MEDEX LABORATORIES

ID REQUISITION FORM

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Director: Rodolfo Nudelman

Facility Name, Address, City, State, Zip Code

Please PRINT the Ordering Provider information below. **REQUIRED**

First Name: _____

Last Name: _____ Credentials: _____ (MD, DO, FNP, PAC, etc.)

A · PATIENT INFORMATION - PLEASE PRINT LEGIBLY · REQUIRED

First Name: _____ Last Name: _____ MI_____

Address*: _____

Phone*: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female ☐ Other

Race*: _____ Ethnicity*: _____

Sample Date of Collection: _____ Sample Collector Initials: _____

Address, Phone, Race and Ethnicity are required fields for all menus including COVID-19.

IN ADDITION TO WRITING IN PATIENT INFORMATION, ATTACH A COPY OF THE PATIENT DEMOGRAPHICS

DIAGNOSIS (ICD-10) CODES · REQUIRED

BILLING INFORMATION · REQUIRED

☐ Insurance
☐ Self-Pay
☐ Client Bill
(Reference Lab Only)

ATTACH A COPY OF THE FRONT AND BACK OF THE PATIENT INSURANCE CARD

B · INFECTIOUS DISEASE TEST ORDERS
(Select individual pathogens or syndromic menu as medically necessary for the treatment and/or diagnosis of the individual patient)

SELECT ONE (REQUIRED)

☐ RESPIRATORY TRACT INFECTION PLUS   SAMPLE TYPE: ☐ Nasopharynx Swab
☐ Cough Sputum Swab ☐ Throat Swab ☐ Other:

- ☐ Acinetobacter baumanii
- ☐ Adenovirus HAdV-B
- ☐ Aspergillus flavus, fumigatus, niger, terreus
- ☐ Bordetella pertussis, parapertussis, bronchiseptica
- ☐ Candida albicans, glabrata, parapsilosis, tropicalis
- ☐ Chlamydia pneumoniae
- ☐ Coronavirus (229E, NL63, OC43, and HKU1)
- ☐ COVID-19 Coronavirus (SARS-CoV-2)
- ☐ Enterobacter aerogenes, cloacae
- ☐ Enterovirus (pan)
- ☐ Enterovirus D68
- ☐ Escherichia coli
- ☐ Haemophilus influenzae
- ☐ Human metapneumovirus
- ☐ Influenza virus A, B
- ☐ Klebsiella pneumoniae, oxytoca
- ☐ Legionella pneumophila
- ☐ Moraxella catarrhalis
- ☐ Mycoplasma pneumoniae
- ☐ Parainfluenza virus (types 1, 2, 3, 4)
- ☐ Proteus mirabilis, vulgaris
- ☐ Pseudomonas aeruginosa
- ☐ Respiratory syncytial virus
- ☐ Rhinovirus A, C
- ☐ Rhizopus spp., Mucor spp.
- ☐ Serratia marcescens
- ☐ Staphylococcus aureus
- ☐ Streptococcus agalactiae[1]
- ☐ Streptococcus pneumoniae
- ☐ Streptococcus pyogenes[2]
- ☐ **Antibiotic Resistance Genes** *(listed below)*

Add-on Only - *Select for add-on testing:* ☐ Candida auris ☐ Chlamydia trachomatis ☐ Mycobacterium avium-intracellulare, kansasii ☐ Mycobacterium tuberculosis ☐ Neisseria gonorrhoeae

☐ GASTROINTESTINAL   SAMPLE TYPE: ☐ Rectal Swab ☐ Stool Swab
☐ Other:

- ☐ Adenovirus HAdV-F, HAdV-G
- ☐ Astrovirus, Sapovirus G1, G2
- ☐ Bacteroides fragilis
- ☐ Campylobacter jejuni, coli
- ☐ Clostridioides difficile (toxins A, B)
- ☐ Clostridium perfringens, novyi, septicum
- ☐ Cryptosporidium felis, hominis, parvum
- ☐ Cyclospora cayetanensis, Cystoisospora belli
- ☐ Dientamoeba fragilis, Entamoeba histolytica
- ☐ Enteroaggregative E. coli (EAEC)
- ☐ Enteroinvasive E. coli (EIEC) /Shigella spp.
- ☐ Enteropathogenic E. coli (EPEC)
- ☐ Enterotoxigenic E. coli (ETEC)
- ☐ Enterovirus A, B, C
- ☐ Enterovirus D68
- ☐ Giardia intestinalis
- ☐ Helicobacter pylori
- ☐ Listeria monocytogenes
- ☐ Microsporidium (Enterocytozoon bieneusi, Encephalitozoon intestinalis)
- ☐ Norovirus (Genogroup 1, 2)
- ☐ Rotavirus A, B
- ☐ Salmonella enterica
- ☐ Shiga toxin-producing E. coli (STEC)
- ☐ Shiga toxin-producing E. coli 0157 (STEC 0157)
- ☐ Vibrio cholerae, parahaemolyticus, vulnificus
- ☐ Yersinia enterocolitica
- ☐ **Antibiotic Resistance Genes** *(listed below)*

Add-on Only - *Select for add-on testing:* ☐ Candida albicans, glabrata, parapsilosis, tropicalis ☐ Candida auris

☐ URINARY TRACT INFECTION PLUS   SAMPLE TYPE: ☐ Urine Swab ☐ Catheter Swab
☐ Other:

- ☐ Acinetobacter baumanii
- ☐ Candida albicans, glabrata, parapsilosis, tropicalis
- ☐ Citrobacter freundii
- ☐ Enterobacter aerogenes, cloacae
- ☐ Enterococcus faecalis, faecium
- ☐ Escherichia coli
- ☐ Klebsiella pneumoniae, oxytoca
- ☐ Morganella morganii
- ☐ Mycoplasma genitalium, hominis
- ☐ Proteus mirabilis, vulgaris
- ☐ Pseudomonas aeruginosa
- ☐ Serratia marcescens
- ☐ Staphylococcus aureus
- ☐ Staphylococcus spp.[3]
- ☐ Streptococcus agalactiae[1]
- ☐ Streptococcus pyogenes[2]
- ☐ Trichomonas vaginalis
- ☐ Ureaplasma urealyticum, parvum
- ☐ **Antibiotic Resistance Genes** *(listed below)*

Add-on Only - *Select for add-on testing:* ☐ Candida auris

☐ NAIL/PARONYCHIA, HAIR   SAMPLE TYPE: ☐ Nail Clipping ☐ Paronychial Tissue ☐ Hair
☐ Other:

Bacterial
- ☐ Bacteroides fragilis, vulgatus
- ☐ Enterobacter aerogenes, cloacae
- ☐ Enterococcus faecalis, faecium
- ☐ Escherichia coli
- ☐ Klebsiella pneumoniae, oxytoca
- ☐ Peptostreptococcus anaerobius, asaccharolyticus, magnus, prevotii
- ☐ Proteus mirabilis, vulgaris
- ☐ Pseudomonas aeruginosa
- ☐ Serratia marcescens
- ☐ Staphylococcus aureus
- ☐ Staphylococcus spp.[3]
- ☐ Streptococcus agalactiae[1]
- ☐ Streptococcus pyogenes[2]

Fungal
- ☐ Aspergillus flavus, fumigatus, niger, terreus
- ☐ Blastomyces dermatitidis
- ☐ Candida albicans, glabrata, parapsilosis, tropicalis
- ☐ Epidermophyton floccosum
- ☐ Fusarium oxysporum, solani
- ☐ Malassezia furfur, restricta, sympodialis, globosa
- ☐ Microsporum audouinii, canis, gypseum
- ☐ Trichophyton mentagraphophytes/interdigitale, rubrum, soudanense, terrestre, tonsurans, verrucosum, violaceum
- ☐ Trichosporon mucoides, asahii
- ☐ **Antibiotic Resistance Genes** *(listed below)*

Add-on only - *Select for add-on testing:* ☐ Candida auris

☐ WOUND   SAMPLE TYPE: ☐ Wound Tissue
☐ Other:

Bacterial/Viral
- ☐ Acinetobacter baumanii
- ☐ Bacteroides fragilis, vulgatus
- ☐ Burkholderia cepacia, pseudomallei
- ☐ Citrobacter freundii
- ☐ Clostridium perfringens, novyi, septicum
- ☐ Corynebacterium jeikeium, striatum, tuberculostearicum
- ☐ Cutibacterium (Propionibacterium) acnes
- ☐ Enterobacter aerogenes, cloacae
- ☐ Enterococcus faecalis, faecium
- ☐ Escherichia coli
- ☐ Finegoldia magna
- ☐ Haemophilus influenzae
- ☐ Herpes simplex virus 1, 2[4]
- ☐ Klebsiella pneumoniae, oxytoca
- ☐ Mycobacterium abscessus, chelonae, fortuitum
- ☐ Mycobacterium avium-intracellulare, kansasii
- ☐ Mycobacterium marinum, ulcerans
- ☐ Mycoplasma genitalium, hominis
- ☐ Peptostreptococcus anaerobius, asaccharolyticus, magnus, prevotii
- ☐ Proteus mirabilis, vulgaris
- ☐ Pseudomonas aeruginosa
- ☐ Salmonella enterica
- ☐ Serratia marcescens
- ☐ Staphylococcus aureus
- ☐ Staphylococcus spp.[3]
- ☐ Stenotrophomonas maltophilia
- ☐ Streptococcus agalactiae[1]
- ☐ Streptococcus pneumoniae
- ☐ Streptococcus pyogenes[2]
- ☐ Varicella zoster virus[5]
- ☐ Vibrio cholerae, parahaemolyticus, vulnificus

Fungal
- ☐ Aspergillus flavus, fumigatus, niger, terreus
- ☐ Blastomyces dermatitidis
- ☐ Candida albicans, glabrata, parapsilosis, tropicalis
- ☐ Epidermophyton floccosum
- ☐ Fusarium oxysporum, solani
- ☐ Malassezia furfur, restricta, sympodialis, globosa
- ☐ Microsporum audouinii, canis, gypseum
- ☐ Sporothrix schenckii
- ☐ Trichophyton mentagraphophytes/interdigitale, rubrum, soudanense, terrestre, tonsurans, verrucosum, violaceum
- ☐ Trichosporon mucoides, asahii
- ☐ **Antibiotic Resistance Genes** *(listed below)*

Add-on only - *Select for add-on testing:* ☐ Candida auris

☐ GENITO/STI   SAMPLE TYPE: ☐ Urine Swab ☐ Vaginal Swab ☐ Penile Swab
☐ Other:

- ☐ Acinetobacter baumanii
- ☐ Actinomyces israelii
- ☐ Atopobium vaginae
- ☐ Bacteroides fragilis
- ☐ BVAB 2, 3 (bacterial vaginosis associated bacteria 2, 3); Mobiluncus spp.
- ☐ Candida albicans, glabrata, parapsilosis, tropicalis
- ☐ Chlamydia trachomatis
- ☐ Citrobacter freundii
- ☐ Enterobacter aerogenes, cloacae
- ☐ Enterococcus faecalis, faecium
- ☐ Escherichia coli
- ☐ Gardnerella vaginalis
- ☐ Haemophilus ducreyi
- ☐ Herpes simplex virus 1, 2[4]
- ☐ Klebsiella (Calymmatobacterium) granulomatis
- ☐ Klebsiella pneumoniae, oxytoca
- ☐ Megasphaera (Types 1, 2)
- ☐ Morganella morganii
- ☐ Mycoplasma genitalium, hominis
- ☐ Neisseria gonorrhoeae
- ☐ Peptostreptococcus anaerobius, asaccharolyticus, magnus, prevotii
- ☐ Proteus mirabilis, vulgaris
- ☐ Pseudomonas aeruginosa
- ☐ Serratia marcescens
- ☐ Staphylococcus aureus
- ☐ Staphylococcus spp.[3]
- ☐ Streptococcus agalactiae[1]
- ☐ Streptococcus pyogenes[2]
- ☐ Treponema pallidum[6]
- ☐ Trichomonas vaginalis
- ☐ Ureaplasma urealyticum, parvum
- ☐ **Antibiotic Resistance Genes** *(listed below)*

Add-on only - *Select for add-on testing:* ☐ Candida auris ☐ High Risk HPV Types 16, 18, 26, 31, 33, 35, 39, 45, 51, 52, 53, 56, 58, 59, 66, 67, 68, 69, 70, 73, 82

Antibiotic Resistance Genes
- ☐ VanA, VanB[7]
- ☐ ermB, C; mefA[8]
- ☐ SHV, KPC Groups[9]
- ☐ dfr (A1, A5), sul (1, 2)[10]
- ☐ mecA[11]
- ☐ qnrA1, qnrA2, qnrB2[12]
- ☐ tet B, tet M[13]
- ☐ IMP, NDM, VIM Groups[14]
- ☐ ACT, MIR, FOX, ACC Groups[15]
- ☐ OXA-48,-51[16]
- ☐ CTX-M1 (15), M2 (2), M9 (9), M8/25 Groups[9]

C · PATIENT ACKNOWLEDGMENT

This specimen was provided voluntarily for analysis, and I authorize Medex Laboratories Company, to process, bill and provide results.

Patient Signature: _____ Date: _____

D · AUTHORIZED HEALTHCARE PROVIDER ACKNOWLEDGMENT · REQUIRED

I have obtained informed consent from the patient to submit this specimen for analysis in accordance with applicable law. I attest that the tests I have requested are medically necessary for the treatment and/or diagnosis of my patient. I understand that I have the ability to order individual pathogens or syndromic menus as I deem medically necessary. I further understand that Medicare and other payers require documentation in the patient's medical chart to support medical necessity. I agree to provide appropriate diagnosis codes (ICD-10) for each test that I order to confirm medical necessity and to enable Medex Laboratories Inc or its designee to bill effectively on my patient's behalf. Tests that are deemed medically unnecessary may result in denial of payment and/or penalties. I understand that Medex Laboratories Inc. or its assignee will be billing third parties for the tests I order using the CPT codes noted in Medex Laboratories 's Annual Notice to Physicians. In the event that Medicare, Medicaid, or other insurance providers request supporting documentation, I will provide complete patient medical records to the requesting party, including Medex Laboratories, within 72 hours.

Provider Signature: _____ Date: _____

WHITE COPY TO BE KEPT WITH SPECIMEN AND SENT TO THE LABORATORY • YELLOW COPY IS TO BE FILED IN PATIENT'S MEDICAL CHARTS BY AUTHORIZED HEALTHCARE PROVIDER

[1] Group B strep (GBS)
[2] Group A strep
[3] Coagulase negative species:
  S.epidermidis, S. haemolyticus, S. lugdunensis, S. saprophyticus
[4] HSV-1, HSV-2
[5] VZV, Human Herpesvirus 3
[6] Syphilis
[7] Vancomycin
[8] Macrolide Lincosamide Streptogramin
[9] Class A beta-lactamase
[10] Trimethoprim/Sulfamethoxazole
[11] Methicillin
[12] Fluoroquinolone
[13] Tetracycline
[14] Class B metallo-beta-lactamase
[15] AmpC beta-lactamase
[16] Class D oxacillinase

This product has not been FDA cleared or approved by FDA, but has been authorized by FDA under an EUA for use by authorized laboratories;
This product has been authorized only for the detection of nucleic acid from SARS-CoV-2, not for any other viruses or pathogens; and
The emergency use of this product is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Act, 21 U.S.C. § 360bbb-3(b)(1), unless the declaration is terminated or the authorization is revoked sooner