

MEDICAL DIAGNOSTIC LABORATORIES

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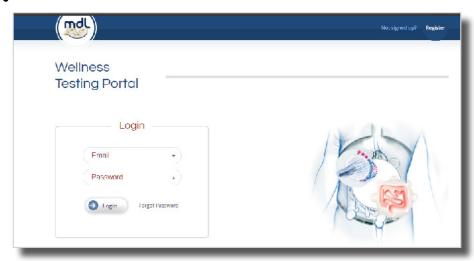


| | vveiiile55 | Frepayment lest Requisition Form | | | | |
|-----------------|---|---|--|--|--|--|
| | Ordering Physician/Laboratory | Patient Information (Please Print) | | | | |
| | clude the ordering physician's first & last name, NPI, practice name, complet number and fax number.) | | | | | |
| | | In Care of: | | | | |
| | | Patient Address: | | | | |
| | | City: State: Zip: | | | | |
| | | Assigned Sex at Birth (Required): Date of Birth (Required): Patient ID#: | | | | |
| | | Phone Number: | | | | |
| | | ☐ Home 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 | | | | |
| 5 | | Sexual Orientation: Bisexual Straight Gay or Lesbian Something else | | | | |
| Physician to re | ceive additional result report: | ☐ Does not wish to disclose ☐ Not provided ☐ Not applicable | | | | |
| Physician's Sig | nature: Date: | Gender Identity: ☐ Male ☐ Female ☐ Gender nonconforming ☐ Transgender male-to-female | | | | |
| | | ☐ Transgender female-to-male ☐ Does not wish to disclose ☐ Not provided ☐ Not applicable | | | | |
| | Cut Microbian | ne Testing - Stool Specimen | | | | |
| | GOI MICIODIOII | ie lesilig - 31001 specifieri | | | | |
| \$129 | 2101 Gut Microbiome Profile by DNA So of 16s rRNA regions | equencing Analysis of bacterial composition utilizing the DNA sequence | | | | |
| | Kit ID#: | Be sure to write the Kit ID# on the specimen vial label | | | | |
| | Mt 1Dπ. | _ be sure to write the Kit ib# on the specimen via laber | | | | |
| | | | | | | |
| | | | | | | |
| | | COMPLEMENT CORP. C. C. C. C. | | | | |
| | 10 register for an acc | count in MDL's Wellness Testing Portal patients must scan | | | | |



the code or visit app.mdlab.com

- Complete the health questionnaire
- Submit payment



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.

| Specimen Collection Platform TAT* | | TAT* | Stability | Test Additions [¥] | | |
|-----------------------------------|----------------------|------------|-----------|-----------------------------|---|---|
| Serum | Serum Separator Tube | 3 - 5 days | 7 days | 30 days to add tests | of (S 2. Al | n accordance with the standard operating procedure f your facility, collect blood in a serum separator tube SST). Ilow the specimen to clot for a minimum of 30 minutes. fter, clotting, centrifuge the SST. |
| Stool | | 14-21 days | 10 days | N/A | sp No to 2. PI 3. Mi fer is | nscrew the collection tube cap and use the attached boon to scoop one spoonful of feces from the stool. DO OT disconnect the spoon from the cap. DO NOT drink, such, or remove the liquid from the tube. lace the spoon into the tube and securely tighten the cap. lix the contents thoroughly by inverting 10 times. Some scal material may not completely mix into the solution. This acceptable as long as the material is submerged beneath le liquid. |

^{*}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:

- Îf 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 | TOLL | FAX |
|---|------------------------------|--------------|
| 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 |