"/> <i>Staphylococcus aureus</i> with methicillin resistance (MRSA) by Conventional PCR 1119 <input type="checkbox"/> Panton-Valentine Leukocidin (PVL) DNA** (Type IV + #1118 Req.) <i>[Community Associated MRSA = Type IV MRSA+ and PVL+]</i> 178 <input type="checkbox"/> <i>Ureaplasma parvum</i> by Real-Time PCR 320 <input type="checkbox"/> <i>Ureaplasma urealyticum</i> by Real-Time PCR	
Physician's Signature (Required):		Date:	
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	Relation (Required): <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependant	ICD-9 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:	
Other Tests/Panels:			

Endometrial Specimen Collection

Attention: Carefully read all safety information included in the Wallach Surgical Devices Brochure before using the Endocell™ Endometrial Cell Sampler.

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.