



MEDICAL DIAGNOSTIC LABORATORIES, L.L.C.

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A MEMBER OF GENESIS BIOTECHNOLOGY GROUP

FOR LAB USE ONLY

Upd: 10/2015

Pathology Legal Test Requisition Form

Ordering Physician/Laboratory

(Required: Include the ordering physician's first & last name, NPI, practice name, complete address, phone number and fax number.)

Physician to receive additional result report:

Physician's Signature:

Date:

Patient Information (Please Print)

Name (Last, First) (Required):

In Care of:

Patient Address:

City: State: Zip:

Gender (Required): Female Male

Date of Birth (Required):

Patient SS#:

Patient ID#:

Phone Number:

Ethnicity:

Billing Information (Please include a copy of the front & back of card.)

Patient Billing Insurance Billing Path Lab/Hospital Physician Account
Relation (Required): Self Spouse Dependant

Diagnosis Codes (Required): Please provide ALL applicable diagnosis codes.

Primary Insurance Carrier:

Insured's Name (if not patient):

Insured's SS#:

Insured's DOB:

Claims Address:

Medicare, Medicaid or Policy ID#:

Employer/Group Name:

Group#:

Pathology Specimen Information

Date Collected (Required):

Anatomic Source (Required): Cervix/Endocervix Vagina Vaginal Cuff Other:

Date of Last Pap: Date of LMP:

Previous Results: Normal Reactive Other ASCUS LGSIL HGSIL CIN 1 CIN 2 CIN 3

Check all that apply:

- Bilateral, tubal ligation Biopsy today Colposcopy Depo Provera Estrogen replacement therapy H/O abnormal pap H/O neoplasm ovary H/O neoplasm of cervix H/O neoplasm of vulva H/O neoplasm uterus/corpus uteri High glandular previous lesion Hormone Hysterectomy (Supracervical)
Hysterectomy (Total or Radical) IUD Lactating Menopausal Menopausal/Hormone Menopausal/Hysterectomy Oral contraceptives Post menopausal Post partum Pregnant Previous cone/LEEP Radiation/Chemotherapy Other:

Pathology Testing

1301 Liquid Pap test

Liquid Pap Test with HPV Option:

Ages 21 and older:

1302 Liquid Pap test with Reflex HPV Option (A, B, or C as checked below) if ASCUS or greater

1303 Liquid Pap test with Reflex HPV Option (A, B, or C as checked below) if SIL or greater

Ages 30 and older:

1304 Liquid Pap test with HPV Option (A, B, or C as checked below)

HPV Options (select one): If no Option is selected, "A" below will be performed.

A (713) HPV Type-Detect 3.0 by Next Generation Sequencing (Reflex to HPV-16 Risk Assessment Status) (Positive HPV-16 Only Req.)

B (714) HPV Type-Detect 3.0 by Next Generation Sequencing High Risk Subtypes Only (Reflex to HPV-16 Risk Assessment Status) (Positive HPV-16 Only Req.)

C (190) HPV-16 & HPV-18 by Multiplex Real-Time PCR (Includes HPV-16 & HPV-18 RNA Determination)

Physicians must only order tests that they have determined are medically necessary for the diagnosis and treatment of a patient. MDL offers individual tests, as well as a limited number of customized panels. If you choose to order a panel, please make certain that each and every test is medically necessary. If you check off a panel as your choice, MDL understands that the physician has determined that all of the component tests are medically necessary, and will perform, report and bill for all such component tests.

Molecular Diagnostic Test Selection (by Real-Time PCR unless otherwise specified)

ThinPrep or OneSwab (either is acceptable)

- 143 Actinomyces israelii
182 Aerobic Vaginitis (AV) Panel PCR (GBS, S. aureus, E. coli, E. faecalis)
142 Atopobium vaginae
166 Bacterial Vaginosis (BV) Panel PCR [A. vaginae, BVAB2, G. vaginalis, Megasphaera species (Types 1&2)] (with Lactobacillus Profiling by qPCR)
164 Bacterial Vaginosis Associated Bacterium 2 (BVAB2)
125 Bacteroides fragilis
551 Candida albicans
559 Candida glabrata
558 Candida parapsilosis
557 Candida tropicalis
560 Candida Vaginitis Panel (C. albicans, C. glabrata, C. parapsilosis, C. tropicalis)
105 Chlamydia trachomatis (**Reflex to azithromycin resistance by Pyrosequencing)
207 Cytomegalovirus (CMV) (Reflex to ganciclovir resistance by Pyrosequencing)
175 Eggerthella species
153 Enterococcus faecalis
141 Escherichia coli
132 Gardnerella vaginalis
115 Genital Ulcer Disease Panel [H. ducreyi, HSV-1, HSV-2, T. pallidum (syphilis)]
127 Group B Streptococcus (GBS)
122 Haemophilus ducreyi
126 Herpes subtype (HSV-1, HSV-2)
713 HPV Type-Detect 3.0 by Next Generation Sequencing (Reflex to HPV-16 Risk Assessment Status) (Positive HPV-16 Only Req.)
190 HPV-16 & HPV-18 by Multiplex Real-Time PCR
714 HPV Type-Detect 3.0 by Next Generation Sequencing High Risk Subtypes Only (Reflex to HPV-16 Risk Assessment Status) (Positive HPV-16 Only Req.)
121 Leukorrhea Panel (N. gonorrhoeae*, C. trachomatis**, T. vaginalis)
136 Lymphogranuloma venereum (LGV)
165 Megasphaera species (Type 1 and Type 2)
124 Mobiluncus mulieris and M. curtisii
128 Molluscum contagiosum virus (MCV)
129 Mycoplasma genitalium (v) (Reflex to azithromycin & fluoroquinolone resistance by Pyrosequencing)
130 Mycoplasma hominis
167 Neisseria gonorrhoeae (*Reflex to antibiotic resistance by Molecular Analysis)
109 N. gonorrhoeae* & C. trachomatis**
184 Staphylococcus aureus
110 Treponema pallidum (syphilis)
111 Trichomonas vaginalis (*Reflex to metronidazole resistance)
320 Ureaplasma urealyticum
134 Urogenital Mycoplasma & Ureaplasma Panel (M. genitalium, M. hominis, U. urealyticum)



OneSwab Only (cervical, vaginal, rectal, lesion)

- 150 Actinomyces europaeus
149 Actinomyces turicensis
147 Bacteroides ureolyticus
551 Candida albicans
581 Candida albicans fluconazole resistance by X-Plate Technology (#551 Req.)
576 Candida dubliniensis
559 Candida glabrata
582 Candida glabrata fluconazole resistance by X-Plate Technology (#559 Req.)
578 Candida kefyr
566 Candida krusei
577 Candida lusitanae
558 Candida parapsilosis
583 Candida parapsilosis fluconazole resistance by X-Plate Technology (#558 Req.)
557 Candida tropicalis
584 Candida tropicalis fluconazole resistance by X-Plate Technology (#557 Req.)
1112 Group A Streptococcus
127 Group B Streptococcus (GBS) Is patient pregnant? Yes No
137 Group B Streptococcus (GBS) Antibiotic Resistance (#127 Req.) Only check if patient is penicillin-allergic and clindamycin/erythromycin resistance determination is required for alternate treatment.
172 Klebsiella species (reflex to speciation by Pyrosequencing)
1118 MRSA: Methicillin-Resistant Staphylococcus aureus by Conventional PCR (For nasal collection, please use a NasoSwab)
1119 CA-MRSA: Community-Associated MRSA. Panton-Valentine Leukocidin (PVL) DNA (Type IV MRSA + #1118 Req.) [Community Associated MRSA = Type IV MRSA+ and PVL+] (For nasal collection, please use a NasoSwab)
335 Mycoplasma penetrans
362 Prevotella species Group 1 (P. bivia, P. disiens, P. intermedia, P. melaninogenica)
363 Prevotella species Group 2 (P. corporis, P. albensis)
146 Proteus mirabilis
174 Pseudomonas aeruginosa
177 Serratia marcescens
151 Staphylococcus saprophyticus
178 Ureaplasma parvum
215 Varicella-Zoster virus (VZV)



GENETIC CARRIER SCREENING OneSwab or Mouthwash

- 1231 Cystic Fibrosis Core Test by Next Generation Sequencing (23 major CFTR mutations approved by ACOG/ACMG)
1232 Cystic Fibrosis Comprehensive Test by Next Generation Sequencing (191 variants of the CFTR gene, including the 23 major mutations approved by ACOG/ACMG)
1233 Cystic Fibrosis Site Specific Analysis by DNA Sequencing Specify variant (mutation):

OneSwab Only

- 1216 Sickle Cell Anemia by SNP Genotyping with Pyrosequencing
1215 Torsion Dystonia by Real-Time PCR

Reflex to azithromycin & fluoroquinolone resistance
Physician's Signature Date
For our full menu of OneSwab testing, please visit our website at www.mdlab.com

OTHER TESTS/PANELS:

* Reflex to antibiotic resistance by Molecular Analysis.
** Reflex to metronidazole resistance
*** This test can only be performed when the test in parenthesis is positive. All tests performed will be billed.
† Reflex to azithromycin resistance by Pyrosequencing
‡ Applicable for adolescent females who are not candidates for internal exams.
§ Reflex to azithromycin & fluoroquinolone resistance
OneSwab, X-Plate Technology & HPV Type-Detect are registered in the United States Patent and Trademark Office. ThinPrep is a trademark of Hologic, Inc.