

Infection Control (Pediatric & Adult) 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: \_\_\_\_\_

Specimen Information

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

☐ OneSwab®: \_\_\_\_\_

☐ NasoSwab®: \_\_\_\_\_

☐ UroSwab®: \_\_\_\_\_

Was **UroSwab®** collected from a catheterized patient? ☐ Yes

Intestinal Pathogens - OneSwab®

Loose Stool, Rectal Swab, No Lubricant

Common ICD10 codes (required):

R19.7 ☐ Diarrhea, unspecified

R10.9 ☐ Unspecified abdominal pain

R11.2 ☐ Nausea with vomiting, unspecified

☐ 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

Respiratory Pathogens - NasoSwab®

Pediatric & Adult

Common ICD10 codes (required):

J06.0 ☐ Acute upper respiratory infection, unspecified

J11.1 ☐ Influenza due to unidentified influenza virus with other respiratory manifestations

R05.9 ☐ Cough, unspecified

☐ Other: \_\_\_\_\_

369 ☐ Acinetobacter baumannii

222 ☐ Adenovirus

1101 ☐ Bordetella parapertussis

1102 ☐ Bordetella pertussis (Reflex to Bordetella holmesii by Real-Time PCR)

319 ☐ Chlamydophila pneumoniae

288 ☐ Coxsackie virus A & B by by Sanger Sequencing

1128 ☐ Enterovirus D68

1112 ☐ Group A Streptococcus

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

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

1131 ☐ SARS-CoV-2 [COVID-19] by Real-Time Reverse Transcription PCR (CDC N1, N2, RP targets) (For Nasopharyngeal or Oropharyngeal swab, use COVID- OneSwab™)

1120 ☐ Severe Acute Respiratory Syndrome (SARS)

1111 ☐ Streptococcus pneumoniae

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: \_\_\_\_\_ ☐ Cell Phone ☐ Home Phone

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 ☐ Not applicable

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

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

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

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

1119 ☐ CA-MRSA: Community-Associated MRSA. Pantone-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, 1112, 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)

Urinary Tract Infections - UroSwab®

Common ICD10 codes (required):

N39.0 ☐ Urinary tract infection, site not specified

R30.1 ☐ Vesical tenesmus

R30.0 ☐ Dysuria ☐ Other: \_\_\_\_\_

URINARY TRACT INFECTIONS

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)

UroSwab®

Common ICD10 codes (required):

N39.0 ☐ Urinary tract infection, site not specified

R30.1 ☐ Vesical tenesmus

R30.0 ☐ Dysuria ☐ Other: \_\_\_\_\_

575 ☐ Urogenital Candidiasis 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 antibiotic resistance by Molecular Analysis)

130 ☐ Mycoplasma hominis, 320 ☐ Ureaplasma urealyticum (\*Reflex to antibiotic resistance by Molecular Analysis)

577 ☐ Candida lusitanae

576 ☐ Candida dubliniensis

578 ☐ Candida kefyr

127 ☐ Group B Streptococcus (GBS)

137 ☐ 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.

151 ☐ Staphylococcus saprophyticus

178 ☐ Ureaplasma parvum (\*Reflex to antibiotic resistance by Molecular Analysis)

Other Tests/Panels:

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

Refer to the back for antibiotic abbreviation key.

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




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**Antibiotic Abbreviations Key**  
**A** = aztreonam **AC**= amoxicillin-clavulanic acid, **AP** = ampicillin, **AZ** = azithromycin, **CC** = ceftriaxone/cefixime, **C** = cephalothin (cephalexin), **CF** = cefepime, **CP** = ciprofloxacin, **CL** = clindamycin, **D** = doxycycline, **F** = fosfomycin, **FL** = fluoroquinolone **G** = gentamicin, **I** = imipenum, **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®** & **NasoSwab®** are registered in the USPTO.

Specimen Collection Platform		TAT*	Stability	Test Additions*	
OneSwab®		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.
UroSwab®		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.
NasoSwab®		24 - 48 hours	5days	30 days to add tests	1. Tilt the patient's head slightly upwards. Insert the brush end downwards into the nostril all the way to the guard. Be sure to direct the swab down towards the throat and not up towards the forehead. Rotate the swab 360°. 2. Insert swab into the transport media, break off swab handle, and tightly re-secure the cap on the transport media vial.

\* Up to 72 hours with reflex/antibiotic resistance testing      \*Pending QC review for sufficient specimen volume

Specimen Packaging:

- 1. 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.
- 2. Place the vial into the Styrofoam/Cardboard container. You can fit up to 3 vials in one container.
- 3. Place the Styrofoam/Cardboard container into the central pocket of a biohazard bag containing absorbent material.
- 4. Place a completed test requisition form for each vial in the front pocket of the biohazard bag.
- 5. 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.
- 6. 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.mdlab.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			
<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