COMPREHENSIVE 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:** ☐ AM ☐ PM		
Last Name:	**First Name:**	**Phone Number:**		
Street Address:	**City:**	**State:**	**Zip Codes:**	**State County:**
Date of Birth: / /	**Gender:** ☐ Male ☐ Female	**Ethnicity:** ☐ Hispanic ☐ Non-Hispanic ☐ Undefined		

Race: ☐ Black ☐ White ☐ Mixed Race ☐ American Indian/Native Alaskan ☐ Hispanic/Latino ☐ Hawaiian/Pacific Island ☐ Asian ☐ Other/Unknown

Medication allergy:

(ABR*) - Antibiotic Resistance Genes **(AST*) -** Antibiotic Sensitivity Test **(RSV)** - Respiratory Syncytial Virus **(Flu)-** Influenza

☐ UTI PCR PANEL ☐ CULTURE WITH AST* ☐ UA

Sample Type: ☐ **Vacutainer** ☐ **Urine Sample** ☐ **STI-Penile/Vaginal Swab** (Eswab Kit)

☐ ACINETOBACTER BAUMANNII	☐ CANDIDA PARAPSILOSIS	☐ ENTEROCOCCUS FAECIUM	☐ MYCOPLASMA GENITALIUM	☐ SERRATIA MARCESCENS	☐ STREPTOCOCCUS AGALACTIAE (GROUP B)
☐ BACTEROIDES FRAGILIS	☐ CANDIDA TROPICALIS	☐ ESCHERICHIA COLI	☐ MYCOPLASMA HOMINIS	☐ STAPHYLOCOCCUS AUREUS	☐ STREPTOCOCCUS DYSGALACTIAE (GROUP G)
☐ CANDIDA ALBICANS	☐ CITROBACTER FREUNDII	☐ KLEBSIELLA OXYTOCA	☐ PROTEUS MIRABILIS	☐ STAPHYLOCOCCUS EPIDERMIDIS	☐ STREPTOCOCCUS PNEUMONIAE
☐ CANDIDA AURIS	☐ ENTEROBACTER AEROGENES	☐ KLEBSIELLA PNEUMONIAE	☐ PROTEUS VULGARIS	☐ STAPHYLOCOCCUS COAGULASE-NEGATIVE	☐ UREAPLASMA PARVUM
☐ CANDIDA GLABRATA	☐ ENTEROBACTER CLOACAE	☐ MORAXELLA CATARRHALIS	☐ PROVIDENCIA STUARTI	☐ STAPHYLOCOCCUS SAPROPHYTICUS	☐ UREAPLASMA UREALYTICUM
☐ CANDIDA KRUSEI	☐ ENTEROCOCCUS FAECALIS	☐ MORGANELLA MORGANII	☐ PSEUDOMONAS AERUGINOSA	☐ STREPTOCOCCUS PYOGENES (GROUP A)	☐ **ANTIBIOTIC RESISTANCE GENES***

ADD STI ☐ CHLAMYDIA TRACHOMATIS ☐ HAEMOPHILUS DUCREYI ☐ MYCOPLASMA HOMINIS ☐ TRICHOMONAS VAGINALIS ☐ UREAPLASMA UREALYTICUM ☐ HERPES VIRUS 1 ☐ HPV 16
☐ NEISSERIA GONORRHOEAE ☐ MYCOPLASMA GENITALIUM ☐ TREPONEMA PALLIDUM ☐ UREAPLASMA PARVUM ☐ HERPES VIRUS 2 ☐ HPV 18

☐ RPP PCR ☐ COVID-19 WITH RSV A/B & FLU A/B ONLY ☐ COVID-19

Sample Type: ☐ **Nasopharynx Swab** (Red Top Kit) ☐ **Sputum Swab** (Eswab or Red Top Kit) ☐ **Throat Swab** (Red Top Kit)

☐ ADENOVIRUS 1	☐ HUMAN CORONAVIRUS HKU1	☐ HUMAN PARAINFLUENZA VIRUS 1	☐ INFLUENZA A/H1-2009	☐ SARS-COV-2
☐ ADENOVIRUS 2	☐ HUMAN CORONAVIRUS NL63	☐ HUMAN PARAINFLUENZA VIRUS 2	☐ INFLUENZA A/H3	☐ STAPHYLOCOCCUS AUREUS
☐ BORDETELLA BRONCHISEPTICA	☐ HUMAN CORONAVIRUS OC43	☐ HUMAN PARAINFLUENZA VIRUS 3	☐ INFLUENZA B	☐ STREPTOCOCCUS PNEUMONIAE
☐ BORDETELLA PERTUSSIS	☐ HUMAN ENTEROVIRUS (PAN ASSAY)	☐ HUMAN PARAINFLUENZA VIRUS 4	☐ INFLUENZA C	☐ STREPTOCOCCUS PYOGENES (GROUP A)
☐ CHLAMYDOPHILA PNEUMONIAE	☐ HUMAN ENTEROVIRUS D68	☐ HUMAN PARECHOVIRUS	☐ KLEBSIELLA PNEUMONIAE	☐ STREPTOCOCCUS AGALACTIAE (GROUP B)
☐ COXIELLA BURNETII	☐ HUMAN HERPESVIRUS 3 (HHV3)	☐ HUMAN RESPIRATORY SYNCYTIAL VIRUS A (RSVA)	☐ LEGIONELLA PNEUMOPHILA	☐ STREPTOCOCCUS DYSGALACTIAE (GROUP G)
☐ HAEMOPHILUS INFLUENZAE	☐ HUMAN HERPESVIRUS 4 (HHV4)	☐ HUMAN RESPIRATORY SYNCYTIAL VIRUS B (RSVB)	☐ MYCOPLASMA PNEUMONIAE	☐ **ANTIBIOTIC RESISTANCE GENES***
☐ HAEMOPHILUS INFLUENZAE TYPE B	☐ HUMAN HERPESVIRUS 5 (HHV5)	☐ HUMAN RHINOVIRUS 1	☐ MORAXELLA CATARRHALIS	
☐ HUMAN BOCAVIRUS	☐ HUMAN HERPESVIRUS 6 (HHV6)	☐ HUMAN RHINOVIRUS 2	☐ PNEUMOCYSTIS JIROVECII	
☐ HUMAN CORONAVIRUS 229E	☐ HUMAN METAPNEUMOVIRUS (HMPV)	☐ INFLUENZA A	☐ PSEUDOMONAS AERUGINOSA	

☐ WOUND PCR PANEL ☐ CULTURE WITH AST* ☐ NAIL PCR

Sample Type: ☐ **Wound Swab** (Eswab Kit) ☐ **Nail Clipping (Collection Bag)** **Location:** 1. 2.

☐ ACINETOBACTER BAUMANNII	☐ CANDIDA TROPICALIS	☐ ENTEROCOCCUS FAECIUM	☐ NEOFUSICOCCUM MANGIFERAE	☐ STAPHYLOCOCCUS SAPROPHYTICUS
☐ ACREMONIUM STRICTUM	☐ CITROBACTER FREUNDII	☐ EPIDERMOPHYTON FLOCCOSUM	☐ PREVOTELLA LOESCHEII	☐ STREPTOCOCCUS AGALACTIAE (GROUP B)
☐ ASPERGILLUS FUMIGATUS	☐ CLOSTRIDIUM NOVYI (A,B)	☐ ESCHERICHIA COLI	☐ PROTEUS MIRABILIS	☐ STREPTOCOCCUS DYSGALACTIAE (GROUP G)
☐ ASPERGILLUS NIGER	☐ CLOSTRIDIUM PERFRIGENS	☐ FUSARIUM SOLANI	☐ PROTEUS VULGARIS	☐ STREPTOCOCCUS PYOGENES (GROUP A)
☐ ASPERGILLUS VERSICOLOR	☐ CLOSTRIDIUM SEPTICIUM	☐ KINGELLA KINGAE	☐ PSEUDOMONAS AERUGINOSA	☐ STREPTOCOCCUS PNEUMONIAE
☐ BACTEROIDES FRAGILIS	☐ CORYNEBACTERIUM SP	☐ KLEBSIELLA OXYTOCA	☐ SCOPULARIOPSIS BREVICAULIS	☐ TRICHOPHYTON INTERDIGITALE
☐ CANDIDA ALBICANS	☐ CUTIBACTERIUM (PROPIONIBACTERIUM) ACNES	☐ KLEBSIELLA PNEUMONIA	☐ SERRATIA MARCESCENS	☐ TRICHOPHYTON RUBRUM
☐ CANDIDA GLABRATA	☐ ENTEROBACTER AEROGENES	☐ MICROSPORUM AUDOUINII	☐ STAPHYLOCOCCUS AUREUS	☐ **ANTIBIOTIC RESISTANCE GENES***
☐ CANDIDA KRUSEI	☐ ENTEROBACTER CLOACAE	☐ MORGANELLA MORGANII	☐ STAPHYLOCOCCUS COAGULASE-NEGATIVE	
☐ CANDIDA PARAPSILOSIS	☐ ENTEROCOCCUS FAECALIS	☐ MORAXELLA CATARRHALIS	☐ STAOHYLOCOCCUS EPIDERMIDIS	

☐ GASTROINTESTINAL PCR PANEL ☐ CULTURE WITH AST*

Sample Type: ☐ **Rectal Swab** (Eswab Kit) ☐ **Stool Sample** (Stool Collection Kit)

EIA TEST (STOOL ONLY) : ☐ FECAL OCCULT BLOOD ☐ FECAL ELASTASE ☐ CALPROTECTIN ☐ HELICOBACTER PYLORI (LIAISON XL)

CPT Codess: ☐ **G0328QW: Screen for colon cancer** ☐ **82274QW: Diagnostic screening** (patient with signs/symptoms of possible occult bleeding) ☐ **83520: Immunoassay, infectious agent antigen; quantitative, not otherwise specified** ☐ **83993: Calprotectin, fecal**

☐ ADENOVIRUS F40/41	☐ CAMPYLOBACTER JEJUNI	☐ ENTAMOEBA HISTOLYTICA	☐ NOROVIRUS GI	☐ STEC / EHEC
☐ AEROMONAS HYDROPHILA	☐ CAMPYLOBACTER POOL	☐ ENTEROBIUS VERMICULARIS	☐ NOROVIRUS GII	☐ STRONGYLOIDES GENUS
☐ ANCYLOSTOMA GENUS	☐ CAMPYLOBACTER UPSALIENSIS	☐ ENTEROCYTOZOON	☐ NOROVIRUS POOL	☐ STRONGYLOIDES STERCORALIS
☐ ASCARIS GENUS	☐ CLOSTRIDIOIDES DIFFICILE A	☐ ENTEROVIRUS	☐ PARECHOVIRUS	☐ TRICHURIS TRICHURIA
☐ ASTROVIRUS	☐ CLOSTRIDIOIDES DIFFICILE B	☐ EPEC	☐ PLESIOMONAS SHIGELLOIDES	☐ VIBRIO CHOLERAE
☐ BLASTOCYSTIS HOMINIS	☐ CRYPTOSPORIDIUM	☐ ETEC	☐ ROTAVIRUS A	☐ VIBRIO PARAHAEMOLYTICUS
☐ CANDIDA ALBICANS	☐ CYCLOSPORA CAYETANENSIS	☐ GIARDIA LAMBLIA	☐ ROTAVIRUS B	☐ VIBRIO POOL
☐ CANDIDA GLABRATA	☐ DIENTAMOEBA FRAGILIS	☐ HELICOBACTER PYLORI	☐ ROTAVIRUS C	☐ VIBRIO VULNIFICUS
☐ CANDIDA KRUSEI	☐ E. COLI O157	☐ HYMENOLEPIS GENUS	☐ SALMONELLA	☐ YERSINIA ENTEROCOLITICA
☐ CANDIDA PARAPSILOSIS	☐ EAEC	☐ HYPERVIRULENT C. DIFFICILE O27	☐ SAPOVIRUS (I,II,IV)	☐ **ANTIBIOTIC RESISTANCE GENES***
☐ CANDIDA TROPICALIS	☐ EIEC	☐ LISTERIA MONOCYTOGENES	☐ SAPOVIRUS G.V (V)	
☐ CAMPYLOBACTER COLI	☐ EIEC SHIGELLA	☐ NECATOR AMERICANUS	☐ SHIGELLA	

ICD 10 Codes: _____ _____ _____ _____ _____ _____

ANTIBIOTIC RESITANCE GENES*

☐ CARBAPENEMS	☐ QUINOLONE	☐ VANCOMYCIN
☐ ESBL	☐ SULFONAMIDE/ TRIMETHOPRIM	☐ AMPC
☐ FOSFOMYCIN	☐ TETRACYCLINE	☐ METHICILLIN
☐ MACROLIDE		

BILLING INFORMATION

Insurance Company: Group Number: Policy Number:

Name of Insured: Relationship to Insured: DOB of Insured: / /

☐ **Self-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:

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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