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Submission Checklist

- Progress Notes
- SOAP notes
- Medication List

TESTING REQUISITION FORM
URINARY TRACT INFECTION | SEXUALLY TRANSMITTED DISEASE | WOUND PATHOGEN PANEL

PATIENT INFORMATION

Patient First Name		Patient Last Name		Biological Sex <input type="checkbox"/> F <input type="checkbox"/> M
Date of Birth (MM/DD/YYYY)		Phone Number	Email Address	
Address		City	State	Zip

Ethnicity: African American Caucasian Hispanic Jewish(Ashkenazi) Portuguese Other

PATIENT INSURANCE INFORMATION

SPECIMEN AND PRACTICE INFORMATION

<input type="checkbox"/> Insurance <input type="checkbox"/> Self-Pay <input type="checkbox"/> Client Bill		Specimen Type: UTI <input type="checkbox"/> Clean Catch Urine STI <input type="checkbox"/> Clean Catch Urine Wound <input type="checkbox"/> E-swab Wound site(s).....	
Name of the insurance	Secondary Insurance, If any	Collection date and time:.....	
Insurance Policy/ID number	Name of the insured	PRACTICE INFORMATION	
Insurance Group number	Date of Birth of Insured	Provider Name:.....	
		Practice/Facility Name:	
		Address:.....	
		City, State, Zip:	
		Phone:.....Fax:.....	
		NPI # (optional):.....	

STI PATHOGENS

Fungus	Virus	Bacteria and Protozoan	Antibiotic Resistance (AR gene)
Candida albicans Candida tropicalis Candida parapsilosis Candida krusei Candida glabrata Candida dubliniensis	Herpes Simplex virus 1 Herpes Simplex virus 2	Chlamydia trachomatis Neisseria gonorrhoeae Trichomonas vaginalis Ureaplasma parvum Mycoplasma genitalium Mycoplasma hominis Ureaplasma urealyticum Gardenerella vaginalis	Methicillin/Oxacillin Vancomycin Class A b-lactamase- CTX-M1 Trimethoprim Class A b-lactamase- blaKPC Fluoroquinolones MUT Class B metallo-B-lactamase-NDM Sulfonamides FluoroquinolonesWT

UTI PATHOGENS

Fungus	Bacteria and Protozoan		Antibiotic Resistance (AR gene)
Candida albicans Candida tropicalis Candida parapsilosis Candida krusei Candida glabrata Candida dubliniensis	Proteus mirabilis Escherichia coli Prevotella bivia Serratia marcescens Acinetobacter baumannii Klebsiella aerogenes Pseudomonas aeruginosa Staphylococcus epidermidis Staphylococcus saprophyticus	Staphylococcus aureus Enterobacter cloacae Enterococcus faecium Enterococcus faecalis Klebsiella oxytoca complex Klebsiella pneumoniae Citrobacter koseri Morganella morganii Citrobacter freundii complex Streptococcus pyogenes (Grp A) Streptococcus agalactiae (Grp B)	Methicillin/Oxacillin Vancomycin Class A b-lactamase- CTX-M1 Class A b-lactamase- blaKPC Trimethoprim Fluoroquinolones MUT Class B metallo-B-lactamase-NDM Sulfonamides Fluoroquinolones WT

WOUND PATHOGENS

Fungus	Bacteria and Protozoan		Antibiotic Resistance (AR gene)
Candida albicans	Acinetobacter baumannii Citrobacter freundii complex Citrobacter koseri Enterobacter cloacae Enterococcus faecalis Enterococcus faecium Escherichia coli	Klebsiella oxytoca complex Klebsiella pneumoniae Morganella morganii Pseudomonas aeruginosa Proteus mirabilis Staphylococcus aureus Streptococcus pyogenes (Grp A)	Sulfonamides Trimethoprim Vancomycin Methicillin/Oxacillin Class A b-lactamase- blaKPC Class A b-lactamase- CTX-M1 Class B metallo-B-lactamase Fluoroquinolones MUT Fluoroquinolones WT

ICD10 codes- UTI

<ul style="list-style-type: none"> <input type="checkbox"/> N30.1 - Interstitial Cystitis (Chronic) <input type="checkbox"/> N30.0 - Acute Cystitis <input type="checkbox"/> N30.80 - Other cystitis without hematuria <input type="checkbox"/> N30.81 - Other cystitis with hematuria <input type="checkbox"/> N34.1 - Nonspecific urethritis <input type="checkbox"/> N34.3 - Urethral syndrome, unspecified <input type="checkbox"/> N41.0 - Acute prostatitis <input type="checkbox"/> N45.1 - Epididymitis <input type="checkbox"/> N45.2 - Orchitis <input type="checkbox"/> N45.3 - Epididymo-orchitis <input type="checkbox"/> N45.4 - Abscess of epididymis or testis <input type="checkbox"/> N50.3 - Cyst of epididymis <input type="checkbox"/> N72 - Inflammatory disease of cervix uteri <input type="checkbox"/> N73.5 - Female pelvic peritonitis, unspecified 	<ul style="list-style-type: none"> <input type="checkbox"/> R30.0 - Dysuria <input type="checkbox"/> R39.16 : Straining to void <input type="checkbox"/> R30.9 - Painful micturition, Unspecified <input type="checkbox"/> R35.0 - Frequency of micturition <input type="checkbox"/> R39.15 - Urgency of urination resulting to void <input type="checkbox"/> R39.9 - Unspecified symptoms signs involving GU <input type="checkbox"/> R80.8 - Other proteinuria <input type="checkbox"/> R80.9 - Proteinuria, unspecified <input type="checkbox"/> R81 - Glycosuria <input type="checkbox"/> R82.0 - Chyluria <input type="checkbox"/> R82.1 - Myoglobinuria <input type="checkbox"/> R82.3 - Hemoglobinuria <input type="checkbox"/> R82.4 - Acetonuria
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ICD10 codes - STI

<ul style="list-style-type: none"> <input type="checkbox"/> A64 - Unspecified sexually transmitted disease <input type="checkbox"/> Z20.2 - Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission. <input type="checkbox"/> Z86.19 - Personal history of other infectious and parasitic diseases <input type="checkbox"/> B96.89 - Other specified bacterial agents as the cause of diseases classified elsewhere <input type="checkbox"/> N76.0 - Acute vaginitis <input type="checkbox"/> N76.1 - Subacute and chronic vaginitis <input type="checkbox"/> N76.2 - Acute vulvitis <input type="checkbox"/> N76.3 - Subacute and chronic vulvitis <input type="checkbox"/> A59.00 - Urogenital trichomoniasis, unspecified <input type="checkbox"/> A59.01 - Trichomonal vulvovaginitis <input type="checkbox"/> A59.03 - Trichomonal cystitis and urethritis <input type="checkbox"/> A59.09 - Other urogenital trichomoniasis <input type="checkbox"/> A59.8 - Trichomoniasis of other sites <input type="checkbox"/> A59.9 - Trichomoniasis, unspecified <input type="checkbox"/> B00.52 - Herpesviral keratitis <input type="checkbox"/> B00.53 - Herpesviral conjunctivitis <input type="checkbox"/> B00.59 - Other herpesviral disease of eye <input type="checkbox"/> B00.7 - Disseminated herpesviral disease <input type="checkbox"/> B00.81 - Herpesviral hepatitis <input type="checkbox"/> B00.82 - Herpes simplex myelitis <input type="checkbox"/> B00.89 - Other herpesviral infection 	<ul style="list-style-type: none"> <input type="checkbox"/> B00.9 - Herpesviral infection, unspecified <input type="checkbox"/> Z11.2 - Encounter for screening for other bacterial diseases <input type="checkbox"/> Z11.3 - Encounter for screening for infections predominantly sexual mode of transmission <input type="checkbox"/> Z11.6 - Encounter for screening for other protozoal diseases and helminthiasis <input type="checkbox"/> Z11.8 - Encounter for screening for other infectious and parasitic diseases <input type="checkbox"/> A60.00 - Herpesviral infection of urogenital system,unspecified. <input type="checkbox"/> A60.01 - Herpesviral infection of penis <input type="checkbox"/> A60.02 - Herpesviral infection of other male genital organs <input type="checkbox"/> A60.03 - Herpesviral cervicitis <input type="checkbox"/> A60.04 - Herpesviral vulvovaginitis <input type="checkbox"/> A60.09 - Herpesviral infection of other urogenital tract <input type="checkbox"/> A60.1 - Herpesviral infection of perianal skin and rectum <input type="checkbox"/> A60.9 - Anogenital herpesviral infection, unspecified <input type="checkbox"/> B00.0 - Eczema herpeticum <input type="checkbox"/> B00.1 - Herpesviral vesicular dermatitis <input type="checkbox"/> B00.2 - Herpesviral gingivostomatitis and pharyngotonsillitis <input type="checkbox"/> B00.3 - Herpesviral meningitis <input type="checkbox"/> B00.4 - Herpesviral encephalitis <input type="checkbox"/> B00.50 - Herpesviral ocular disease, unspecified <input type="checkbox"/> B00.51 - Herpesviral iridocyclitis
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ICD10 codes - Wound

PRIMARY CODES

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| <ul style="list-style-type: none"> <input type="checkbox"/> A49.01 - Methicillin susceptible Staphylococcus aureus infection, unspecified site <input type="checkbox"/> A49.02 - Methicillin resistant Staphylococcus aureus infection, unspecified site <input type="checkbox"/> A49.8 - Other bacterial infections of unspecified site <input type="checkbox"/> B95.0 - Streptococcus, group A, as the cause of diseases classified elsewhere <input type="checkbox"/> B95.1 - Streptococcus, group B, as the cause of diseases classified elsewhere <input type="checkbox"/> B95.2 - Enterococcus as the cause of diseases classified elsewhere <input type="checkbox"/> B95.8 - Unspecified staphylococcus as the cause of diseases classified elsewhere <input type="checkbox"/> B96.20 - Unspecified Escherichia coli as the cause of diseases classified elsewhere <input type="checkbox"/> B96.29 - Other Escherichia coli as the cause of diseases classified elsewhere <input type="checkbox"/> B96.4 - Proteus (mirabalis) (morganii) as the cause of diseases classified elsewhere <input type="checkbox"/> B96.5 - Pseudomonas (aeruginosa) (mallei) (pseudomallei) as the cause of disease classified elsewhere <input type="checkbox"/> B96.6 - Bacteroides fragilis as the cause of diseases classified elsewhere <input type="checkbox"/> L97.222 - Left calf w fat layer exposed <input type="checkbox"/> L97.312 - Right ankle w fat layer exposed <input type="checkbox"/> L97.411 - Right heel and midft lmt to brkdwn skin <input type="checkbox"/> L97.412 - Right heel and mid-foot w fat layer exposed | <ul style="list-style-type: none"> <input type="checkbox"/> L97.413 - Right heel and mid-foot w necros muscle <input type="checkbox"/> L97.419 - Right heel and mid-foot w unspecified severt <input type="checkbox"/> L97.422 - Left heel and mid-foot w fat layer exposed <input type="checkbox"/> L97.423 - Left heel and midfoot w necros muscle <input type="checkbox"/> L03.115 - Right lower limb <input type="checkbox"/> L03.116 - Left lower limb <input type="checkbox"/> L89.143 - Left lower back, stage 3 <input type="checkbox"/> L89.144 - Left lower back, stage 4 <input type="checkbox"/> L89.154 - Sacral region, stage 4 <input type="checkbox"/> L89.313 - Right buttock, stage 3 <input type="checkbox"/> L89.314 - Right buttock, stage 4 <input type="checkbox"/> L89.323 - Left buttock, stage 3 <input type="checkbox"/> L89.324 - Left buttock, stage 4 <input type="checkbox"/> L89.513 - Right ankle, stage 3 <input type="checkbox"/> L89.893 - Other site, stage 3 <input type="checkbox"/> L89.894 - Other site, stage 4 <input type="checkbox"/> L97.212 - Right calf w fat layer exposed <input type="checkbox"/> L97.429 - Left heel and mid-foot w unspecified severt <input type="checkbox"/> L97.512 - Other part right foot w fat layer exposed <input type="checkbox"/> L97.522 - Other part left foot w fat layer exposed <input type="checkbox"/> L97.811 - Other part right low leg limited to brkdwn skin <input type="checkbox"/> L97.812 - Other part right low leg w fat layer exposed <input type="checkbox"/> L97.821 - Other part left low leg limited to brkdwn skin <input type="checkbox"/> L97.822 - Other part left low leg w fat layer exposed <input type="checkbox"/> L97.912 - Unspecified part of right low leg w fat layer exposed |
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SECONDARY CODES

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| <ul style="list-style-type: none"> <input type="checkbox"/> E11.621 - Type 2 diabetes mellitus with foot ulcer <input type="checkbox"/> E11.622 - Type 2 diabetes mellitus with other skin ulcer <input type="checkbox"/> I70.203 - Unsp atherosclerotic native arteries of extremities, bilateral legs <input type="checkbox"/> I70.232 - Atherosclerotic native arteries of right leg w ulceration of calf <input type="checkbox"/> I70.234 - Atherosclerotic native art of right leg w ulcer of heel and mid-foot <input type="checkbox"/> I70.244 - Atherosclerotic native art of left leg w ulcer of heel and mid-foot <input type="checkbox"/> I70.245 - Atherosclerotic native arteries of left leg w ulceration oth prt foot <input type="checkbox"/> I87.311 - Chronic venous hypertension w ulcer of r low extremity <input type="checkbox"/> I87.312 - Chronic venous hypertension w ulcer of l low extremity <input type="checkbox"/> I87.313 - Chronic venous hypertension w ulcer of bilateral low extremity <input type="checkbox"/> I87.332 - Chronic venous htn w ulcer and inflammation of l low extremity <input type="checkbox"/> M86.171 - Other acute osteomyelitis, right ankle and foot | <ul style="list-style-type: none"> <input type="checkbox"/> M86.172 - Other acute osteomyelitis, left ankle and foot <input type="checkbox"/> M86.18 - Other acute osteomyelitis, other site <input type="checkbox"/> S31.105S - Unsp open wound abd wall, periumb rgn w/o penet perit cav, sqla <input type="checkbox"/> S81.001A - Unspecified open wound, right knee, initial encounter <input type="checkbox"/> S81.002A - Unspecified open wound, left knee, initial encounter <input type="checkbox"/> S81.801A - Unspecified open wound, right lower leg, initial encounter <input type="checkbox"/> S81.802A - Unspecified open wound, left lower leg, initial encounter <input type="checkbox"/> T81.31XA - Disruption of external operation <input type="checkbox"/> T86.821 - Skin graft <input type="checkbox"/> T86.828 - Other complications of skin graft |
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Additional ICD-10 codes:

Patient Signature

I hereby assign all rights and benefits under my health plan and all rights and obligations that I and my dependents have under my health plan to authorized representatives for laboratory services furnished to me by **Medex Laboratories Inc.** irrevocably designate, authorize and appoint **Medex Laboratories Inc.** or its assigned affiliates and their authorized representatives as my true and lawful attorney-in-fact for the purpose of submitting my claims, obtain a copy of my health plan document, Summary Plan Description, disclosure, appeal, litigation or other remedies in accordance with the benefits and rights under my health plan and in accordance with federal or state laws. If my health plan fails to abide by my authorization and makes payment directly to me, I agree to endorse the insurance check and forward it to **Medex Laboratories Inc.** immediately upon receipt. I hereby authorize **Medex Laboratories Inc.** its assigned affiliates and authorized representatives to contact me or my health Plan/administrator for billing or payment purposes by phone, text message, or email with the contact information that I have provided to , in compliance with federal and state laws. **Medex Laboratories Inc.** , its assigned affiliates and their authorized representatives may release to my health plan administrator, my employer, and my authorized representative my personal health information for the purpose of procuring payment of **Medex Laboratories Inc.** and for all the laboratory services. I understand the acceptance of insurance does not relieve me from any responsibility concerning payment for laboratory services and that I am financially responsible for all charges whether or not they are covered by my insurance.

Signature of Patient or Patient Representative / Relationship to Patient

Date:

ORDERING PHYSICIAN SIGN HERE

Physician must only order tests that are medically necessary for the diagnosis or treatment of a patient

As part of my antibiotic stewardship policy, I find it medically necessary to rapidly determine and differentiate a viral and/or bacterial infection in order to treat with or without appropriate antibiotics. Having the most accurate and timely data available to me directly guides my treatment and patient management. Empiric treatment and management leads to inappropriate and unnecessary antibiotic use (50% according to the CDC) and delayed diagnosis which can lead to severe consequences. Standard antibody/antigen detection is only available to detect few pathogens and comes with a high false negative rate, relatively lower sensitivity (60-70%) and specificity (80-90%). In addition, standard antibody/antigen detection requires the infection to be present for days allowing the body to make ample antibodies in order to detect. Qualitative Nucleic Acid Amplification Testing (NAAT) is far superior with sensitivities and specificities > 98% and available to detect many pathogens. In addition, NAAT has built in controls to determine if an adequate patient sample was collected and processed, therefore greatly reducing false negative results. NAAT also includes controls to easily determine a contaminated sample, therefore reducing false positive results.

Ordering Physician Signature

Date: