A DIVISION OF GENESIS CLINICAL DIAGNOSTICS
A MEMBER OF GENESIS BIOTECHNOLOGY GROUP

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CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

New York Core 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 (Required): ☐ 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

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*
111 ☐ *Trichomonas vaginalis* (*Reflex to **M** resistance),
129 ☐ *Mycoplasma genitalium* (*Reflex to antibiotic resistance by Molecular Analysis)

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:_____

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

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* 584 ☐ *C. tropicalis* **FU**
566 ☐ *Candida krusei*

320 ☐ *Ureaplasma urealyticum*

OneSwab® only

Common ICD10 codes (required):

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

369 ☐ *Acinetobacter baumannii complex*
149 ☐ *Actinomyces spp. group 1*
576 ☐ *Candida dubliniensis*
578 ☐ *Candida kefyr*
577 ☐ *Candida lusitaniae*
574 ☐ *Candida utilis*

Pregnancy - *OneSwab®* Only

Common ICD10 codes (required):

Z34.90 ☐ Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
Z36.85 ☐ Encounter for antenatal screening for Streptococcus B
☐ 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.

Other Tests/Panels:

ICD10 codes:

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

Refer to the back for antibiotic abbreviation key.

Pathology Testing

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

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

Additional Information:

Check all that apply:

☐ Bilateral, tubal ligation
☐ Biopsy today
☐ Colposcopy
☐ Depo Provera
☐ Estrogen replacement therapy
☐ H/O abnormal pap
☐ H/O neoplasm ovary
☐ H/O neoplasm of cervix
☐ H/O neoplasm of vulva
☐ H/O neoplasm uterus/corpus uteri
☐ High glandular previous lesion
☐ Hormone
☐ Hysterectomy (Supracervical)
☐ Hysterectomy (Total or Radical)
☐ IUD
☐ Lactating
☐ Menopausal
☐ Menopausal/Hormone
☐ Menopausal/Hysterectomy
☐ Oral contraceptives
☐ Post menopausal
☐ Post partum
☐ Pregnant
☐ Previous cone/LEEP
☐ Radiation/Chemotherapy
☐ Other:

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)
1332 ☐ Liquid Pap reflex to HPV HR 16/18 Genotyping (TP) if ASCUS or greater, reflex to Vaginal Dysbiosis
1334 ☐ Liquid Pap with HPV HR 16/18 Genotyping (TP) with reflex to Vaginal Dysbiosis

Specimen Information

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

Site				Location	Procedure	
A	☐ Cervical ☐ Endocervical ☐ Endometrial ☐ IUD	☐ Labial ☐ POC ☐ Vaginal ☐ Vulvar	☐ Other (specify):		☐ Biopsy ☐ Cone ☐ Curetting ☐ LEEP	☐ Other (specify):
B	☐ Cervical ☐ Endocervical ☐ Endometrial ☐ IUD	☐ Labial ☐ POC ☐ Vaginal ☐ Vulvar	☐ Other (specify):		☐ Biopsy ☐ Cone ☐ Curetting ☐ LEEP	☐ Other (specify):
C	☐ Cervical ☐ Endocervical ☐ Endometrial ☐ IUD	☐ Labial ☐ POC ☐ Vaginal ☐ Vulvar	☐ Other (specify):		☐ Biopsy ☐ Cone ☐ Curetting ☐ LEEP	☐ Other (specify):

1401 ☐ Biopsy (H&E Stain)

HPV Testing - *OneSwab® or ThinPrep®*

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:_____

705 ☐ HPV Type-Detect 2.0 by Bio-plex Analysis (High Risk Subtypes only. Includes HPV Types: 16, 18, 45, 58, 35, 51, 52, 56, 39, 31, 33, 59, 68)

796 ☐ HPV Type-Detect® 2.0 (High Risk Subtypes only, reflex to Vaginal Dysbiosis)

UroSwab®

Common ICD10 codes (required):

Z20.2 ☐ Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
R36.9 ☐ Urethral discharge, unspecified
R30.9 ☐ Painful micturition, unspecified
☐ Other: _____

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

121 ☐ Leukorrhea Panel Includes -105 ☐ *C. trachomatis* (*Reflex to antibiotic resistance by Molecular Analysis), 167 ☐ *N. gonorrhoeae*, 111 ☐ *T. vaginalis* (*Reflex to **M** resistance), 129 ☐ *M. genitalium* (*Reflex to antibiotic resistance by Molecular Analysis)

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

Common ICD10 codes (required):

N39.0 ☐ Urinary tract infection, site not specified
R30.0 ☐ Dysuria
R30.1 ☐ Vesical tenesmus
☐ Other:_____

URINARY TRACT INFECTIONS

369 ☐ *Acinetobacter baumannii* complex
149 ☐ *Actinomyces* spp. group 1
576 ☐ *Candida dubliniensis*
578 ☐ *Candida kefyr*
577 ☐ *Candida lusitaniae*
574 ☐ *Candida utilis*

176 ☐ Urinary Pathogens Antibiotic Resistance* Includes -
141 ☐ *E. coli*, 727 ☐ *K. oxytoca*, 728 ☐ *K. pneumoniae*, 146 ☐ *P. mirabilis*-**AC, C, TS, N, CP, F**
153 ☐ *E. faecalis*, 154 ☐ *E. faecium*- **A, N, CP, F, D, L** 174 ☐ *P. aeruginosa* - **CF, PT, I, A, G**
*(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)

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** = 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*® 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	1. Collect specimen with the sterile swab provided. 2. 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	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.
ThinPrep®	Pap Testing	7 - 10 days	7 days	6 weeks to add Pap testing	1. Obtain an adequate sample: • **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. 2. Rinse in the PreservCyt® solution by swirling vigorously 10 times. 3. Tighten the cap so that the torque line on the cap passes the torque line on the vial.
	Molecular	24 - 72 hours	7 days	30 days to add tests	
Biopsies		3 - 5 days	7 days	30 days to add tests	• Collect specimen and insert into the formalin vial. • The following times must documented on the test requisition form: ° Time of specimen removal from patient ° Time when specimen was placed into formalin

** Up to 72 hours with reflex/antiobiotic 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	TOLL FREE	FAX
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