

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"/> STI ESSENTIAL	<input type="checkbox"/> ThinPrep <input type="checkbox"/> Aptima® Vaginal Swab <input type="checkbox"/> Aptima® Urethral (CT/GC Only)	<input type="checkbox"/> Aptima® Anal swab (CT/GC only) <input type="checkbox"/> Aptima® Throat swab (CT/GC only) <input type="checkbox"/> Aptima® Urine Collection Kit	CT <input type="checkbox"/> Chlamydia trachomatis GC <input type="checkbox"/> Neisseria gonorrhoeae TRCH <input type="checkbox"/> Trichomonas vaginalis
7230 <input type="checkbox"/> MYCOPLASMA / UREAPLASMA	<input type="checkbox"/> ThinPrep <input type="checkbox"/> Aptima® Vaginal Swab <input type="checkbox"/> Aptima® Urine Collection Kit	Z708 <input type="checkbox"/> Mycoplasma genitalium Z712 <input type="checkbox"/> Mycoplasma hominis Z714 <input type="checkbox"/> Ureaplasma urealyticum	Z702 <input type="checkbox"/> Ureaplasma parvum
MGEN <input type="checkbox"/> *MALE ONLY MYCOPLASMA GENITALIUM	<input type="checkbox"/> Male urethral swab <input type="checkbox"/> Aptima® penile meatal swab	Mycoplasma genitalium	
BVG 1 <input type="checkbox"/> BACTERIAL VAGINOSIS	<input type="checkbox"/> ThinPrep <input type="checkbox"/> Aptima® Vaginal Swab	MEGA <input type="checkbox"/> Megasphaera Type 1 MOBI <input type="checkbox"/> Mobiluncus spp	ATOP <input type="checkbox"/> Atopobium vaginae BFRA <input type="checkbox"/> Bacteroides Fragilis BVAB <input type="checkbox"/> BV associated bacteria2 GAVA <input type="checkbox"/> Gardnerella vaginalis LACT <input type="checkbox"/> Lactobacillus spp (lacto)
5664 <input type="checkbox"/> CANDIDIASIS	<input type="checkbox"/> ThinPrep <input type="checkbox"/> Aptima® Vaginal Swab	Y756 <input type="checkbox"/> Candida glabrata Y738 <input type="checkbox"/> Candida tropicalis	Y772 <input type="checkbox"/> Candida krusei Y724 <input type="checkbox"/> Candida albicans Y736 <input type="checkbox"/> Candida parapsilosis Z732 <input type="checkbox"/> Candida dubliniensis Z730 <input type="checkbox"/> Candida lusitanae
5666 <input type="checkbox"/> AEROBIC VAGINITIS	<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"/> HERPES SIMPLEX VIRUS	<input type="checkbox"/> Aptima® Anogenital Lesion Swab	0916 <input type="checkbox"/> HSV-1 006 <input type="checkbox"/> HSV-2	
6440 <input type="checkbox"/> GROUP B STREPTOCOCCUS	<input type="checkbox"/> Vaginal/Rectal Swab in Liquid Stuart's/Amies Medium	Streptococcus agalactiae	
6305 <input type="checkbox"/> UTI PANEL, PCR <i>With reflex to antibiotic sensitivity by MICROBIOLOGY</i>	<input type="checkbox"/> Enterococcus species Enterococcus faecium (Efm) Enterococcus faecalis (Efs)	<input type="checkbox"/> Proteus species Proteus vulgaris (PV) Proteus mirabilis (PM)	<input type="checkbox"/> Enterobacter species Enterobacter cloacae complex (ECC)
6306 <input type="checkbox"/> UTI PANEL, PCR <i>With reflex to antibiotic gene resistance by PCR</i>	<input type="checkbox"/> Klebsiella species Klebsiella aerogenes (KA) Klebsiella oxytoca (KO) Klebsiella pneumoniae (KP)	<input type="checkbox"/> Citrobacter species Citrobacter freundii (CF) Citrobacter koseri (CK)	<input type="checkbox"/> Serratia species Serratia marcescens (SM)
<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"/> Staphylococcus species Staphylococcus aureus (SA) Staphylococcus saprophyticus (SS) Staphylococcus epidermidis (SE)	<input type="checkbox"/> Escherichia species Escherichia coli (EC)	<input type="checkbox"/> Candida species Candida albicans (CA) Candida other (CO)
		<input type="checkbox"/> Pseudomonas species Pseudomonas aeruginosa (PA)	<input type="checkbox"/> Streptococcus species Streptococcus agalactiae (GBS)
			<input type="checkbox"/> Aerococcus species Aerococcus urinae (AU)
ANTIBIOTIC RESISTANCE (ABR), PCR			
6444 <input type="checkbox"/> Quinole/floroquinolone (qnrS, qnrA)	6448 <input type="checkbox"/> Beta lactamase class C genes (CMY, DHA or FOX)	6457 <input type="checkbox"/> Tetracycline group of antibiotics (tetB or tetM)	
6445 <input type="checkbox"/> Sulfonamide resistance genes (Sul1 and Sul2)	6449 <input type="checkbox"/> Beta lactamase class D genes (OXA 1 like, OXA-23 like or OXA-48 like)	6458 <input type="checkbox"/> Vancomycin group of antibiotics (VanA or Van B)	
6446 <input type="checkbox"/> Beta lactamase class A genes (KPC, SHV or CTX-M)	6453 <input type="checkbox"/> Macrolides resistance genes (ERM A, B or C)	Z957 <input type="checkbox"/> Aminoglycoside resistance gene aac(6')-Ib-cr	
6447 <input type="checkbox"/> Beta lactamase class B genes (NDM, VIM or IMP)	6455 <input type="checkbox"/> Methicillin resistance (Mec A)		

ICD-10 / DIAGNOSES

Please order only if medically necessary and appropriate for individual patients

PHYSICIAN'S SIGNATURE _____

DATE _____