



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®: _____
☐ ThinPrep®: _____
☐ UroSwab®: _____
Was UroSwab® collected from a catheterized patient? ☐ Yes

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#:

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 antibiotic resistance by Molecular Analysis) Not available on ThinPrep

- 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

Date of Last Pap:

☐ Vagina ☐ Vaginal Cuff ☐ Other: _____

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)

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 antibiotic resistance by Molecular Analysis)

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

- 110 ☐ Treponema pallidum (syphilis)

Other Tests/Panels:

ICD10 codes (required):

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

Refer to the back for antibiotic abbreviation key.

IH0247 Upd.: 4.2025

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, **FU** = fluconazole, **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
<div>OneSwab® </div>		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.
	<div>UroSwab® </div>	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.
<div>ThinPrep® </div>	Pap Testing	7 - 10 days	7 days	6 weeks to add Pap testing	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	30 days to add tests	

* 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