



ORDERING PHYSICIAN'S NAME AND ADDRESS

PATIENT'S INFORMATION Please provide clear copies of patient photo ID and insurance card(s)

PATIENT LAST NAME		FIRST NAME		MIDDLE		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	
DATE OF BIRTH (MM/DD/YY)		CELL PHONE		EMAIL			
ADDRESS						APT.#	
CITY				STATE		ZIP	

INSURANCE INFORMATION

SPECIMEN COLLECTION

<input type="checkbox"/> BILL INSURANCE	PRIMARY INSURANCE		SECONDARY INSURANCE		DATE	
<input type="checkbox"/> BILL PATIENT	INSURANCE					TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> BILL MEDICAL PRACTICE	MEMBER ID					

SOURCE

HISTORY

<input type="checkbox"/> CERVICAL	<input type="checkbox"/> ENDOCERVICAL	<input type="checkbox"/> NORMAL EXAM	<input type="checkbox"/> POSTPARTUM	<input type="checkbox"/> HORMONE THERAPY	LMP
<input type="checkbox"/> VAGINAL	<input type="checkbox"/> OTHER	<input type="checkbox"/> ABN GYN EXAM	<input type="checkbox"/> HYSTERECTOMY	<input type="checkbox"/> OTHER	
		<input type="checkbox"/> PREGNANT	<input type="checkbox"/> POST MENOPAUSAL		

PAP / HPV from ThinPrep

BIOPSIES

PAP <input type="checkbox"/> AccuPAP	GYN <input type="checkbox"/> AccuPAP with reflex to HPV (High Risk) if ASCUS	<input type="checkbox"/> BIP1 Biopsy	<input type="checkbox"/> BIP3 Biopsy
HPV <input type="checkbox"/> HPV (High Risk)	3260 <input type="checkbox"/> AccuPAP w/reflex to HPV (High Risk) if ASCUS or greater	SOURCE: _____	SOURCE: _____
GHPV <input type="checkbox"/> AccuPAP with HPV (High Risk)		<input type="checkbox"/> BIP2 Biopsy	<input type="checkbox"/> BIP4 Biopsy
		SOURCE: _____	SOURCE: _____

PANELS

Please Select a Source

6105 <input type="checkbox"/> <b>STI ESSENTIAL</b>	<input type="checkbox"/> ThinPrep <input type="checkbox"/> Aptima® Vaginal Swab <input type="checkbox"/> Male/Female Urine in sterile cup transferred in Aptima® urine tubes	<input type="checkbox"/> Aptima® Anal swab (CT/GC only) <input type="checkbox"/> Aptima® Throat swab(CT/GC only) <input type="checkbox"/> Aptima® Vaginal Swab (patient collected) (CT/GC only)	CT <input type="checkbox"/> Chlamydia trachomatis GC <input type="checkbox"/> Neisseria gonorrhoeae TPTR <input type="checkbox"/> Trichomonas vaginalis
MGEN <input type="checkbox"/> <b>MYCOPLASMA GENITALIUM</b>	<input type="checkbox"/> ThinPrep <input type="checkbox"/> Aptima® Vaginal Swab <input type="checkbox"/> Male urethral swab	<input type="checkbox"/> Male/Female Urine in sterile cup transferred in Aptima urine tubes <input type="checkbox"/> Aptima® Vaginal Swab (patient collected) <input type="checkbox"/> Aptima® penile meatal swab (patient collected)	Mycoplasma genitalium
BVG 1 <input type="checkbox"/> <b>BACTERIAL VAGINOSIS</b>	<input type="checkbox"/> ThinPrep <input type="checkbox"/> Aptima® Vaginal Swab	Z722 <input type="checkbox"/> Megaspheara Type 1 Z698 <input type="checkbox"/> Mobiluncus spp	Z720 <input type="checkbox"/> Atopobium vaginae Z696 <input type="checkbox"/> Bacteroides Fragilis
5564 <input type="checkbox"/> <b>CANDIDIASIS</b>	<input type="checkbox"/> ThinPrep <input type="checkbox"/> Aptima® Vaginal Swab	Y756 <input type="checkbox"/> Candida glabrata Y738 <input type="checkbox"/> Candida tropicalis	Y724 <input type="checkbox"/> Candida albicans Y736 <input type="checkbox"/> Candida parapsilosis Z730 <input type="checkbox"/> Candida lusitanae
5666 <input type="checkbox"/> <b>AEROBIC VAGINITIS</b>	<input type="checkbox"/> ThinPrep <input type="checkbox"/> Aptima® Vaginal Swab	Z787 <input type="checkbox"/> Lactobacillus spp. (Lacto) Z789 <input type="checkbox"/> Escherichia coli	Z755 <input type="checkbox"/> Staphylococcus aureus Z791 <input type="checkbox"/> Enterococcus faecalis Z793 <input type="checkbox"/> Streptococcus pyogenes Z795 <input type="checkbox"/> Streptococcus agalactiae Z785 <input type="checkbox"/> Lactobacillus rhamnosus
0917 <input type="checkbox"/> <b>HERPES SIMPLEX VIRUS</b>	<input type="checkbox"/> Anogenital Lesion Swab	0916 <input type="checkbox"/> HSV-1 006 <input type="checkbox"/> HSV-2	
6440 <input type="checkbox"/> <b>GROUP B STREPTOCOCCUS</b>	<input type="checkbox"/> Vaginal/Rectal Swab in Liquid Stuart's/Amies Medium	Streptococcus agalactiae	
6306 <input type="checkbox"/> <b>UTI PANEL, PCR W/REFL TO ABR, PCR*</b>	<input type="checkbox"/> ENTE Enterococcus spp. Enterococcus faecium (Efm) Enterococcus faecalis (Efs) <input type="checkbox"/> KLEB Klebsiella spp. Klebsiella aerogenes (KA) Klebsiella oxytoca (KO) Klebsiella pneumoniae (KP)	<input type="checkbox"/> STAP Staphylococcus spp. Staphylococcus aureus (SA) Staphylococcus saprophyticus (SS) Staphylococcus epidermidis (SE) <input type="checkbox"/> PROE Proteus spp. Proteus vulgaris (PV) Proteus mirabilis (PM)	<input type="checkbox"/> CITR Citrobacter spp. Citrobacter freundii (CF) Citrobacter koseri (CK) <input type="checkbox"/> ESCH Escherichia spp. Escherichia coli (EC) <input type="checkbox"/> PSEG Pseudomonas spp. Pseudomonas aeruginosa (PA) <input type="checkbox"/> ENT Enterobacter spp. Enterobacter cloacae complex (ECC)
<input type="checkbox"/> Source: Mid stream clean catch urine collected in a sterile cup and transferred to a urine C&S tube (GREY TOP)			<input type="checkbox"/> SERR Serratia spp. Serratia marcescens (SM) <input type="checkbox"/> CAND Candida spp. Candida albicans (CA) Candida other (CO) <input type="checkbox"/> STRE Streptococcus spp. Streptococcus agalactiae (GBS) <input type="checkbox"/> AER Aerococcus spp. Aerococcus urinae (AU)
<input type="checkbox"/> SERR Serratia spp. Serratia marcescens (SM) <input type="checkbox"/> CAND Candida spp. Candida albicans (CA) Candida other (CO) <input type="checkbox"/> STRE Streptococcus spp. Streptococcus agalactiae (GBS) <input type="checkbox"/> AER Aerococcus spp. Aerococcus urinae (AU)	<input type="checkbox"/> CORY Corynebacterium spp. Corynebacterium urealyticum (CU) <input type="checkbox"/> MORG Morganella spp. Morganella morganii (MM) <input type="checkbox"/> ACIN Acinetobacter spp. Acinetobacter baumannii (AB) <input type="checkbox"/> PROV Providencia spp. Providencia stuartii (PS)	6444 <input type="checkbox"/> Quinole/floquinolone (S83L gyrA, D87N gyrA, qnrS, qnrA) 6445 <input type="checkbox"/> Sulfonamide resistance genes (Sul1 and Sul2) 6446 <input type="checkbox"/> Beta lactamase class A genes (KPC, SHV or CTX-M) 6447 <input type="checkbox"/> Beta lactamase class B genes (NDM, VIM or IMP)	6448 <input type="checkbox"/> Beta lactamase class C genes (CMY, DHA or FOX) 6449 <input type="checkbox"/> Beta lactamase class D genes (OXA 1 like, OXA-23 like or OXA-48 like) 6453 <input type="checkbox"/> Macrolides resistance genes (ERM A, B or C) 6455 <input type="checkbox"/> Methicillin resistance (Mec A)
<b>ANTIBIOTIC RESISTANCE (ABR), PCR</b>			6457 <input type="checkbox"/> Tetracycline group of antibiotics (tetB or tetM) 6458 <input type="checkbox"/> Vancomycin group of antibiotics (VanA or Van B) Z957 <input type="checkbox"/> Aminoglycoside resistance gene aac(6)-Ib-cr

ICD-10 / DIAGNOSES

Please order only if medically necessary and appropriate for individual patients

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7230 <input type="checkbox"/> <b>MYCOPLASMA / UREAPLASMA</b>	<input type="checkbox"/> ThinPrep <input type="checkbox"/> Aptima® Vaginal Swab <input type="checkbox"/> Male/Female Urine in sterile cup	Mycoplasma genitalium Mycoplasma hominis Ureaplasma urealyticum	
BVG 1 <input type="checkbox"/> <b>BACTERIAL VAGINOSIS</b>	<input type="checkbox"/> ThinPrep <input type="checkbox"/> Aptima® Vaginal Swab	Z722 <input type="checkbox"/> Megaspheara Type 1 Z698 <input type="checkbox"/> Mobiluncus spp	Z720 <input type="checkbox"/> Atopobium vaginae Z696 <input type="checkbox"/> Bacteroides Fragilis
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