



**MEDICAL DIAGNOSTIC LABORATORIES**  
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 Toll Free (877) 269-0090  
 www.mdlab.com



## Family Practice 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: \_\_\_\_\_

Assigned Sex at Birth (Required):  Female  Male Date of Birth (Required): \_\_\_\_\_ Patient ID#: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Race:  Alaska Native or American Indian  Asian  Black or African American  Multiracial  Native Hawaiian or other Pacific Islander  Other race  White  Does not wish to disclose  Not provided  
 Ethnicity:  Hispanic or Latino  Not Hispanic or Latino  Unknown

Gender Identity:  Male  Female  Gender nonconforming  Transgender male-to-female  Transgender female-to-male  Does not wish to disclose  Not provided

Sexual Orientation:  Bisexual  Straight  Gay or Lesbian  Something else  Does not wish to disclose  Not provided

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

Billing Type:  Patient  Insurance  Client Relation (Required):  Self  Spouse  Dependent

Insured's Name (if not patient): \_\_\_\_\_

Insured's SS#: \_\_\_\_\_ Insured's DOB: \_\_\_\_\_

Primary Insurance Carrier: \_\_\_\_\_ Medicare, Medicaid or Policy ID#: \_\_\_\_\_

Claims Address: \_\_\_\_\_

Employer/Group Name: \_\_\_\_\_ Group#: \_\_\_\_\_

### Specimen Information

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

OneSwab®:

Blood

Saliva

UroSwab®

Was UroSwab® collected from a catheterized patient?  Yes

### Sexually Transmitted Infections - OneSwab®

Common ICD10 codes (required):

- N89.8  Other specified noninflammatory disorders of vagina
- Z20.2  Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
- N76.4  Abscess of vulva
- Other: \_\_\_\_\_

**121  Leukorrhea Panel** Includes -  
 105  *Chlamydia trachomatis* (\*Reflex to antibiotic resistance by Molecular Analysis),  
 167  *Neisseria gonorrhoeae* (\*Reflex to antibiotic resistance by Molecular Analysis)  
 111  *Trichomonas vaginalis* (\*Reflex to M resistance),  
 129  *Mycoplasma genitalium* (\*Reflex to AZ & FL resistance by Pyrosequencing)

**115  Genital Ulcer Disease Panel** Includes -  
 122  *Haemophilus ducreyi* 126  Herpes subtype (HSV-1, HSV-2) 110  *Treponema pallidum* (syphilis)

**739  HPV Type-Detect® 4.0 by Multiplex Real-Time PCR**

### Vaginitis & Vaginosis - OneSwab®

Common ICD10 codes (required):

- N76.0  Acute vaginitis
- N89.8  Other specified noninflammatory disorders of vagina
- R10.2  Pelvic and perineal pain
- Other: \_\_\_\_\_

**759  Bacterial Vaginosis (BV) Panel with Lactobacillus Profiling by qPCR** Includes -  
*Atopobium vaginae*, BVAB1, BVAB2, BVAB3, *Bacteroides fragilis*, *Bifidobacterium breve*, *Megasphaera* Type 1 & 2, *Gardnerella vaginalis*, *Mobiluncus curtisii*, *M. mulieris*, *Prevotella bivia*, *Sneathia sanguinegens*, *Streptococcus anginosus*

**182  Aerobic Vaginitis (AV) Panel** Includes -  
 127  Group B Streptococcus (GBS) 141  *Escherichia coli*  
 184  *Staphylococcus aureus* 153  *Enterococcus faecalis*

**560  Candida Vaginitis Panel** Includes -  
 551  *Candida albicans* 559  *Candida glabrata*  
 558  *Candida parapsilosis* 557  *Candida tropicalis*  
 566  *Candida krusei*

**134  Urogenital Mycoplasma & Ureaplasma Panel**  
 Includes - 129  *Mycoplasma genitalium* (\*Reflex to AZ & FL resistance by Pyrosequencing) 130  *Mycoplasma hominis*,  
 320  *Ureaplasma urealyticum* (\*Reflex to antibiotic resistance by Molecular Analysis)

### Intestinal Pathogens - OneSwab®

Loose Stool, Rectal Swab, No Lubricant

Common ICD10 codes (required):

- R19.7  Diarrhea, unspecified
- R11.2  Nausea with vomiting, unspecified
- R10.9  Unspecified abdominal pain
- Other: \_\_\_\_\_

- 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

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

ICD10 codes (required): \_\_\_\_\_

For a full menu of testing, please visit www.mdlab

### Skin & Soft Tissue Infections - OneSwab®

Common ICD10 codes (required):

- A49.9  Bacterial infection, unspecified
- B99.8  Other infectious disease
- B99.9  Unspecified infectious disease (opportunistic)
- Other: \_\_\_\_\_

**366  Skin & Soft Tissue Infections (SSTI) Panel** Includes -  
 125  *Bacteroides fragilis* 153  *Enterococcus faecalis* 141  *Escherichia coli*  
 112  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  
 1119  CA-MRSA: Community-Associated MRSA. Panton-Valentine Leukocidin (PVL) DNA\*\* (Type IV MRSA + #1118 Req.) [Community Associated MRSA = Type IV MRSA+ and PVL+]  
 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* 368  *Fusobacterium* species  
 553  *Aspergillus fumigatus*

**367  SSTI Panel Antibiotic Resistance** Includes - [*E. faecalis*, *E. coli*, GAS, GBS, *K. oxytoca*, *K. pneumoniae*, *P. mirabilis*, *P. aeruginosa*, MRSA: AC, AM (for *E. faecalis*), C, CL, D, TS, CP, CF, PT, I, G] (153, 141, 112, 127, 727, 728, 146, 174, or 1118 Req.) When panel is ordered and individual tests are not selected, all 9 will be performed & billed

**286  Dermatologic Viruses Panel** Includes - HSV-1 & HSV-2, HPV, 219  Human herpesvirus-6 (HHV-6) Variants A & B 263  HHV-7 128  Molluscum contagiosum virus (MCV) 215  Varicella-zoster virus (VZV)

**285  Monkeypox virus (Non-variola Orthopoxvirus)**

### UTI & STI - UroSwab®

Common ICD10 codes (required):

- N39.0  Urinary tract infection, site not specified
- R30.1  Vesical tenesmus
- R30.0  Dysuria
- Other: \_\_\_\_\_

**176  Urinary Pathogens Antibiotic Resistance\*** Includes -  
 141  *Escherichia coli* - AC, C, TS, N, CP, F 727  *Klebsiella oxytoca* - AC, C, TS, N, CP, F  
 153  *Enterococcus faecalis* - A, N, CP, F, D, L 146  *Proteus mirabilis* - AC, C, TS, N, CP, F  
 154  *Enterococcus faecium* - A, N, CP, F, D, L 174  *Pseudomonas aeruginosa* - CF, PT, I, A, G  
 728  *Klebsiella pneumoniae* - AC, C, TS, N, CP, F  
 \*(141, 153, 154, 728, 727, 146 or 174 Req. When panel is ordered and individual tests are not selected, all 7 will be performed & billed)

**Common ICD10 codes (required):**  
 Z20.2  Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission R30.9  Painful micturition, unspecified  
 R36.9  Urethral discharge, unspecified  Other: \_\_\_\_\_

**SEXUALLY TRANSMITTED INFECTIONS** Applicable for adolescent females who are not candidates for pelvic exams.

**121  Leukorrhea Panel** Includes -  
 105  *Chlamydia trachomatis* (\*Reflex to antibiotic resistance by Molecular Analysis)  
 167  *Neisseria gonorrhoeae* (\*Reflex to antibiotic resistance by Molecular Analysis)  
 111  *Trichomonas vaginalis* (\*Reflex to M resistance)  
 129  *Mycoplasma genitalium* (\*Reflex to AZ & FL resistance by Pyrosequencing)

**109  N. gonorrhoeae\* & C. trachomatis\***

**110  Treponema pallidum (syphilis)**

### Pharmacogenomics- whole blood or saliva

ICD10 codes (required): \_\_\_\_\_

Note: This testing requires a signed Patient Informed Consent/Insurance Acknowledgment Form

**3407  Depressive Disorder & Major Depressive Disorder** Includes- Amitriptyline, Antidepressants (gen), Antipsychotics (gen), Aripiprazole, Bupropion, Citalopram, Clomipramine, Desipramine, Desvenlafaxine, Diazepam, Doxepin, Duloxetine, Escitalopram, Fluoxetine, Fluvoxamine, Imipramine, Maprotiline, Milnacipran, Mirtazapine, Nortriptyline, Olanzapine, Opioramol, Paroxetine, Quetiapine, Sertraline, SSRIs (gen), Trimipramine, Venlafaxine, Vilazodone, Vortioxetine (ABCB1, ADRA2A, ANKK1, COMT, CYP1A2, CYP2B6, CYP2C9, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, DRD4, GABRP, GRIK4, HTR2A, HTR2C, MTHFR, UGT1A1)

**3102  Statins** Includes- Atorvastatin, Fluvastatin, Lovastatin, Pitavastatin, Pravastatin, Rosuvastatin, Simvastatin (ABCB1, ABCG2, APOE, CYP2C9, CYP2D6, CYP3A4, CYP3A5, KIF6, MTHFR, SLC01B1)

Confirmation of Informed Consent and Medical Necessity for Pharmacogenomic/Genetic Testing  
 My signature below acknowledges the patient has been informed about the purpose, limitation and possible risks of genetic testing. The patient has been given the opportunity to ask questions about this consent and seek outside genetic counseling.

If the genetic 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's signed informed consent 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: \_\_\_\_\_

Refer to the back for antibiotic abbreviation key.

IHO254 Upd.: 3.2024

## Antibiotic Abbreviations Key





**A** = aztreonam **AC**= amoxicillin-clavulanic acid, **AP** = ampicillin, **AZ** = azithromycin, **CC** = ceftriaxone/cefepime, **C** = cephalothin (cephalexin), **CF** = cefepime, **CP** = ciprofloxacin, **CL** = clindamycin, **D** = doxycycline, **F** = fosfomycin, **FL** = fluoroquinolone **G** = gentamicin, **I** = imipenem, **L** = linezolid, **M** = metronidazole **N** = nitrofurantoin, **PT** = piperacillin-tazobactam, **TS** = trimethoprim-sulfamethoxazole.

### Medical Necessity Guidelines:

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. MDL provides practitioners with the flexibility to choose appropriate individual tests for each specimen to assure that the convenience of ordering panels does not impede them from ordering tests/panels that are medically necessary. All tests listed in panels may be ordered individually using this test requisition form. 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.

\*\* This test can only be performed when the test in parenthesis is positive. All tests performed will be billed.  
 Test by Real-Time PCR unless otherwise specified.

*OneSwab® & UroSwab®* are registered in the USPTO.

Specimen Collection Platform		TAT*	Stability	Test Additions*	Specimen Collection
<b>OneSwab®</b>		24 - 72 hours	7 days	30 days to add tests	1. Collect specimen with the sterile swab provided. 2. Insert swab into the transport media, break off swab handle and tightly re-secure the cap on the transport media vial.
<b>UroSwab®</b>		24 - 72 hours	4 days	14 days to add tests	1. Have patient collect a urine specimen in a collection cup. 2. Dip the sponge swab into collection cup to absorb the urine. 3. Tightly re-secure the cap on the vial.
<b>Blood</b>	 Yellow top tube (ACD solution A)	3 - 5 days	48 Hours	30 days to add tests	1. In accordance with the standard operating procedure of your facility, collect blood in two yellow top (ACD solution A) tubes. 2. Allow the tubes to fill properly to ensure the proper blood to anticoagulant ratio. 3. Invert gently several times to mix and prevent clot formation. Do not shake the tubes. Do not centrifuge.
<b>Saliva</b>		5 - 10 days	48 Hours	--	<ul style="list-style-type: none"> <li>• Vigorously rinse your mouth with clean water 5 minutes prior to specimen collection (30 minutes prior is ideal).</li> <li>• After rinsing, do not brush your teeth, use mouthwash, eat, drink, chew gum or smoke prior to sample collection.</li> </ul> 1. Begin collecting your sample by allowing saliva to pool in your mouth. Then spit into the wide funnel of the tube allowing saliva to collect in the upper chamber of the tube. Fill the tube until the amount of saliva (not bubbles) reaches the fill line as shown. 2. Once filled, unscrew the funnel allowing the saliva to flow into the lower chamber of the tube containing the stabilizing solution. Discard the funnel. 3. Use the blue cap to close the tube tightly. Shake the capped tube for 5 seconds.

\* Up to 72 hours with reflex/antibiotic resistance testing

\* Pending QC review for sufficient specimen volume

### Specimen Packaging:

- Label every vial with a minimum of 2 patient identifiers including the patient's name and date of birth. Be sure the name on the vial is written exactly the same way as on the test requisition form.
- Place the vial into the Styrofoam/Cardboard container. You can fit up to 3 vials in one container.
- Place the Styrofoam/Cardboard container into the central pocket of a biohazard bag containing absorbent material.
- Place a completed test requisition form for each vial in the front pocket of the biohazard bag.
- Place the biohazard bag into the prepaid Lab pack Envelope that has a preaddressed airbill attached. One envelope will accommodate 6-7 containers. Package as many containers in one Labpack as possible.
- Be sure to seal the Lab pack by removing the plastic from the top of the adhesive.

### Specimen Pick-up:

- If you have a specimen pick-up for a local courier in the NJ, PA, DE, D.C., MD, VA, KS, MO or Phoenix, AZ area, please call (877) 205-0005 no later than 2 hours prior to the closing of your facility.
- If you have a specimen pick-up, please call your sales representative or MDL customer service at 877.269.0090 no later than 2 hours prior to the closing of your facility.

### Helpful Hints Checklist

Please review these helpful hints to reduce specimen discrepancies and enhance turnaround time.

#### Verify Patient Name - did you:

- ✓ attach the correct demographics sheet?
- ✓ write the patient's name on the requisition form?

#### Patient Name Matches on Vial & Requisition Form- did you:

- ✓ make sure names on vial and requisition form match?
- ✓ list the patients married or maiden name?
- ✓ list a nickname by mistake?

#### Verify Date of Collection- did you:

- ✓ write the correct year?
- ✓ write the correct month?
- ✓ list the date of birth instead?

#### Verify Tests- did you:

- ✓ clearly mark each box?
- ✓ order tests appropriate for the specimen type?

#### No Tests Ordered- did you:

- ✓ mark the boxes for the tests/panels ordered?

### Supply Orders:

Easily place supply orders online by visiting our website:



<http://www.mdllab.com/physicians/supplies/#>

Supply orders may also be placed by contacting our Client Services department toll free 877.269.0090 or by fax 609.570.1050. Supply requests are processed and shipped on a daily basis. Please allow 3 to 5 business days for delivery, depending upon your location.

MDL Contact Information	TOLL FREE	FAX
<b>GBS Hotline</b> 24 hours - 7 days a week Group B Strep & HSV results only	877.MDL.GBS7 877.635.4277	
<b>Quality Control Department</b> For Technical Assistance	877.269.0090	609.245.7665
<b>Client Services</b> General Questions, Results	877.269.0090	609.570.1050
<b>Client Services</b> Billing Questions	877.333.9233	609.245.7683