

Urgent Care 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

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

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

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#: _____

Specimen Information

Date Collected (Required): _____ Specimen Type: _____ Specimen Source: _____

- OneSwab®
- ThinPrep®
- NasoSwab®
- UroSwab®

Was UroSwab® collected from a catheterized patient? Yes

For ThinPrep testing, including Pap & molecular, please refer to the back of this requisition form.

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**

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: _____

- 759 **Bacterial Vaginosis (BV) Panel with Lactobacillus Profiling by qPCR** Includes -
Atopobium vaginae, BVAB1, BVAB2, BVAB3, *Bacteroides fragilis*, *Bifidobacterium breve*, *Megasphaera* Type 1 & 2, *Gardnerella vaginalis*, *Mobiluncus curtisii*, *M. mulieris*, *Prevotella bivia*, *Sneathia sanguinegens*, *Streptococcus anginosus*

- 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 antibiotic resistance by Molecular Analysis)

Respiratory Pathogens - NasoSwab® Pediatric & Adult

- Common ICD10 codes (required):**
- J06.0 Acute upper respiratory infection, unspecified R05.9 Cough, unspecified
 - J11.1 Influenza due to unidentified influenza virus with other respiratory manifestations Other: _____

- 1139 **Bacterial Respiratory Panel** Includes -
 1101 *Bordetella parapertussis*
 1102 *Bordetella pertussis*
 319 *Chlamydia pneumoniae*
 336 *Mycoplasma pneumoniae*
 1111 *Streptococcus pneumoniae*

- 1135 **Viral Respiratory Panel** Includes -
 222 Adenovirus
 1115 Human Coronavirus (Human Coronaviruses 229E, OC43, NL-63)
 1131 SARS-CoV-2 [COVID-19] by Real-Time Reverse Transcription PCR (CDC N1, N2, RP targets)
 1105 Human Metapneumovirus
 1136 Influenza A and Influenza B by Multiplex CFX rRT-PCR
 1110 Parainfluenza Viruses 1-4
 1116 RSV A & RSV B by Multiplex Real-Time PCR
 1127 Rhinovirus and Enterovirus

- 1112 Group A Streptococcus
- 1117 *Haemophilus influenzae*
- 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+]

UTI & STI - UroSwab® Refer to the back for antibiotic abbreviation key

- 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)

Skin & Soft Tissue Infections - OneSwab®

- Common ICD10 codes (required):**
- A49.9 Bacterial infection, unspecified B99.8 Other infectious disease B99.9 Unspecified infectious disease (opportunistic) Other: _____

- 366 **Skin & Soft Tissue Infections (SSTI) Panel** Includes -
 125 *Bacteroides fragilis* 153 *Enterococcus faecalis* 141 *Escherichia coli* 1112 Group A Streptococcus 127 Group B Streptococcus (GBS)
 727 *Klebsiella oxytoca* 728 *Klebsiella pneumoniae* 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+]
 362 *Prevotella* species Group 1 (*P. bivia*, *P. disiens*, *P. intermedia*, *P. melaninogenica*) 363 *Prevotella* species Group 2 (*P. corporis*, *P. albensis*) 146 *Proteus mirabilis* 174 *Pseudomonas aeruginosa* 368 *Fusobacterium* species 553 *Aspergillus fumigatus*

- 367 **SSTI Panel Antibiotic Resistance** Includes - [*E. faecalis*, *E. coli*, GAS, GBS, *K. oxytoca*, *K. pneumoniae*, *P. mirabilis*, *P. aeruginosa*, MRSA: AC, AM (for *E. faecalis*), C, CL, D, TS, CP, CF, PT, I, G] (153, 141, 112, 127, 727, 728, 146, 174, or 1118 Req.) When panel is ordered and individual tests are not selected, all 9 will be performed & billed

Pathology Testing

Date Collected (Required):	Anatomic Source (Required): <input type="checkbox"/> Cervix/Endocervix <input type="checkbox"/> Vagina <input type="checkbox"/> Vaginal Cuff <input type="checkbox"/> Other:	Date of Last Pap:
Date of LMP:	Previous Results: <input type="checkbox"/> Normal <input type="checkbox"/> ASCUS <input type="checkbox"/> CIN 1 <input type="checkbox"/> Reactive <input type="checkbox"/> LGSIL <input type="checkbox"/> CIN 2 <input type="checkbox"/> Other <input type="checkbox"/> HGSIL <input type="checkbox"/> CIN 3	
Check all that apply:		
<input type="checkbox"/> Bilateral, tubal ligation	<input type="checkbox"/> H/O neoplasm ovary	<input type="checkbox"/> Hormone
<input type="checkbox"/> Biopsy today	<input type="checkbox"/> H/O neoplasm of cervix	<input type="checkbox"/> Hysterectomy (Supracervical)
<input type="checkbox"/> Colposcopy	<input type="checkbox"/> H/O neoplasm of vulva	<input type="checkbox"/> Hysterectomy (Total or Radical)
<input type="checkbox"/> Depo Provera	<input type="checkbox"/> H/O neoplasm uterus/corpus uteri	<input type="checkbox"/> IUD
<input type="checkbox"/> Estrogen replacement therapy	<input type="checkbox"/> High glandular previous lesion	<input type="checkbox"/> Lactating
<input type="checkbox"/> H/O abnormal pap		<input type="checkbox"/> Menopausal
		<input type="checkbox"/> Menopausal/Hormone
		<input type="checkbox"/> Menopausal/Hysterectomy
		<input type="checkbox"/> Oral contraceptives
		<input type="checkbox"/> Post menopausal
		<input type="checkbox"/> Post partum
		<input type="checkbox"/> Pregnant
		<input type="checkbox"/> Previous cone/LEEP
		<input type="checkbox"/> Radiation/Chemotherapy
		<input type="checkbox"/> Other:
Common ICD10 codes (required):		
Z01.411	<input type="checkbox"/> Encounter for gynecological examination (general) (routine) with abnormal findings	<input type="checkbox"/> Other:
Z01.419	<input type="checkbox"/> Encounter for gynecological examination (general) (routine) without abnormal findings	
Z11.51	<input type="checkbox"/> Encounter for screening for human papillomavirus (HPV)	
Liquid Pap only		
Ages 21 and older:	Ages 30 and older:	
1301 <input type="checkbox"/> Liquid Pap Test	1302 <input type="checkbox"/> 1301 with Reflex HPV if ASCUS or greater	1304 <input type="checkbox"/> 1301 with HPV
HPV Test:		
739 <input type="checkbox"/> 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)		

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.

OneSwab® & UroSwab® are registered in the USPTO.

Test by Real-Time PCR unless otherwise specified.

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"> 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®	24 - 72 hours	4 days	14 days to add tests	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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. Rinse in the PreservCyt® solution by swirling vigorously 10 times. Tighten the cap so that the torque line on the cap passes the torque line on the vial.
	Molecular	24 - 72 hours	7 days	
NasoSwab®	24 - 48 hours	5 days	30 days to add tests	<ol style="list-style-type: none"> 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/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.

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.