



PROVIDER INFORMATION

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

Form for patient information including name, date of birth, cell phone, email, address, city, state, zip, and gender.

SPECIMEN COLLECTION

Form for specimen collection including date and time (AM/PM).

BILLING AND INSURANCE

Form for billing and insurance including checkboxes for insurance types and fields for primary/secondary insurance details.

MOLECULAR PANELS

Table with 4 columns: ORDERING CODES, BACTERIA & BACTERIAL TOXINS, VIRUSES, and PARASITES. Includes panels like GPP (Gastrointestinal Pathogen Panel) and 7838 (C. Diff Toxin A/B Gene, PCR).

MICROBIOLOGY TESTS

Form for microbiology tests including STCU (Stool Culture for Salmonella/Shigella), CDIF (C. difficile Toxins/AG), HPYS (H. Pylori Antigen, Stool), and CAMP (Campylobacter AG, Stool).

ICD-10 / DIAGNOSES

Form for ICD-10 / Diagnoses with two empty rows for entry.

Please order only if medically necessary and appropriate for individual patients.

FOR LABORATORY USE

Large empty box for laboratory use.

PHYSICIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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