

WOMEN'S HEALTH TEST REQUISITION

INTERNAL USE ONLY

Receiving Date:
Receiving Time:

ACCOUNT INFORMATION

Client:	Site:	Ordering Provider:	
Site Contact:	Email:	Phone Number:	NPI:

PATIENT DEMOGRAPHICS

Collection Date: / /	Collection Time:	AM/PM: <input type="checkbox"/> AM <input type="checkbox"/> PM	
Last Name:	First Name:	Phone Number:	
Street Address:	City:	State:	Zip Codes: State County:
Date of Birth: / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Undefined	
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Mixed Race <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Hawaiian/Pacific Island <input type="checkbox"/> Asian <input type="checkbox"/> Other/Unknown			
Medication allergy:			

(ABR*) - Antibiotic Resistance Genes (AST*) - Antibiotic Sensitivity Test

Sample Type: Vacutainer Urine Sample vaginal Swab (Eswab Kit) **WH CPP - COMPREHENSIVE PATHOGEN PANEL** **CULTURE WITH AST***

BACTERIA		FUNGI		SEXUALLY TRANSMITTED PATHOGENS		VIRAL	
<input type="checkbox"/> ATOPBIUM VAGINAE	<input type="checkbox"/> GARDNERELLA VAGINALIS	<input type="checkbox"/> ENTEROCOCCUS FAECALIS	<input type="checkbox"/> LACTOBACILLUS GASSERI	<input type="checkbox"/> CANDIDA ALBICANS	<input type="checkbox"/> GONORRHEA/NEISSERIA GONORRHEA	<input type="checkbox"/> HERPES VIRUS 1	
<input type="checkbox"/> BACTEROIDES FRAGILIS	<input type="checkbox"/> PREVOTELLA BIVIA	<input type="checkbox"/> ENTEROCOCCUS FAECIUM	<input type="checkbox"/> LACTOBACILLUS JENSENII	<input type="checkbox"/> CANDIDA GLABRATA	<input type="checkbox"/> HAEMOPHILUS DUCREYI	<input type="checkbox"/> HERPES VIRUS 2	
<input type="checkbox"/> BVAB2	<input type="checkbox"/> MOBILUNCUS CURTISII	<input type="checkbox"/> STREPTOCOCCUS AGALACTIAE	<input type="checkbox"/> LACTOBACILLUS INERS	<input type="checkbox"/> CANDIDA KRUSEI	<input type="checkbox"/> CHLAMYDIA TRACHOMATIS	<input type="checkbox"/> HUMAN HERPESVIRUS 3	
<input type="checkbox"/> KLEBSIELLA PNEUMONIAE	<input type="checkbox"/> ESCHERICHIA COLI	<input type="checkbox"/> UREAPLASMA UREALYTICUM		<input type="checkbox"/> CANDIDA PARAPSILOSIS	<input type="checkbox"/> TRICHOMONAS VAGINALIS	<input type="checkbox"/> HPV-16	
<input type="checkbox"/> MEGASPHAERA 1	<input type="checkbox"/> MOBILUNCUS MULIERIS	<input type="checkbox"/> TREPONEMA PALLIDUM		<input type="checkbox"/> CANDIDA TROPICALIS	<input type="checkbox"/> MYCOPLASMA GENITALIUM	<input type="checkbox"/> HPV-18	
<input type="checkbox"/> MEGASPHAERA 2	<input type="checkbox"/> STAPHYLOCOCCUS AUREUS	<input type="checkbox"/> LACTOBACILLUS CRISPATUS		<input type="checkbox"/> CANDIDA LUSITANIAE	<input type="checkbox"/> MYCOPLASMA HOMINIS		

 WH VVC - VAGINA, VULVA, CERVIX INFECTION PANEL **CULTURE WITH AST***

BACTERIA		FUNGI		SEXUALLY TRANSMITTED PATHOGENS		VIRAL	
<input type="checkbox"/> ATOPBIUM VAGINAE	<input type="checkbox"/> MOBILUNCUS CURTISII	<input type="checkbox"/> UREAPLASMA UREALYTICUM	<input type="checkbox"/> CANDIDA ALBICANS	<input type="checkbox"/> GONORRHEA/NEISSERIA GONORRHEA	<input type="checkbox"/> HERPES VIRUS 1		
<input type="checkbox"/> BVAB2	<input type="checkbox"/> ESCHERICHIA COLI	<input type="checkbox"/> LACTOBACILLUS CRISPATUS	<input type="checkbox"/> CANDIDA GLABRATA	<input type="checkbox"/> CHLAMYDIA TRACHOMATIS	<input type="checkbox"/> HERPES VIRUS 2		
<input type="checkbox"/> CHLAMYDIA TRACHOMATIS	<input type="checkbox"/> MOBILUNCUS MULIERIS	<input type="checkbox"/> LACTOBACILLUS GASSERI	<input type="checkbox"/> CANDIDA KRUSEI	<input type="checkbox"/> TRICHOMONAS VAGINALIS	<input type="checkbox"/> HUMAN HERPESVIRUS 3		
<input type="checkbox"/> MEGASPHAERA 1	<input type="checkbox"/> STAPHYLOCOCCUS AUREUS	<input type="checkbox"/> LACTOBACILLUS JENSENII	<input type="checkbox"/> CANDIDA PARAPSILOSIS	<input type="checkbox"/> MYCOPLASMA GENITALIUM	<input type="checkbox"/> HPV-16		
<input type="checkbox"/> MEGASPHAERA 2	<input type="checkbox"/> ENTEROCOCCUS FAECALIS	<input type="checkbox"/> LACTOBACILLUS INERS	<input type="checkbox"/> CANDIDA TROPICALIS	<input type="checkbox"/> MYCOPLASMA HOMINIS	<input type="checkbox"/> HPV-18		
<input type="checkbox"/> GARDNERELLA VAGINALIS	<input type="checkbox"/> STREPTOCOCCUS AGALACTIAE	<input type="checkbox"/> PREVOTELLA BIVIA	<input type="checkbox"/> CANDIDA LUSITANIAE				

 WH PELVIC - UTERUS, FALLOPIAN TUBE, OVARIES INFECTION PANEL **CULTURE WITH AST***

BACTERIA		SEXUALLY TRANSMITTED PATHOGENS		VIRAL	
<input type="checkbox"/> ATOPBIUM VAGINAE	<input type="checkbox"/> MOBILUNCUS MULIERIS	<input type="checkbox"/> GONORRHEA/NEISSERIA GONORRHEA	<input type="checkbox"/> HERPES VIRUS 1		
<input type="checkbox"/> MEGASPHAERA 1	<input type="checkbox"/> UREAPLASMA UREALYTICUM	<input type="checkbox"/> CHLAMYDIA TRACHOMATIS	<input type="checkbox"/> HERPES VIRUS 2		
<input type="checkbox"/> GARDNERELLA VAGINALIS	<input type="checkbox"/> LACTOBACILLUS CRISPATUS	<input type="checkbox"/> MYCOPLASMA GENITALIUM	<input type="checkbox"/> HUMAN HERPESVIRUS 3		
<input type="checkbox"/> PREVOTELLA BIVIA	<input type="checkbox"/> LACTOBACILLUS INERS	<input type="checkbox"/> MYCOPLASMA HOMINIS	<input type="checkbox"/> HPV-16		
<input type="checkbox"/> ESCHERICHIA COLI	<input type="checkbox"/> STREPTOCOCCUS AGALACTIAE		<input type="checkbox"/> HPV-18		

 STI PATHOGENS PANEL **CANDIDA PANEL** **PREGNANCY PANEL** **HPV PANEL**

<input type="checkbox"/> NEISSERIA GONORRHEA	<input type="checkbox"/> CANDIDA ALBICANS	<input type="checkbox"/> MYCOPLASMA GENITALIUM	<input type="checkbox"/> HPV-2	<input type="checkbox"/> HPV-43	<input type="checkbox"/> HPV-68
<input type="checkbox"/> CHLAMYDIA TRACHOMATIS	<input type="checkbox"/> CANDIDA GLABRATA	<input type="checkbox"/> MYCOPLASMA HOMINIS	<input type="checkbox"/> HPV-6	<input type="checkbox"/> HPV-44	<input type="checkbox"/> HPV-73
<input type="checkbox"/> TRICHOMONAS VAGINALIS	<input type="checkbox"/> CANDIDA KRUSEI	<input type="checkbox"/> GONORRHEA / NEISSERIA GONORRHEA	<input type="checkbox"/> HPV-11	<input type="checkbox"/> HPV-45	<input type="checkbox"/> HPV-81
<input type="checkbox"/> MYCOPLASMA	<input type="checkbox"/> CANDIDA PARAPSILOSIS	<input type="checkbox"/> CHLAMYDIA TRACHOMATIS	<input type="checkbox"/> HPV-16	<input type="checkbox"/> HPV-51	<input type="checkbox"/> HPV-82
<input type="checkbox"/> GENITALIUM	<input type="checkbox"/> CANDIDA TROPICALIS	<input type="checkbox"/> STREPTOCOCCUS AGALACTIAE	<input type="checkbox"/> HPV-18	<input type="checkbox"/> HPV-52	<input type="checkbox"/> HPV-83
<input type="checkbox"/> MYCOPLASMA HOMINIS	<input type="checkbox"/> CANDIDA LUSITANIAE		<input type="checkbox"/> HPV-26	<input type="checkbox"/> HPV-53	
<input type="checkbox"/> TREPONEMA PALLIDUM			<input type="checkbox"/> HPV-31	<input type="checkbox"/> HPV-55	
<input type="checkbox"/> UREAPLASMA UREALYTICUM			<input type="checkbox"/> HPV-33	<input type="checkbox"/> HPV-56	
			<input type="checkbox"/> HPV-35	<input type="checkbox"/> HPV-58	
			<input type="checkbox"/> HPV-39	<input type="checkbox"/> HPV-59	
			<input type="checkbox"/> HPV-40	<input type="checkbox"/> HPV-61	
			<input type="checkbox"/> HPV-42	<input type="checkbox"/> HPV-66	

ICD 10 Codes: _____

 ANTIBIOTIC RESISTANCE GENES*

<input type="checkbox"/> CARBAPENEMS	<input type="checkbox"/> QUINOLONE	<input type="checkbox"/> VANCOMYCIN
<input type="checkbox"/> ESBL	<input type="checkbox"/> SULFONAMIDE/ TRIMETHOPRIM	<input type="checkbox"/> AMPIC
<input type="checkbox"/> FOSFOMYCIN	<input type="checkbox"/> TETRACYCLINE	<input type="checkbox"/> METHICILLIN
<input type="checkbox"/> MACROLIDE		

BILLING INFORMATION

Insurance Company:	Group Number:	Policy Number:	<input type="checkbox"/> Self-Pay
Name of Insured:	Relationship to Insured:	DOB of Insured: / /	<input type="checkbox"/> Client Direct (Facility Pay)

AUTHORIZING SIGNATURES

Patient Request: I authorize any holder of medical or other information about me to release to the Social Security Administration, its intermediates, Blue Shield, or other carriers any information needed for this or related claims. I permit a copy of this authorization to be used in place of the original; and request payment of medical insurance benefits.

Print Patient Name:	Print Signature:	Date:
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Physician Certification: I acknowledge that documentation to support medical necessity for all tests ordered is recorded in the patient's chart. If not signed, Authorized Healthcare Provider affirms that test orders are placed in patient file with provider signature and will be available upon request. The Office of the Inspector General requires documentation in patient medical chart including date of service, tests ordered and documentation to support medical necessity.

Provider Authorizing Name:	Provider Authorizing Signature:	Date:
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Please ensure that all ICD-10 codes checked on the Requisition Form are representative of the patient being seen and their health considerations.
 For a comprehensive listing please refer to the most recent ICD-10 coding manual.
 Ultimately the assignment of the proper diagnosis code(s) is the responsibility of the ordering physician.

VAGINOSIS/VAGINITIS/VULVITIS

- **N76.0** Acute vaginitis
- N76.1 Subacute and chronic vaginitis
- N76.2 Acute vulvitis
- N76.3 Subacute and chronic vulvitis
- N76.4 Abscess of vulva
- N76.5 Ulceration of vagina
- N76.6 Ulceration of vulva
- N76.81 Mucositis (ulcerative) of vagina and vulva
- N76.89 Other specified inflammation of vagina & vulva
- N77.0 Ulceration of vulva in diseases classified elsewhere
- N77.1 Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere
- N95.2 Postmenopausal atrophic vaginitis
- O23.599 Infection of other part of genital tract in pregnancy, unspecified trimester

CANDIDIASIS

- **B37.3** Candidiasis of vulva and vagina
- B37.41 Candidal cystitis and urethritis
- B37.49 Other urogenital candidiasis
- N89.8 Other specified noninflammatory disorders of vagina

GROUP B STREPTOCOCCUS

- O99.820 Streptococcus B carrier state complicating pregnancy
- O99.824 Streptococcus B carrier state complicating childbirth
- B95.1 Streptococcus, group B, as the cause of diseases classified elsewhere
- Z22.330 Carrier of Group B streptococcus

PELVIC INFECTION

- N70.01 Acute salpingitis
- N70.02 Acute oophoritis
- N70.03 Acute salpingitis and oophoritis
- N70.11 Chronic salpingitis
- N70.12 Chronic oophoritis
- N70.13 Chronic salpingitis and oophoritis
- N70.91 Salpingitis, unspecified
- N70.92 Oophoritis, unspecified
- N70.93 Salpingitis and oophoritis, unspecified
- N71.0 Acute inflammatory disease of uterus
- N71.1 Chronic inflammatory disease of uterus
- N71.9 Inflammatory disease of uterus, unspecified
- N72 Inflammatory disease of cervix uteri
- N73.0 Acute parametritis and pelvic cellulitis
- N73.1 Chronic parametritis and pelvic cellulitis
- N73.2 Unspecified parametritis and pelvic cellulitis
- N73.3 Female acute pelvic peritonitis
- N73.4 Female chronic pelvic peritonitis
- N73.5 Female pelvic peritonitis, unspecified

PELVIC INFECTION (CONT.)

- N73.8 Other specified female pelvic inflammatory diseases
- N73.9 Female pelvic inflammatory disease, unspecified
- N74 Female pelvic inflammatory disorders in diseases classified elsewhere
- N75.1 Abscess of Bartholin's gland

SEXUALLY TRANSMITTED INFECTIONS (STI)

- A54.00 Gonococcal infection of lower genitourinary tract, unspecified
- A54.02 Gonococcal vulvovaginitis, unspecified
- A54.03 Gonococcal cervicitis, unspecified
- A54.09 Other gonococcal infection of lower genitourinary tract
- A54.1 Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess
- A54.29 Other gonococcal genitourinary infections
- A54.9 Gonococcal infection, unspecified
- A56.00 Chlamydial infection of lower genitourinary tract, unspecified
- A56.01 Chlamydial cystitis and urethritis
- A56.02 Chlamydial vulvovaginitis
- A56.09 Other chlamydial infection of lower genitourinary tract
- A56.19 Other chlamydial genitourinary infection
- A56.2 Chlamydial infection of genitourinary tract, unspecified
- A56.8 Sexually transmitted chlamydial infection of other sites -Venereal disease
- **A59.00** Urogenital trichomoniasis, unspecified
- A59.01 Trichomonal vulvovaginitis
- A59.03 Trichomonal cystitis and urethritis
- A59.09 Other urogenital trichomoniasis
- A63.0 Other predominantly sexually transmitted diseases, not elsewhere classified
- A63.8 Other specified predominantly sexually transmitted diseases
- A64 Unspecified sexually transmitted disease
- A74.9 Chlamydial infection, unspecified
- Z11.2 Screening for other bacterial diseases
- **Z11.3** Screening for infections with a predominantly sexual mode of transmission
- Z11.9 Screening for infectious and parasitic diseases, unspecified

ANTIBIOTIC RESISTANCE

- Z16.10 Resistance to unspecified beta lactam antibiotics
- Z16.19 Resistance to other specified beta lactam antibiotics
- Z16.20 Resistance to unspecified antibiotic
- Z16.22 Resistance to vancomycin related antibiotics
- Z16.24 Resistance to multiple antibiotics
- Z16.29 Resistance to other single specified antibiotic
- Z16.30 Resistance to unspecified antimicrobial drugs

FILL EXTRA CODES

1. _____ 2. _____ 3. _____