



OBGYN Infectious Disease 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

Specimen Information

Date Collected (Required): _____ Specimen Type: _____ Specimen Source: _____
 OneSwab®
 ThinPrep®
 UroSwab®
Was UroSwab® collected from a catheterized patient? Yes

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#: _____

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)

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

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

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: _____

Liquid Pap only 1301 Liquid Pap Test
Ages 21 and older: 1302 1301 with Reflex HPV if ASCUS or greater
Ages 30 and older: 1304 1301 with HPV

HPV Test:
739 HPV Type-Detect® 4.0 by Multiplex Real-Time PCR (Includes HPV Types: 16, 18, 45, 58, 35, 51, 52, 56, 39, 31, 33, 59, 68)

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*

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 FL resistance by Pyrosequencing)

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)

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/erythromycin resistance determination is required for alternate treatment.

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, **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 handle, 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.
 ThinPrep®	Pap Testing	7 - 10 days	7 days	<ol style="list-style-type: none"> 1. 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. 2. Rinse in the PreservCyt® solution by swirling vigorously 10times. 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	

* 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



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