Certigen LABORATORY

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Accession Sticker Here

PCR REQUISITION FORM

PHYSICIAN & PRACTICE INFORMATION

I attest that the requested testing is medically necessary and appropriate based on the patient's diagnosis and treatment plan. I have personally completed the diagnosis codes above to indicate the accurate diagnosis for the patient.

Physician Signature

MUST COMPLETE ALL PATIENT INFORMATION

Last name _____ First name _____ MI _____

____/____/____ Date of birth ☐ Male ☐ Female *ATTACH DEMOGRAPHICS

ATTACH INSURANCE

☐ Medicare ☐ Commerical

DX codes:_____ _____ _____ _____ _____

RT-PCR Panels

☐ Respiratory Infection

- Influenza A (H1,H3, H1N1 2009) ☐
- Influenza B ☐
- RSV ☐
- Parainfluenza (PIV 1,2,3,4) ☐
- Human Metapneumovirus ☐
- Rhinovirus/Enterovirus ☐
- Adenovirus ☐
- Coronavirus (NL63,OC43,HKU-1, 229E) ☐
- Chlamydia pneumoniae ☐
- Mycoplasma pneumoniae ☐
- Bordatella Pertussis ☐
- Bordatella Parapertussis ☐

Commonly used DX codes:
R09.81: Congestion
R05: Cough
J02.9: Pharyngitis
R50.9: Fever

☐ Nasopharayngeal Swab

☐ UTI/Prostatitus with Antibiotic Resistence

- Acinetobacter baumannii ☐
- Bacteroides fragilis ☐
- Escherichia coli ☐
- Klebsiella pneumoniae ☐
- Klebsiella aerogenes ☐
- Klebsiella oxyoca/michiganesis ☐
- Enterobacter aerogenes ☐
- Enterococcus spp. ☐
- Citrobacter koseri ☐
- Citrobacter braakii/freundii ☐
- Morganella morganii ☐
- Proteus mirabilis ☐
- Pseudomonas aeruginosa ☐
- Serratia marcescens ☐
- Staph. aureus ☐
- Staph. epidermidis ☐
- Staph. saprophyticus ☐
- Strep. pyogenes (A) ☐

ABX Reisitance Markers ☐
Methicilli /Oxacillin (mecA)
Vancomycin (vanA, Van B)
Class A b-lactamase blaKPC
Class A b-lactamase; CTX-M-Group 1
Class B metallo-b-lactamase blaNDM
Fluroquinolones
Sulfonamides
Trimethoprim

Commonly used DX codes:
R35.0: Frequency of Micturition
Z22.39: Carrier of other specified bacterial disease.
N39.0: UTI site unspecified
R30.0: Dysuria

☐ Clean Catch Urine
☐ Other_____

☐ Wound Infection With Antibiotic Reisitence

- Acinetobacter baumannii ☐
- Bacteroides fragilis ☐
- Escherichia coli ☐
- Klebsiella pneumoniae ☐
- Klebsiella aerogenes ☐
- Klebsiella oxyoca/michiganesis ☐
- Enterobacter aerogenes ☐
- Enterococcus spp. ☐
- Citrobacter koseri ☐
- Citrobacter braakii/freundii ☐
- Morganella morganii ☐
- Proteus mirabilis ☐
- Pseudomonas aeruginosa ☐
- Serratia marcescens ☐
- Staph. aureus ☐
- Staph. epidermidis ☐
- Staph. saprophyticus ☐
- Strep. pyogenes (A) ☐

ABX Reisitance Markers ☐
Methicilli /Oxacillin (mecA)
Vancomycin (vanA, Van B)
Class A b-lactamase blaKPC
Class A b-lactamase; CTX-M-Group 1
Class B metallo-b-lactamase blaNDM
Fluroquinolones
Sulfonamides
Trimethoprim

Commonly used DX codes:
L08.9: Local infection of the skin and subcutaneous tissue.
Z22.39: Carrier of other specified bacterial diseases
Z22.322: Carrier or suspected carrier of MRSA

☐ Swab
☐ Aspiration

☐ Sexually Transmitted Infection (MALE)

- Atopobium vaginae ☐
- Chlamydia trachomatis ☐
- Gardnerella vaginalis ☐
- Haemophilus ducreyi ☐
- HSV-1 (Herpes Simplex1) ☐
- HSV-2 (Herpes Simplex2) ☐
- Niesseia gonorrhoeae ☐
- Trepnema pallidum ☐
- Trichomonas vaginalis ☐
- Candida albicans ☐
- Candida dubliniesis ☐
- Candida glabrata ☐
- Candida krusei ☐
- Candida lustitaniae ☐
- Candida trachomatis ☐
- Mycoplasma genatalium ☐
- Mycoplasma hominus ☐
- Ureaplasma urealyticum ☐

Commonly used DX codes:
N76.0 Acute vaginitis
N77.1 Vaginitis, vulvitis & vulvovaginitis
B37.3 Candidiasis of vulva & vagina
N89.8 Other specified noninflammatory disorders of vagina
R36.9 Urethral discharge unspecified

☐ Urine Sample
☐ Urethra Swab

☐ Vaginitis Womens Health

- Atopobium vaginae ☐
- Bacteroides fragilis ☐
- BVAB-2 ☐
- Candida albicans ☐
- Candida dubiniesis ☐
- Candida glabrata ☐
- Candida krusei ☐
- Candida lusitaniae ☐
- Candida tropicalis ☐
- Candida parapsilosis ☐
- Candida trachomatis ☐
- Enterococcus spp. ☐
- Escherichia coli ☐
- Gardnerella vaginalis ☐
- Haemophollis ducreyi ☐
- HHV-1 (Herpes Simplex 1) ☐
- HHV-2 (Herpes Simplex 2) ☐
- Lactobacillus crispatus ☐
- Lactobacillus gasseri ☐
- Lactobacillus iners ☐
- Lactobacillus jensenii ☐
- Megasphaera Type 1 ☐
- Megasphaera Type 2 ☐
- Mobiluncus curtisii ☐
- Mobiluncus mulieris ☐
- Mycoplasma genitalium ☐
- Mycoplasma hominis ☐
- Neisseria gonorrhoeae ☐
- Prevotella bivia ☐
- Staphyloccocus aureus ☐
- Streptococcus agalactiae (B) ☐
- Treponema pallidum ☐
- Trichomonus vaginalis ☐
- Ureaplasma urealyticum ☐

☐ Vaginal Swab

SPECIMEN INFORMATION

Date Collected:_____/_____/_____ Time Collected:_____ Collectors Initials_____

AUTHORIZATION & ATTESTATION

I certify that I have voluntarily provided a fresh sample for molecular polymerase chain reaction diagnostic testing. The information provided on this form and on the specimen collection device is accurate. I authorize the lab to release the results of this testing to the ordering physician. I also authorize the lab to bill my insurance provider and to receive payment of benefits for the tests ordered by my physician. I further authorize the lab and the ordering physician to realease to my insurance provider any medical information necessaryto process this claim. I acknowledge that the lab may be out of network with my insurance provider.

BY SIGING BELOW I AUTHORIZE COGENT MEDICAL LABORATORY TO PERFORM TESTING

Patient Signature:_____ Date:_____