



MEDICAL DIAGNOSTIC LABORATORIES
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 Toll Free (877) 269-0090
 www.mdlab.com



Infection Control (Pediatric & Adult) 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: _____

Assigned Sex at Birth (Required): Female Male Date of Birth (Required): _____ Patient ID#: _____

Phone Number: _____ Cell Phone Home Phone

Race: Alaska Native or American Indian Asian Black or African American Multiracial Native Hawaiian or other Pacific Islander Other race White Does not wish to disclose Not provided
 Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown

Gender Identity: Male Female Gender nonconforming Transgender male-to-female

Sexual Orientation: Bisexual Straight Gay or Lesbian Something else Does not wish to disclose Not provided

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

Billing Type: Patient Insurance Client Relation (Required): Self Spouse Dependent

Insured's Name (if not patient): _____

Insured's SS#: _____ Insured's DOB: _____

Primary Insurance Carrier: _____ Medicare, Medicaid or Policy ID#: _____

Claims Address: _____

Employer/Group Name: _____ Group#: _____

Specimen Information

Date Collected (Required): _____ Specimen Type: _____ Specimen Source: _____
 OneSwab®
 NasoSwab®
 UroSwab®
 Was UroSwab® collected from a catheterized patient? Yes

Intestinal Pathogens - OneSwab®

Loose Stool, Rectal Swab, No Lubricant

Common ICD10 codes (required):
 R19.7 Diarrhea, unspecified
 R10.9 Unspecified abdominal pain
 R11.2 Nausea with vomiting, unspecified
 Other: _____

- 365 *Campylobacter jejuni*
- 162 *Clostridium difficile* (Toxins A and B)
- 371 *Cryptosporidium parvum*
- 372 *Entamoeba histolytica*
- 168 *Escherichia coli* (O157 and Shiga toxin)
- 370 *Giardia intestinalis*
- 310 *Helicobacter pylori*
- 274 Human Rotavirus A
- 158 *Listeria monocytogenes*
- 272 Norwalk virus (Norovirus)
- 160 Salmonella
- 161 Shigella

Respiratory Pathogens - NasoSwab®

Pediatric & Adult

Common ICD10 codes (required):
 J06.0 Acute upper respiratory infection, unspecified
 J11.1 Influenza due to unidentified influenza virus with other respiratory manifestations
 R05.9 Cough, unspecified
 Other: _____

- 369 *Acinetobacter baumannii*
- 222 Adenovirus
- 1101 *Bordetella parapertussis*
- 1102 *Bordetella pertussis* (Reflex to *Bordetella holmesii* by Real-Time PCR)
- 319 *Chlamydophila pneumoniae*
- 273 Coxsackie virus A & B by Pyrosequencing
- 1128 Enterovirus D68
- 1112 Group A Streptococcus
- 1117 *Haemophilus influenzae*
- 1114 Human Bocavirus
- 1115 Human Coronavirus (Human Coronaviruses 229E, OC43, NL-63)
- 1105 Human Metapneumovirus
- 1136 Influenza A and Influenza B by Multiplex CFX rRT-PCR
- 1109 *Moraxella catarrhalis*
- 1118 MRSA: Methicillin Resistant and Methicillin Susceptible (MSSA) *Staphylococcus aureus* by Conventional PCR
- 1119 CA-MRSA: Community-Associated MRSA. Pantone-Valentine Leukocidin (PVL) DNA** (Type IV MRSA + #1118 Req.) [Community Associated MRSA = Type IV MRSA+ and PVL+]
- 336 *Mycoplasma pneumoniae*
- 1121 *Neisseria meningitidis*
- 1110 Parainfluenza Viruses 1-4
- 174 *Pseudomonas aeruginosa*
- 1127 Rhinovirus and Enterovirus
- 1103 Respiratory Syncytial Virus A (RSV A)
- 1104 Respiratory Syncytial Virus B (RSV B) R
- 1116 RSV A & RSV B by Multiplex Real-Time PCR
- 1131 SARS-CoV-2 [COVID-19] by Real-Time Reverse Transcription PCR (CDC N1, N2, RP targets) (For Nasopharyngeal or Oropharyngeal swab, use COVID-OneSwab™)
- 1120 Severe Acute Respiratory Syndrome (SARS)
- 1111 *Streptococcus pneumoniae*

Skin & Soft Tissue Infections - OneSwab®

Common ICD10 codes (required):
 A49.9 Bacterial infection, unspecified B99.8 Other infectious disease
 B99.9 Unspecified infectious disease (opportunistic) Other: _____

- 366 **Skin & Soft Tissue Infections (SSTI) Panel** Includes -
 125 *Bacteroides fragilis* 153 *Enterococcus faecalis* 141 *Escherichia coli*
 1112 Group A Streptococcus 127 Group B Streptococcus (GBS)
 727 *Klebsiella oxytoca* 728 *Klebsiella pneumoniae* 1118 MRSA: Methicillin Resistant and Methicillin Susceptible (MSSA) *Staphylococcus aureus* by Conventional PCR
 1119 CA-MRSA: Community-Associated MRSA. Pantone-Valentine Leukocidin (PVL) DNA** (Type IV MRSA + #1118 Req.) [Community Associated MRSA = Type IV MRSA+ and PVL+]
 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* 368 *Fusobacterium* species
 553 *Aspergillus fumigatus*
- 367 **SSTI Panel Antibiotic Resistance** Includes - [*E. faecalis*, *E. coli*, GAS, GBS, *K. oxytoca*, *K. pneumoniae*, *P. mirabilis*, *P. aeruginosa*, MRSA: **AC, AM** (for *E. faecalis*), **C, CL, D, TS, CP, CF, PT, I, G**] (153, 141, 1112, 127, 727, 728, 146, 174, or 1118 Req.) When panel is ordered and individual tests are not selected, all 9 will be performed & billed)
- 286 **Dermatologic Viruses Panel** Includes - HSV-1 & HSV-2, HPV, 219 Human herpesvirus-6 (HHV-6) Variants A & B 263 HHV-7 128 Molluscum contagiosum virus (MCV) 215 Varicella-zoster virus (VZV)
- 285 Monkeypox virus (Non-variola Orthopoxvirus)

Urinary Tract Infections - UroSwab®

Common ICD10 codes (required):
 N39.0 Urinary tract infection, site not specified R30.1 Vesical tenesmus
 R30.0 Dysuria Other: _____

URINARY TRACT INFECTIONS

- 176 **Urinary Pathogens Antibiotic Resistance*** Includes -
 141 *Escherichia coli* - **AC, C, TS, N, CP, F** 727 *Klebsiella oxytoca* - **AC, C, TS, N, CP, F**
 153 *Enterococcus faecalis* - **A, N, CP, F, D, L** 146 *Proteus mirabilis* - **AC, C, TS, N, CP, F**
 154 *Enterococcus faecium* - **A, N, CP, F, D, L** 174 *Pseudomonas aeruginosa* - **CF, PT, I, A, G**
 728 *Klebsiella pneumoniae* - **AC, C, TS, N, CP, F**
 *(141, 153, 154, 728, 727, 146 or 174 Req. When panel is ordered and individual tests are not selected, all 7 will be performed & billed)

UroSwab®

Common ICD10 codes (required):
 N39.0 Urinary tract infection, site not specified R30.1 Vesical tenesmus
 R30.0 Dysuria Other: _____

- 575 **Urogenital Candidiasis Panel** Includes -
 551 *Candida albicans* 559 *Candida glabrata* 558 *Candida parapsilosis*
 557 *Candida tropicalis* 566 *Candida krusei*
- 134 **Urogenital Mycoplasma & Ureaplasma Panel** Includes -
 129 *Mycoplasma genitalium* (*Reflex to **AZ & FL** resistance by Pyrosequencing)
 130 *Mycoplasma hominis*, 320 *Ureaplasma urealyticum* (#Reflex to **FL** resistance by Pyrosequencing)
 577 *Candida lusitanae*
 576 *Candida dubliniensis*
 578 *Candida kefyr*
 127 Group B Streptococcus (GBS)
 137 Group B Streptococcus (GBS) Antibiotic Resistance* (#127 Req.) Only check if patient is penicillin-allergic and erythromycin/clindamycin resistance determination is required for alternate treatment.
 151 *Staphylococcus saprophyticus*
 178 *Ureaplasma parvum* (#Reflex to **FL** resistance by Pyrosequencing)

Refer to the back for antibiotic abbreviation key.

ICD10 codes (required):

Other Tests/Panels:

For a full menu of testing, please visit www.mdlab

Antibiotic Abbreviations Key




A = aztreonam **AC**= amoxicillin-clavulanic acid, **AP** = ampicillin, **AZ** = azithromycin, **CC** = ceftriaxone/cefexime, **C** = cephalothin (cephalexin), **CF** = cefepime, **CP** = ciprofloxacin, **CL** = clindamycin, **D** = doxycycline, **F** = fosfomycin, **FL** = fluoroquinolone **G** = gentamicin, **I** = imipenem, **L** = linezolid, **M** = metronidazole **N** = nitrofurantoin, **PT** = piperacillin-tazobactam, **TS** = trimethoprim-sulfamethoxazole.

Medical Necessity Guidelines:

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. MDL provides practitioners with the flexibility to choose appropriate individual tests for each specimen to assure that the convenience of ordering panels does not impede them from ordering tests/panels that are medically necessary. All tests listed in panels may be ordered individually using this test requisition form. 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.

** This test can only be performed when the test in parenthesis is positive. All tests performed will be billed.
 Test by Real-Time PCR unless otherwise specified.

OneSwab®, *UroSwab®* & *NasoSwab®* are registered in the USPTO.

Specimen Collection Platform	TAT*	Stability	Test Additions*	
 OneSwab®	24 - 72 hours	7 days	30 days to add tests	1. Collect specimen with the sterile swab provided. 2. Insert swab into the transport media, break off swab handle, and tightly re-secure the cap on the transport media vial.
 UroSwab®	24 - 72 hours	4 days	14 days to add tests	1. Have patient collect a urine specimen in a collection cup. 2. Dip the sponge swab into collection cup to absorb the urine. 3. Tightly re-secure the cap on the vial.
 NasoSwab®	24 - 48 hours	5 days	30 days to add tests	1. Tilt the patient's head slightly upwards. Insert the brush end downwards into the nostril all the way to the guard. Be sure to direct the swab down towards the throat and not up towards the forehead. Rotate the swab 360°. 2. Insert swab into the transport media, break off swab handle, and tightly re-secure the cap on the transport media vial.

* Up to 72 hours with reflex/antibiotic resistance testing

* Pending QC review for sufficient specimen volume

Specimen Packaging:

- Label every vial with a minimum of 2 patient identifiers including the patient's name and date of birth. Be sure the name on the vial is written exactly the same way as on the test requisition form.
- Place the vial into the Styrofoam/Cardboard container. You can fit up to 3 vials in one container.
- Place the Styrofoam/Cardboard container into the central pocket of a biohazard bag containing absorbent material.
- Place a completed test requisition form for each vial in the front pocket of the biohazard bag.
- Place the biohazard bag into the prepaid Lab pack Envelope that has a preaddressed airbill attached. One envelope will accommodate 6-7 containers. Package as many containers in one Labpack as possible.
- Be sure to seal the Lab pack by removing the plastic from the top of the adhesive.

Specimen Pick-up:

- If you have a specimen pick-up for a local courier in the NJ, PA, DE, D.C., MD, VA, KS, MO or Phoenix, AZ area, please call (877) 205-0005 no later than 2 hours prior to the closing of your facility.
- If you have a specimen pick-up, please call your sales representative or MDL customer service at 877.269.0090 no later than 2 hours prior to the closing of your facility.

Helpful Hints Checklist

Please review these helpful hints to reduce specimen discrepancies and enhance turnaround time.

Verify Patient Name - did you:

- ✓ attach the correct demographics sheet?
- ✓ write the patient's name on the requisition form?

Patient Name Matches on Vial & Requisition Form- did you:

- ✓ make sure names on vial and requisition form match?
- ✓ list the patients married or maiden name?
- ✓ list a nickname by mistake?

Verify Date of Collection- did you:

- ✓ write the correct year?
- ✓ write the correct month?
- ✓ list the date of birth instead?

Verify Tests- did you:

- ✓ clearly mark each box?
- ✓ order tests appropriate for the specimen type?

No Tests Ordered- did you:

- ✓ mark the boxes for the tests/panels ordered?

Supply Orders:

Easily place supply orders online by visiting our website:



<http://www.mdlab.com/physicians/supplies/#>

Supply orders may also be placed by contacting our Client Services department toll free 877.269.0090 or by fax 609.570.1050. Supply requests are processed and shipped on a daily basis. Please allow 3 to 5 business days for delivery, depending upon your location.

MDL Contact Information



GBS Hotline 24 hours - 7 days a week Group B Strep & HSV results only	877.MDL.GBS7 877.635.4277	
Quality Control Department For Technical Assistance	877.269.0090	609.245.7665
Client Services General Questions, Results	877.269.0090	609.570.1050
Client Services Billing Questions	877.333.9233	609.245.7683