

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



# **Wellness Prepayment Test Requisition Form**

Ordering Physician/Laboratory	Patient Information (Please Print)			
(Required: Include the ordering physician's first & last name, NPI, practice name, complete ad	- Name (Last, First) (Required):			
dress, phone number and fax number.)	In Care of: Patient Address:			
	City: State: Zip:			
	Assigned Sex at Birth (Required):     Date of Birth (Required):     Patient ID#:       Female     Male			
	Phone Number:  Cell Phone			
	Home Phone			
	Race:       Alaska Native or American Indian       Asian       Black or African       Ethnicity:       Hispanic or Latinc         American       Multiracial       Native Hawaiian or other Pacific Islander       Not Hispanic or Latino         Other race       White       Does not wish to disclose       Not provided       Unknown			
Physician to receive additional result report:	Sexual Orientation:       Bisexual       Straight       Gay or Lesbian       Something else         Does not wish to disclose       Not provided       Not applicable			
Physician's Signature: Date:	Gender Identity:  Male  Female  Gender nonconforming Transgender male-to-female			
	Transgender female-to-male Does not wish to disclose Not provided Not applicable			
CutMicrobiomo	Testing Steel Specimen			

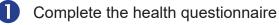
**\$129 2101** Gut Microbiome Profile by DNA Sequencing Analysis of bacterial composition utilizing the DNA sequence of 16s rRNA regions

Kit ID#:

Be sure to write the Kit ID# on the specimen vial label



To regster for an account in MDL's Wellness Testing Portal patients must scan the code or visit app.mdlab.com





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#### 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*	Stability	Test Additions <sup>*</sup>	
Serum	Serum Separator Tube	3 - 5 days	7 days	30 days to add tests	<ol> <li>In accordance with the standard operating procedure of your facility, collect blood in a serum separator tube (SST).</li> <li>Allow the specimen to clot for a minimum of 30 minutes.</li> <li>After, clotting, centrifuge the SST.</li> </ol>
Stool		14-21 days	10 days	N/A	<ol> <li>Unscrew the collection tube cap and use the attached spoon to scoop one spoonful of feces from the stool. DO NOT disconnect the spoon from the cap. DO NOT drink, touch, or remove the liquid from the tube.</li> <li>Place the spoon into the tube and securely tighten the cap.</li> <li>Mix the contents thoroughly by inverting 10 times. Some fecal material may not completely mix into the solution. This is acceptable as long as the material is submerged beneath the liquid.</li> </ol>

\*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:**

- 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	TOLL	FAX
<b>GBS Hotline</b> 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
<b>Client Services</b> General Questions, Results	877.269.0090	609.570.1050
Client Services Billing Questions	877.333.9233	609.245.7683