



MEDICAL DIAGNOSTIC LABORATORIES

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٠٩		ent Care Test Requisition Form			
Ordering Physician/Labor Required: Include the ordering physician's first & last name, NP		Patient Information (Please Print) Name (Last, First) (Required):			
inddress, phone number and fax number.)	i, praedece name, complete				
		In Care of:			
		Patient Address:			
		City: State: Zip:			
		Assigned Sex at Birth (Required): Date of Birth (Required): Patient ID#:			
		Phone Number: Cell Phone			
		Race: Alaska Native or American Indian Asian Black or African Ethnicity: Hispanic or Latino			
		American Multiracial Native Hawaiian or other Pacific Islander Not Hispanic or Latino Other race White Does not wish to disclose Not provided Unknown			
		Gender Identity: ☐ Male ☐ Female ☐ Gender nonconforming ☐ Transgender male-to-female			
		Sexual Orientation: Bisexual Straight Gay or Lesbian Something else Does not wish to disclose			
Physician to receive additional result report:		☐ Not provided ☐ Not applicable			
Physician's Signature:	Date:	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):			
Specimen Information	n				
Pate Collected (Required): Specimen Type: Specimen Sou					
☐ <i>OneSwab</i> ®: ☐ ThinPrep®:		Primary Insurance Carrier: Medicare, Medicaid or Policy ID#:			
☐ NasoSwab®:		Claims Address:			
☐ UroSwab ®: Was UroSwab ® collected from a c	catheterized patient? Yes	Employer/Group Name: Group#:			
For ThinPrep testing, including Pap & I please refer to the back of this requisit		Respiratory Pathogens - NasoSwab® Pediatric & Adult			
<u> </u>	106	ommon ICD10 codes (required): 16.0 ☐ Acute upper respiratory infection, unspecified R05.9 ☐ Cough, unspecified			
Sexually Transmitted Infecti OneSwab®or ThinPrep®	J113 - J11	11.1 ☐ Influenza due to unidentified influenza virus with other respiratory manifestations ☐ Other:			
Common ICD10 codes (required): N89.8 Other specified noninflammatory disorders of value.	113	Bacterial Respiratory Panel Includes - 1101 Bordetella parapertussis			
Z20.2 Contact with and (suspected) exposure to infecti predominantly sexual mode of transmission		1102 Bordetella pertussis			
N76.4 Abscess of vulva		319 □ Chlamydophila pneumoniae 336 □ Mycoplasma pneumoniae			
Other:		1111 Streptococcus pneumoniae			
105 ☐ Chlamvdia trachomatis (*Reflex to antil	piotic resistance 113	I35 ☐ Viral Respiratory Panel Includes - 222 ☐ Adenovirus			
by Molecular Ánalysis), 167 ☐ <i>Neisseria gonorrhoeae</i> (*Reflex to antil	niotic resistance	1115 Human Coronavirus (Human Coronaviruses 229E, OC43, NL-63)			
by Molecular Analysis)		1131 ☐ SARS-CoV-2 [COVID-19] by Real-Time Reverse Transcription PCR (CDC N1, N2, RP targets) [£] 1105 ☐ Human Metapneumovirus			
111 ☐ <i>Trichomonas vaginalis</i> (*Reflex to M re: 129 ☐ <i>Mycoplasma genitalium</i> (*Reflex to anti	ibiotic resistance	1136 ☐ Influenza A and Influenza B by Multiplex CFX rRT-PCR 1110 ☐ Parainfluenza Viruses 1-4			
by Molecúlar Analysis) Not available on ThinPrep		1116 ☐ RSV A & RSV B by Multiplex Real-Time PCR			
122 Haemophilus ducreyi 126 Herpes		1127 ☐ Rhinovirus and Enterovirus 112 ☐ Group A Streptococcus			
HSV-2) 110 Treponema pallidum (syphili	s) 111	117 🗆 Haemophilus influenzae			
739 HPV Type-Detect® 4.0 by Multiplex Rea	F-Time PCR 111	118 MRSA: Methicillin Resistant and Methicillin Susceptible (MSSA) Staphylococcus aureus by Conventional PCR			
Vaginitis & Vaginosis - OneSwab® c	or ThinPrep® 111	119 CA-MRSA: Community-Associated MRSA. Panton-Valentine Leukocidin (PVL) DNA**(Type IV MRSA + #1118 Req.) [Community Associated MRSA = Type IV MRSA+ and PVL+]			
Common ICD10 codes (required): N76.0 ☐ Acute vaginitis					
N89.8 ☐ Other specified noninflammatory disorders of vi R10.2 ☐ Pelvic and perineal pain		UTI & STI - UroSwab® Refer to the back for antibiotic abbreviation key ommon ICD10 codes (required):			
Other:	N39.	9.0 ☐ Urinary tract infection, site not specified R30.1 ☐ Vesical tenesmus			
759 Bacterial Vaginosis (BV) Panel with Lactobacillus Profiling by qPCR Inclu Fannyhessea vaginae (Atopobium vaginae), BVAB1	ides - 176	0.0 □ Dysuria □ Other: 76 □ Urinary Pathogens Antibiotic Resistance* Includes -			
Fannyhessea vaginae (Atopobium vaginae), BVAB1 Bacteroides fragilis, Bifidobacterium breve, Megaspl	, BVAB2, BVAB3,	141 🗆 Escherichia coli - AC, C, TS, N, CP, F 727 🖂 Klebsiella oxytoca - AC, C, TS, N, CP, F			
Gardnerella vaginalis, Mobiluncus curtisii, M. mulieri Sneathia sanguinegens, Streptococcus anginosus	s, Prevotella bivia,	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 174 ☐ Pseudomonas aeruginosa - CF, PT, I, A, C			
182 Aerobic Vaginitis (AV) Panel Includes	_	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)			
127 ☐ Group B Streptococcus (GBS) 141 ☐	Escherichia coli Com	mmon ICD10 codes (required): 0.2 □ Contact with and (suspected) exposure to infections with a R30.9 □ Painful micturition, unspecified			
184 ☐ Staphylococcus aureus 153 ☐ Enter 560 ☐ Candida Vaginitis Panel Includes -	Dae in the control of	predominantly sexual mode of transmission			
551 □ Candida albicans 559 □ Candid	da glabrata 📗 SI	SEXUALLY TRANSMITTED INFECTIONS Applicable for adolescent females who are not candidates for pelvic exams.			
558 □ Candida parapsilosis 557 □ Candid 566 □ Candida krusei	da tropicalis 12	21 Leukorrhea Panel Includes -			
134 🗆 Urogenital Mycoplasma & Ureaplas	ma Panel	105 ☐ Chlamydia trachomatis (*Reflex to antibiotic resistance by Molecular Analysis) 167 ☐ Neisseria gonorrhoeae (*Reflex to antibiotic resistance by Molecular Analysis)			
Includes - 129 ☐ <i>Mycoplasma genitalium (*</i> R resistance by Molecular Analysis) 130 ☐ <i>Myco</i>	eflex to antibiotic	111 ☐ <i>Trichomonas vaginalis</i> (*Reflex to M resistance) 129 ☐ <i>Mycoplasma genitalium</i> (*Reflex to antibiotic resistance by Molecular Analysis)			
320 ☐ Ureaplasma urealyticum (*Reflex to ar	ntibiotic 109	09 ☐ N. gonorrhoeae* & C. trachomatis*			
resistance by Molecular Analysis)		10 □ Treponema pallidum (syphilis)			
	Skin & Soft T	Tissue Infections - OneSwab®			
Common ICD10 codes (required): A49.9 ☐ Bacterial infection, unspecified B99.8 ☐ C	Other infectious disease	B99.9 ☐ Unspecified infectious disease (opportunistic) ☐ Other:			
<u> </u>		533.3 🖂 Onspecified infectious disease (opportuffictic) 🖂 Other.			
	ococcus faecalis 141	11 □ Escherichia coli 1112 □ Group A Streptococcus 127 □ Group B Streptococcus (GBS)			
727 □ Klebsiella oxytoca 728 □ Klebs	iella pneumoniae 1118	8 MRSA: Methicillin Resistant and Methicillin Susceptible (MSSA) Staphylococcus aureus by ated MRSA. Panton-Valentine Leukocidin (PVL) DNA**(Type IV MRSA + #1118 Req.) [Community Associated MRSA]			
= Type IV MRSA+ and PVL+] 362 Prevo	itella species Group 1 (P.	P. bivia, P. disiens, P. intermedia, P. melaninogenica) 363 🔲 Prevotella species Group 2 (P. corporis,			
P. albensis) 146 🗆 Proteus mirabilis 174	□ rseudomonas aer	eruginosa 368 🗆 Fusobacterium species 553 🖂 Aspergillus fumigatus			

Pathology Testing						
Date Collecte	ed (Required):	Anatomic Source (Required): Cervi	x/Endocervix	Date of Last	Рар:	
		☐ Vaginal Cuff ☐ Other:				
Date of LMP:		Previous Results: Normal Reactive Other	ASCUS CIN 1 LGSIL CIN 2 HGSIL CIN 3			
Check all tha	at apply:		_			
☐ Biopsy ☐ Colpose ☐ Depo P ☐ Estroge	today ☐ H/O copy ☐ H/O Provera ☐ H/O	neoplasm ovary neoplasm of cervix neoplasm of vulva neoplasm uterus/corpus uteri n glandular previous lesion	☐ Hormone ☐ Hysterectomy (Supracervic ☐ Hysterectomy (Total or Rac ☐ IUD ☐ Lactating	cal) \square M dical) \square M \square C	Menopausal Menopausal/Hormone Menopausal/Hysterectomy Dral contraceptives Most menopausal	 □ Post partum □ Pregnant □ Previous cone/LEEP □ Radiation/Chemotherapy □ Other:
	ICD10 codes (required):					
	☐ Encounter for gynecological☐ Encounter for gynecological☐ Encounter for screening for	examination (general) (routine)		Other:		
	Liquid Pap only	Ages 21 and o	older:		Ages 30 and older:	
	1301 ☐ Liquid Pap Test	1302 ☐ 1301 with Reflex H	HPV if ASCUS or greater	1	1304 □ 1301 with HPV	,
Thompson	HPV Test: 739 ☐ HPV Type-Detect® 4	.0 by Multiplex Real-Time PC	CR (Includes HPV Types:16,	, 18, 45, 58	8, 35, 51, 52, 56, 39, 31	, 33, 59, 68)

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, E = fosfomycin, E = fluoroquinolone E = gentamicin, E = imipenum, E = linezolid, E = metronidazole E = nitrofurantoin, E = piperacillin-tazobactam, E = 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 C	ollection Platform	TAT*	Stability	Test Additions*	Specimen Collection
OneSwab®	CneSwab* N	24 - 72 hours	7 days	30 days to add tests	Collect specimen with the sterile swab provided. Insert swab into the transport media, break off swab handle, and tightly re-secure the cap on the transport media vial.
UroSwab®	UroSwab' I	24 - 72 hours	4 days	14 days to add tests	 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	7 days	6 weeks to add Pap testing	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
	Molecular	24 - 72 hours	7 days	30 days to add tests	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.
NasoSwab [®]	NasoSwab"	24 - 48 hours	5days	30 days to add tests	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.

^{*} Up to 72 hours with reflex/antiobiotic resistance testing

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.

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.

^{*}Pending QC review for sufficient specimen volume