



MEDICAL DIAGNOSTIC LABORATORIES, L.L.C.

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A MEMBER OF GENESIS BIOTECHNOLOGY GROUP

FOR LAB USE ONLY

Gynecology Test Requisition Form

Ordering Physician/Laboratory, Test Selection, Patient Information, Billing Information, Specimen Information, FEMALE URINARY TRACT INFECTIONS, GENETIC CARRIER SCREENING, etc.

* Reflex to Antibiotic Resistance by Bio-Plex Analysis.
** This test can only be performed when the test in parenthesis is positive. All tests performed will be billed.
OneSwab®, UroSwab®, and HPV Type-Detect® are registered in the United States Patent and Trademark Office.
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.

† Ethnicity required only for Genetic Carrier Screening tests by Bio-Plex Analysis. Many states have enacted legislation requiring patient consent, genetic counseling or other restrictions for ordering, performing or disclosing the results of a genetic test. Please visit our website at http://geneticstesting.mdlab.com for a definition of "genetic test". Any physician ordering a genetic test must sign here acknowledging that s/he understands the requirements under the law of the state where the patient resides and has obtained patient consent and/or taken such other steps as the law requires including without limitation, genetic counseling.
Physician's Signature _____ Date _____
Other Tests/Panels:
For a complete list of testing, please visit our website at www.mdlab.com
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