

New York Core Test Requisition Form

Ordering Physician/Laboratory

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: _____ Ethnicity†: _____

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

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

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®: _____
 ThinPrep®: _____
 UroSwab®: _____

Was UroSwab® collected from a catheterized patient? Yes

Sexually Transmitted Infections - OneSwab® or ThinPrep®

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)

126 Herpes subtype (HSV-1, HSV-2)

110 Treponema pallidum (syphilis)

Vaginitis & Vaginosis - OneSwab® or ThinPrep®

Common ICD10 codes (required):

N76.0 Acute vaginitis

N89.8 Other specified noninflammatory disorders of vagina

R10.2 Pelvic and perineal pain

Other: _____

166 Bacterial Vaginosis (BV) Panel with Lactobacillus Profiling by qPCR Includes -

142 *Atopobium vaginae*

165 *Megasphaera* species (Type 1 and Type 2)

164 Bacterial Vaginosis Associated Bacterium 2 (BVAB2)

132 *Gardnerella vaginalis*

182 Aerobic Vaginitis (AV) Panel Includes -

127 Group B Streptococcus (GBS) 141 *Escherichia coli*

184 *Staphylococcus aureus* 153 *Enterococcus faecalis*

6009 Candida Panel Basic with fluconazole resistance by X-Plate Technology® Includes -

551 *Candida albicans* 581 *C. albicans* **FU**

559 *Candida glabrata* 582 *C. glabrata* **FU**

558 *Candida parapsilosis* 583 *C. parapsilosis* **FU**

557 *Candida tropicalis* 557 *Candida tropicalis* **FU**

566 *Candida krusei*

320 Ureaplasma urealyticum

OneSwab® Only

Common ICD10 codes (required):

Z34.80 Encounter for supervision of other normal pregnancy, unspecified trimester

Z36.85 Encounter for antenatal screening for Streptococcus B

O99.820 Streptococcus B carrier state complicating pregnancy

Other: _____

127 Group B Streptococcus (GBS)
Is patient pregnant? Yes No

137 Group B Streptococcus (GBS) Antibiotic Resistance
***(#127 Req.) Only check if patient is penicillin-allergic and clindamycin/erythromycin resistance determination is required for alternate treatment.

Pathology Testing

Date Collected (Required): _____ Anatomic Source (Required): Cervix/Endocervix Vagina Vaginal Cuff Other: _____ Date of Last Pap: _____

Date of LMP: _____ Previous Results: Normal ASCUS CIN 1
 Reactive LGSIL CIN 2
 Other HGSIL CIN 3

Additional Information:

Check all that apply:

Bilateral, tubal ligation H/O neoplasm uterus/corpus uteri Menopausal/Hysterectomy

Biopsy today High glandular previous lesion Oral contraceptives

Colposcopy Hormone Post menopausal

Depo Provera Hysterectomy (Supracervical) Post partum

Estrogen replacement therapy Hysterectomy (Total or Radical) Pregnant

H/O abnormal pap IUD Previous cone/LEEP

H/O neoplasm ovary Lactating Radiation/Chemotherapy

H/O neoplasm of cervix Menopausal Other: _____

H/O neoplasm of vulva Menopausal/Hormone

Common ICD10 codes (required):

Z01.411 Encounter for gynecological examination (general) (routine) with abnormal findings

Z01.419 Encounter for gynecological examination (general) (routine) without abnormal findings

Z11.51 Encounter for screening for human papillomavirus (HPV)

Other: _____

1301 Liquid Pap test

1328 Liquid Pap Test with reflex to HPV HR with 16/18 Genotyping (TP) **if ASCUS or greater**

1329 Liquid Pap with HPV HR with 16/18 Genotyping (TP)

762 HPV HR with 16 & 18/45 Genotyping (TP)

Specimen Information

Date Collected (Required): _____ Number of specimen vials submitted: _____

	Site	Location	Procedure
A	<input type="checkbox"/> Cervical	<input type="checkbox"/> Labial <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Biopsy <input type="checkbox"/> Other (specify): _____
	<input type="checkbox"/> Endocervical		<input type="checkbox"/> Cone
	<input type="checkbox"/> Endometrial		<input type="checkbox"/> Curetting
	<input type="checkbox"/> IUD		<input type="checkbox"/> LEEP
B	<input type="checkbox"/> Cervical	<input type="checkbox"/> Labial <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Biopsy <input type="checkbox"/> Other (specify): _____
	<input type="checkbox"/> Endocervical		<input type="checkbox"/> Cone
	<input type="checkbox"/> Endometrial		<input type="checkbox"/> Curetting
	<input type="checkbox"/> IUD		<input type="checkbox"/> LEEP
C	<input type="checkbox"/> Cervical	<input type="checkbox"/> Labial <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Biopsy <input type="checkbox"/> Other (specify): _____
	<input type="checkbox"/> Endocervical		<input type="checkbox"/> Cone
	<input type="checkbox"/> Endometrial		<input type="checkbox"/> Curetting
	<input type="checkbox"/> IUD		<input type="checkbox"/> LEEP

1401 Biopsy (H&E Stain)

Sexually Transmitted Infections - UroSwab®

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*

Other Tests/Panels:

ICD10 codes (required): _____

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

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, **FU** = fluconazole, **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
OneSwab® 	24 - 72 hours	7 days	30 days to add tests	<ol style="list-style-type: none"> Collect specimen with the sterile swab provided. Insert swab into the transport media, break off swab and tightly re-secure the cap on the transport media vial.
UroSwab® 	24 - 72 hours	4 days	14 days to add tests	<ol style="list-style-type: none"> Have patient collect a urine specimen in a collection cup. Dip the sponge swab into collection cup to absorb the urine. Tightly re-secure the cap on the vial.
ThinPrep®	Pap Testing	7 - 10 days	6 weeks to add Pap testing	<ol style="list-style-type: none"> Obtain an adequate sample: <ul style="list-style-type: none"> Endocervical brush - Insert brush into the cervix until only the bottom-most fibers are exposed. Slowly rotate 1/4 or 1/2 turn in one direction. DO NOT OVER-ROTATE. Broom - Insert the central bristles of the broom into the endocervical canal deep enough to allow the shorter bristles to fully contact the ectocervix. Push gently, and rotate the broom in a clockwise direction five times. Spatula - place contoured end against exocervix and rotate 360 degrees around the entire surface. Rinse in the PreservCyt® solution by swirling vigorously 10 times. Tighten the cap so that the torque line on the cap passes the torque line on the vial.
	Molecular	24 - 72 hours	30 days to add tests	
Biopsies 	3 - 5 days	7 days	30 days to add tests	<ul style="list-style-type: none"> Collect specimen and insert into the formalin vial. The following times must be documented on the test requisition form: <ul style="list-style-type: none"> Time of specimen removal from patient Time when specimen was placed into formalin

* 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.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



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