

New York General 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: _____ Cell Phone Home Phone 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®
 NasoSwab®
 UroSwab®

Was UroSwab® collected from a catheterized patient? Yes
 Whole Blood
 Serum

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: _____

319 *Chlamydomphila pneumoniae*
 1112 Group A Streptococcus
 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+]

Skin & Soft Tissue Infections - OneSwab®

Common ICD10 codes (required):

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

373 Skin & Soft Tissue Infections (SSTI) Panel Includes - [*E. faecalis*, *E. coli*, GAS, GBS, *Klebsiella* species, *P. mirabilis*, *P. aeruginosa*, *S. aureus*, MRSA, Community Associated MRSA (CA-MRSA)]

153 *Enterococcus faecalis*
 141 *Escherichia coli*
 1112 Group A Streptococcus
 127 Group B Streptococcus (GBS)
 172 *Klebsiella* species (Reflex to Speciation by Pyrosequencing)
 1118 MRSA: Methicillin-Resistant *Staphylococcus aureus* by Conventional PCR (For nasal collection, please use a *NasoSwab*®)
 1119 CA-MRSA: Community-Associated MRSA. Panton-Valentine Leukocidin (PVL) DNA** (Type IV MRSA + #1118 Req.) [Community Associated MRSA = Type IV MRSA+ and PVL+] (For nasal collection, please use a *NasoSwab*®)
 146 *Proteus mirabilis*
 174 *Pseudomonas aeruginosa*
 184 *Staphylococcus aureus*

367 SSTI Panel Antibiotic Resistance Includes - [*E. faecalis*, *E. coli*, GAS, GBS, *Klebsiella* species, *P. mirabilis*, *P. aeruginosa*, MRSA: **AC, AM** (for *E. faecalis*), **C, CL, D, TS, CP, CF, PT, I, G**] * (153, 141, 1112, 127, 172, 146, 174, or 1118 Req.) When panel is ordered and individual tests are not selected, all 8 will be performed & billed)

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)
 168 *Escherichia coli* (O157 and Shiga toxin)
 370 *Giardia duodenalis* (*lamblia*) Assemblage A
 310 *Helicobacter pylori*
 158 *Listeria monocytogenes*
 160 Salmonella
 161 Shigella

Urinary Tract Infections - UroSwab®

Common ICD10 codes (required):

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

176 Urinary Pathogens Antibiotic Resistance* Includes -

141 *Escherichia coli* - **AC, C, TS, N, CP, F**
 153 *Enterococcus faecalis* - **A, N, CP, F, D, L**
 154 *Enterococcus faecium* - **A, N, CP, F, D, L**
 728 *Klebsiella pneumoniae* - **AC, C, TS, N, CP, F**
 727 *Klebsiella oxytoca* - **AC, C, TS, N, CP, F**
 146 *Proteus mirabilis* - **AC, C, TS, N, CP, F**
 174 *Pseudomonas 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)

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*
 320 *Ureaplasma urealyticum*

Pregnancy - 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 resistance determination is required for alternate treatment.

Sexually Transmitted Infections - 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 *Chlamydia trachomatis* (*Reflex to antibiotic resistance by Molecular Analysis)
 167 *Neisseria gonorrhoeae*
 111 *Trichomonas vaginalis* (*Reflex to M resistance)
 129 *Mycoplasma genitalium* (Reflex to AZ & FL resistance by Pyrosequencing)

109 N. gonorrhoeae & C. trachomatis*
705 HPV Type-Detect 2.0 by Bio-plex Analysis (High Risk Subtypes only)

Other Tests/Panels: _____ **ICD10 codes (required):** _____

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

Refer to the back for antibiotic abbreviation key.

Bacteriology

Whole Blood (ACD solution A) unless otherwise specified

ICD10 codes (required):

- 317 *Bartonella henselae*
- 342 *Bartonella quintana*
- 319 *Chlamydophila pneumoniae*
- 361 *Chlamydophila psittaci*
- 310 *Helicobacter pylori*
- 158 *Listeria monocytogenes*
- 340 *Mycoplasma pneumoniae* IgG/IgM by ELISA (serum required)

Vector-Borne Diseases

Whole Blood (ACD solution A) unless otherwise specified

ICD10 codes (required):

- 410 *Babesia microti*
- 431 *Babesia duncani* (WA-1)
- 425 *Borrelia garinii*
- 430 *Borrelia lonestari*
- 411 *Ehrlichia chaffeensis* (HME) & *Anaplasma phagocytophilum* (HGE)
- 305 Lyme disease (*B. burgdorferi*)
- 427 Lyme disease IgG/IgM by ELISA (serum required)
- 417 Lyme disease C6 Peptide by ELISA (serum required)
- 313 Lyme disease Western blot (IgG/IgM) (serum required)
- 446 *Rickettsia spp.* (Rickettsiosis)

Virology

Whole Blood (ACD solution A) unless otherwise specified

ICD10 codes (required):

- 207 Cytomegalovirus (CMV)
- 233 CMV IgG/IgM by ELISA (serum required)
- 205 Epstein-Barr virus (EBV)
- 231 EBV-EA-D IgG/IgM by ELISA (serum required)
- 230 EBV-EBNA-1 IgG/IgM by ELISA (serum required)
- 229 EBV-VCA IgG/IgM by ELISA (serum required)
- 126 Herpes subtype (HSV-1, HSV-2)
- 257 HSV-1 IgG by ELISA (serum required)
- 258 HSV-2 IgG by ELISA (serum required)
- 138 Polyomavirus BK by Real-Time PCR
- 139 Polyomavirus JC by Real-Time PCR

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 |
|--|---------------|-----------|----------------------|---|
| OneSwab [®]  | 24 - 72 hours | 7 days | 30 days to add tests | <ol style="list-style-type: none"> 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 | <ol style="list-style-type: none"> 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 | 5 days | 30 days to add tests | <ol style="list-style-type: none"> 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. |
| Whole Blood Yellow top tube (ACD solution A)  | 3 - 5 days | 48 Hours | 30 days to add tests | <ol style="list-style-type: none"> 1. Completely fill the tube whenever possible to eliminate dilution and ensure proper blood-to-anticoagulant ratio. 2. Immediately after blood collection, invert the tube(s) gently 8-10 times to ensure mixing and prevent clotting. 3. Do not shake tube(s) or centrifuge specimen. |
| Serum  | 7 - 10 days | 48 Hours | 30 days to add tests | <ol style="list-style-type: none"> 1. Immediately after blood collection, invert the tube(s) gently 5 times to ensure mixing of clot activator. 2. Allow the tube to rest upright for at least 30 minutes after collection to ensure proper clotting. 3. Centrifuge for at least 15 minutes at 2200-2500 RPM within one hour of collection. 4. Do not remove the stopper or pour off serum. |

* 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.