ID REQUISITION FORM

9525 Bissonnet St. Unit 250
Houston, TX 77036
P: 844.963.1574
F: 832.345.1629
CLIA#: 45D2222222
Director: Dr. 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)

SAMPLE TYPE: ☐ Nasopharynx Swab ☐ Cough Sputum Swab ☐ Throat Swab ☐ Other: _____

☐ RESPIRATORY TRACT INFECTION PLUS

- ☐ 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

SAMPLE TYPE: ☐ Nasopharynx Swab ☐ Cough Sputum Swab ☐ Throat Swab ☐ Other: _____

☐ COMMON RESPIRATORY BACTERIAL/VIRAL INFECTION

- ☐ Adenovirus HAdV-B
- ☐ Chlamydia pneumoniae
- ☐ COVID-19 Coronavirus (SARS-CoV-2)
- ☐ Enterovirus D68
- ☐ Haemophilus influenzae
- ☐ Human metapneumovirus
- ☐ Influenza virus A, B
- ☐ Klebsiella pneumoniae, oxytoca
- ☐ Moraxella catarrhalis
- ☐ Mycoplasma pneumoniae
- ☐ Respiratory syncytial virus
- ☐ Staphylococcus aureus
- ☐ Streptococcus pneumoniae
- ☐ **Antibiotic Resistance Genes** *(listed below)*

SAMPLE TYPE: ☐ Nasopharynx Swab ☐ Cough Sputum Swab ☐ Throat Swab ☐ Other: _____

☐ VIRAL RESPIRATORY INFECTION

- ☐ Adenovirus HAdV-B
- ☐ Coronavirus (229E, NL63, OC43, and HKU1)
- ☐ COVID-19 Coronavirus (SARS-CoV-2)
- ☐ Enterovirus (pan)
- ☐ Enterovirus D68
- ☐ Human metapneumovirus
- ☐ Influenza virus A, B
- ☐ Parainfluenza virus (types 1, 2, 3, 4)
- ☐ Respiratory syncytial virus
- ☐ Rhinovirus A, C

SAMPLE TYPE: ☐ Cough Sputum Swab

☐ BACTERIAL PNEUMONIA

- ☐ Acinetobacter baumanii
- ☐ Bordetella pertussis, parapertussis, bronchiseptica
- ☐ Chlamydia pneumoniae
- ☐ Haemophilus influenzae
- ☐ Klebsiella pneumoniae, oxytoca
- ☐ Legionella pneumophila
- ☐ Moraxella catarrhalis
- ☐ Mycoplasma pneumoniae
- ☐ Pseudomonas aeruginosa
- ☐ Staphylococcus aureus
- ☐ Streptococcus pneumoniae
- ☐ Streptococcus pyogenes[2]
- ☐ **Antibiotic Resistance Genes** *(listed below)*

SAMPLE TYPE: ☐ Nasopharynx Swab ☐ Cough Sputum Swab ☐ Throat Swab ☐ Other: _____

☐ INFLUENZA, COVID-19 & RSV

- ☐ COVID-19 Coronavirus (SARS-CoV-2)
- ☐ Influenza virus A, B
- ☐ Respiratory syncytial virus

SAMPLE TYPE: ☐ Throat Swab ☐ Other: _____

☐ PHARYNGITIS

- ☐ Adenovirus
- ☐ Bordetella pertussis, parapertussis, bronchiseptica
- ☐ Epstein-Barr virus[3]
- ☐ Fusobacterium nucleatum, necrophorum
- ☐ Haemophilus influenzae
- ☐ Moraxella catarrhalis
- ☐ Parainfluenza virus (types 1, 2, 3, 4)
- ☐ Peptostreptococcus anaerobius, asaccharolyticus, magnus, prevotii
- ☐ Streptococcus agalactiae[1]
- ☐ Streptococcus anginosus, constellatus, intermedius[4]
- ☐ Streptococcus mitis, sanguis, mutans[5]
- ☐ Streptococcus pneumoniae
- ☐ Streptococcus pyogenes[2]
- ☐ **Antibiotic Resistance Genes: dfr (A1, A5), sul (1, 2), ermB, C; mefA, and tet B, tet M only**

Antibiotic Resistance Genes

- ☐ VanA, VanB[6]
- ☐ ermB, C; mefA[7]
- ☐ SHV, KPC Groups[8]
- ☐ dfr (A1, A5), sul (1, 2)[9]
- ☐ mecA[10]
- ☐ qnrA1, qnrA2, qnrB2[11]
- ☐ tet B, tet M[12]
- ☐ IMP, NDM, VIM Groups[13]
- ☐ ACT, MIR, FOX, ACC Groups[14]
- ☐ OXA-48,-51[15]
- ☐ CTX-M1 (15), M2 (2), M9 (9), M8/25 Groups[8]

C PATIENT ACKNOWLEDGMENT

This specimen was provided voluntarily for analysis, and I authorize Medex Laboratories Inc, 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 Inc'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 Inc., 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]Human Herpesvirus 4, EBV
[4]Viridans anginosus group
[5]Viridans group
[6]Vancomycin
[7]Macrolide, Lincosamide, Streptogramin
[8]Class A beta-lactamase
[9]Trimethoprim/Sulfamethoxazole
[10]Methicillin
[11]Fluoroquinolone
[12]Tetracycline
[13]Class B metallo-beta-lactamase
[14]AmpC beta-lactamase
[15]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.