



MEDICAL DIAGNOSTIC LABORATORIES

2439 Kuser Road • Hamilton, NJ 08690-3303 (609) 570-1000 • Fax (609) 245-7665 Toll Free (877) 269-0090

www.mdlab.com



		eni	Care 16	est Requ				
Ordering Physician/Laborato			Name (Leat Fire		ient Inf	ormation (F	Please P	rint)
Required: Include the ordering physician's first & last name, NPI, pra	ctice name, complete	е	Name (Last, Firs	t) (Required):				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			In Care of:					
			Patient Address:					
			City:			State:	Zip:	
			Assigned Sex at	Dirth (Doguirod):		of Birth (Required):	<u> </u>	Patient ID#:
			☐ Femal			ir Birtin (Requirea):		Patient ID#:
			Phone Number:					
			Race: Alaska			☐ Asian ☐ Black aiian or other Pacif		Ethnicity: Hispanic or Latino Not Hispanic or Latino
			Other race	☐ White ☐ Do	es not wish	to disclose \(\subseteq \No	t provided	Unknown
			Gender Identity Transgender	: ☐ Male ☐ female-to-male ☐	☐ Female [☐ Does not v	Gender nonconf vish to disclose	orming □ □ Not provid	Transgender male-to-female ded
			Sexual Orientat	ion: 🗌 Bisexual				ng else Does not wish to disclose
Physician to receive additional result report:			☐ Not provide					
Physician's Signature: Date:								front & back of card.)
			Insured's Name	Patient Ins	surance L	☐ Client Relation	on (Requirea):	Self Spouse Dependan
Specimen Information			Insured's SS#:			Inquire	ed's DOB:	
Date Collected (Required): Specimen Type: Specimen Source:								
☐ <i>OneSwab</i> ®: ☐ ThinPrep®:			Primary Insuranc	e Carrier:		Medicare, Me	dicaid or Poli	cy ID#:
☐ ThinPrep®: ☐ NasoSwab ®:			Claims Address:					
☐ Uro Swab [®] : Was Uro Swab [®] collected from a cathet			Employer/Group	Name:		Group#:		
was <i>broswab</i> collected from a carrier	.enzed patient? 🗀 🔞	es						
For ThinPrep testing, including Pap & mol			Respirate	ory Patho	gens -	NasoSwab® Pediatric & Adult	9	
please refer to the back of this requisition	.10	omm	n ICD10 codes	(required): r respiratory infed	ction unspe	ecified R05	9 🗆 Coual	h, unspecified
Sexually Transmitted Infection OneSwab® or ThinPrep®	s - Ji	11.1	Influenza du	ue to unidentified atory manifestation	l influenza v	virus with		:
Common ICD10 codes (required):	11	39 [-	I Respirato		Includes -		
N89.8 Other specified noninflammatory disorders of vagina Z20.2 Contact with and (suspected) exposure to infections w			1101 □ <i>B</i> d	ordetella parap	ertussis	. morado		
predominantly sexual mode of transmission	nui a			ordetella pertus hlamydophila p		е		
N76.4 Abscess of vulva Other:			$336 \square M$	ycoplasma pne reptococcus pr	eumoniae			
121 Leukorrhea Panel Includes-	11	35 [spiratory Pa				
105 ☐ <i>Chlamydia trachomatis</i> (*Reflex to antibiotic by Molecular Analysis),	resistance	100	222 🗆 Ad	lenovirus				
167 ☐ Neisseria gonorrhoeae (*Reflex to antibiotic	: resistance					in Coronaviruses Real-Time Revers		·3, NL-63) ion PCR (CDC N1, N2, RP targets)
by Molecular Analysis) 111 □ <i>Trichomonas vaginalis</i> (*Reflex to M resista	nce).		1105 🗌 Hı	ıman Metapne	umovirus			
129 ☐ Mycoplasma genitalium (^Ψ Reflex to AZ & FI			1110 🗆 Pa	arainfluenza Vir	ruses 1-4	B by Multiplex CF		`
by Pyrosequencing) 115 Genital Ulcer Disease Panel Includes -			1116 □ RS	SV A & RSV B I ninovirus and E	by Multiple	ex Real-Time PC	R	
122 ☐ Haemophilus ducreyi 126 ☐ Herpes sub	type (HSV-1, 11	112 🗆	Group A Stre					
HSV-2) 110 ☐ <i>Treponema pallidum</i> (syphilis) 739 ☐ HPV Type-Detect® 4.0 by Multiplex Real-Tim			Haemophilu			0 (1)	I (MOOA)	0/ / /
		118 ∟	I MRSA: Metr Conventiona	iicillin Resistan al PCR	it and Meti	nicillin Susceptib	ole (MSSA)	Staphylococcus aureus by
Vaginitis & Vaginosis - OneSwab® or The	hinPrep® \ 11	119 🗆	CA-MRSA: (Community-Ass	ociated MF	RSA. Panton-Vale	entine Leuko	ocidin (PVL) DNA**(Type IV and PVL+]
Common ICD10 codes (required): N76.0 ☐ Acute vaginitis								
N89.8 ☐ Other specified noninflammatory disorders of vagina			on ICD10 codes		Refer to	the back fo	<mark>r antibio</mark>	tic abbreviation key
R10.2 Pelvic and perineal pain Other:	N39	9.0 🗆	Urinary tract in	fection, site not	specified		R30.1 □	Vesical tenesmus
759 Bacterial Vaginosis (BV) Panel with	R30		Dysuria		–			Other:
759 Bacterial Vaginosis (BV) Panel with Lactobacillus Profiling by qPCR Includes Atopobium vaginae, BVAB1, BVAB2, BVAB3, Bacteroides	- s fragilis. 17	′6 □	Urinary Pat	thogens Anti	ibiotic Re	esistance* Incl	udes - T. <i>Klehsiell:</i>	a oxytoca . AC C TS N CP F
Bifidobacterium breve, Megasphaera Type 1 & 2, Gardne Mobiluncus curtisii, M. mulieris, Prevotella bivia, Sneathia	rella vaginalis,		153 Enter	rococcus faeca	alis - A, N, CI	P, F, D, L 146	Proteus	a oxytoca - AC, C, TS, N, CP, F mirabilis - AC, C, TS, N, CP, F nonas aeruginosa - CF, PT, I, A,
sanguinegens, Streptococcus anginosus			728 □ Klebs	siella pneumon	niae - AC, C	, TS, N, CP, F		_
182 Aerobic Vaginitis (AV) Panel Includes -	phoriphia poli Co	mmo	*(141, 153, 154, 728 n ICD10 codes		q. When panel	is ordered and individua	al tests are not	selected, all 7 will be performed & billed
127 ☐ Group B Streptococcus (GBS) 141 ☐ Esc 184 ☐ Staphylococcus aureus 153 ☐ Enterococ	albilollia coll I		Contact with a	nd (suspected) e	exposure to	infections with a		Painful micturition, unspecified
560 Candida Vaginitis Panel Includes -	R36	6.9 🗆	Urethral discha	sexual mode of targe, unspecified	d		adolescent fo	Other:
551 □ Candida albicans 559 □ Candida gl 558 □ Candida parapsilosis 557 □ Candida tro	!!!-			ISMITTED IN		1S for pelvic exa	ms.	emales who are not candidates
566 ☐ Candida krusei		21 ∟		a Panel Includ		lex to antibiotic r	esistance b	oy Molecular Analysis)
134 Urogenital Mycoplasma & Ureaplasma	Panel		167 □ <i>Neis</i>	seria gonorrho	eae (*Refl	ex to antibiotic r	esistance b	y Molecular Analysis)
Includes - 129 ☐ <i>Mycoplasma genitalium</i> ([®] Reflex resistance by Pyrosequencing) 130 ☐ <i>Mycoplasi</i>	ma hominis,		129 ☐ <i>Myc</i> i	oplasma genita	alium (⁴ Re	ex to M resistand flex to AZ & FL i	resistance l	by Pyrosequencing)
320 Ureaplasma urealyticum (*Reflex to antibio resistance by Molecular Analysis)	otic 1(0	peae* & C. tra		S*		
Toolotarioo by Intolocalar Artalysis)		10 🗆	Treponema	pallidum (sy	philis)			
	Skin & Soft	Tis	sue Infec	tions - On	ieSwab [®]	•		
Common ICD10 codes (required):	infactious diseases		R00 0 □ Una	ecified infectious	e discoso /-	opportunistic)	□ O4h-	r
, 1	infectious disease		ש.ש ביים Unsp	ecined intectious	s uisease (C	pportunistic)	□ Othe	1
366 ☐ Skin & Soft Tissue Infections (SSTI) Pa 125 ☐ Bacteroides fragilis 153 ☐ Enterococ	anei Includes - cus faecalis 14	l1 🗆	Escherichia d	oli 1112 □	☐ Group A	Streptococcus	127 □ Gr	roup B Streptococcus (GBS)
727 🗆 Klebsiella oxytoca 728 🗆 Klebsiella	pneumoniae 111	18 🗆	MRSA: Meth	icillin Resistan	it and Meth	nicillin Susceptib	le (MSSA)	Staphylococcus aureus by eq.) [Community Associated MRSA
= Type IV MRSA+ and PVL+] 362 Prevotella	species Group 1 (P. biv	ia, P. disiens, P.	intermedia, P. m	nelaninogen	ica) 363 🗆	Prevotella	species Group 2 (P. corporis.
P. albensis) 146 ☐ Proteus mirabilis 174 ☐	Pseudomonas ae	ərugii	nosa 368	☐ Fusobacter	rium speci	es 553 🗆	Aspergillus	s fumigatus

		Pa	thology Testing			
Date Collecte	ed (Required):	Anatomic Source (Required): Cervi	x/Endocervix	Date of Last	Pap:	
		☐ 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/C copy ☐ H/C Provera ☐ H/C	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)	Menopausal Menopausal/Hormone Menopausal/Hysterectomy Oral contraceptives Post menopausal	 □ Post partum □ Pregnant □ Previous cone/LEEP □ Radiation/Chemotherapy □ Other:
	ICD10 codes (required):					
	☐ Encounter for gynecological☐ Encounter for gynecological☐ Encounter for screening for	(0) (Other:		
	Liquid Pap only	Ages 21 and o	older:		Ages 30 and older:	
1301 ☐ Liquid Pap Test 1302 ☐ 1301 with Reflex HP		HPV if ASCUS or greater		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, 5	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®	CheSwab* 8	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 1	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" I	24 - 48 hours	5days	30 days to add tests	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°. 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