

## New York Core 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: \_\_\_\_\_

Ethnicity†: \_\_\_\_\_

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

Billing Type:  Patient  Insurance  Client

Relation (Required):  Self  Spouse  Dependant

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**®:

**ThinPrep**®:

**UroSwab**®:

Was **UroSwab**® collected from a catheterized patient?  Yes

### Sexually Transmitted Infections - OneSwab® or ThinPrep®

**Common ICD10 codes (required):**

- N89.8  Other specified noninflammatory disorders of vagina
- Z20.2  Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
- N76.4  Abscess of vulva
- Other: \_\_\_\_\_

- 121**  **Leukorrhea Panel** Includes -
- 105  *Chlamydia trachomatis* (\*Reflex to antibiotic resistance by Molecular Analysis),
  - 167  *Neisseria gonorrhoeae*,
  - 111  *Trichomonas vaginalis* (\*Reflex to **M** resistance),
  - 129  *Mycoplasma genitalium* (<sup>u</sup>Reflex to **AZ** & **FL** resistance by Pyrosequencing)

- 126**  **Herpes subtype (HSV-1, HSV-2)**

- 705**  **HPV Type-Detect 2.0 by Bio-plex Analysis (High Risk Subtypes only)**

- 110**  ***Treponema pallidum* (syphilis)**

### Vaginitis & Vaginosis - OneSwab® or ThinPrep®

**Common ICD10 codes (required):**

- N76.0  Acute vaginitis
- N89.8  Other specified noninflammatory disorders of vagina
- R10.2  Pelvic and perineal pain
- Other: \_\_\_\_\_

- 166**  **Bacterial Vaginosis (BV) Panel with Lactobacillus Profiling by qPCR** Includes -

- 142  *Atopobium vaginae*
- 165  *Megasphaera* species (Type 1 and Type 2)
- 164  Bacterial Vaginosis Associated Bacterium 2 (BVAB2)
- 132  *Gardnerella vaginalis*

- 182**  **Aerobic Vaginitis (AV) Panel** Includes -

- 127  Group B Streptococcus (GBS) 141  *Escherichia coli*
- 184  *Staphylococcus aureus* 153  *Enterococcus faecalis*

- 6009**  **Candida Panel Basic with fluconazole resistance by X-Plate Technology®** Includes -

- 551  *Candida albicans* 581  *C. albicans* **FU**
- 559  *Candida glabrata* 582  *C. glabrata* **FU**
- 558  *Candida parapsilosis* 583  *C. parapsilosis* **FU**
- 557  *Candida tropicalis* 557  *Candida tropicalis* **FU**

- 320**  ***Ureaplasma urealyticum***

### OneSwab® Only

**Common ICD10 codes (required):**

- Z34.80  Encounter for supervision of other normal pregnancy, unspecified trimester
- Z36.85  Encounter for antenatal screening for Streptococcus B
- O99.820  Streptococcus B carrier state complicating pregnancy
- Other: \_\_\_\_\_

- 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 resistance determination is required for alternate treatment.

### Pathology Testing

Date Collected (Required): \_\_\_\_\_

Anatomic Source (Required):  Cervix/Endocervix

Date of Last Pap: \_\_\_\_\_

Vagina  Vaginal Cuff  Other: \_\_\_\_\_

Date of LMP: \_\_\_\_\_

Previous Results:

- Normal  ASCUS  CIN 1
- Reactive  LGSIL  CIN 2
- Other  HGSIL  CIN 3

Additional Information:

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: \_\_\_\_\_

**Common ICD10 codes (required):**

- Z01.411  Encounter for gynecological examination (general) (routine) with abnormal findings
- Z01.419  Encounter for gynecological examination (general) (routine) without abnormal findings
- Z11.51  Encounter for screening for human papillomavirus (HPV)
- Other: \_\_\_\_\_



**Liquid Pap only**

1301  Liquid Pap Test

**Ages 21 and older:**

1302  1301 with Reflex HPV if ASCUS or greater

**Ages 30 and older:**

1304  1301 with HPV

**HPV Test:**

- 705**  **HPV Type-Detect 2.0 by Bio-plex Analysis (High Risk Subtypes only. (Includes HPV Types: 16, 18, 45, 58, 35, 51, 52, 56, 39, 31, 33, 59, 68))**

### Specimen Information

Date Collected (Required): \_\_\_\_\_

Number of specimen vials submitted: \_\_\_\_\_

|          | Site   | Location | Procedure   |
|----------|--|----------|---|
| <b>A</b> | <input type="checkbox"/> Cervical <input type="checkbox"/> Labial <input type="checkbox"/> Other (specify): _____<br><input type="checkbox"/> Endocervical <input type="checkbox"/> POC<br><input type="checkbox"/> Endometrial <input type="checkbox"/> Vaginal<br><input type="checkbox"/> IUD <input type="checkbox"/> Vulvar |          | <input type="checkbox"/> Biopsy <input type="checkbox"/> Other (specify): _____<br><input type="checkbox"/> Cone<br><input type="checkbox"/> Curetting<br><input type="checkbox"/> LEEP |
| <b>B</b> | <input type="checkbox"/> Cervical <input type="checkbox"/> Labial <input type="checkbox"/> Other (specify): _____<br><input type="checkbox"/> Endocervical <input type="checkbox"/> POC<br><input type="checkbox"/> Endometrial <input type="checkbox"/> Vaginal<br><input type="checkbox"/> IUD <input type="checkbox"/> Vulvar |          | <input type="checkbox"/> Biopsy <input type="checkbox"/> Other (specify): _____<br><input type="checkbox"/> Cone<br><input type="checkbox"/> Curetting<br><input type="checkbox"/> LEEP |
| <b>C</b> | <input type="checkbox"/> Cervical <input type="checkbox"/> Labial <input type="checkbox"/> Other (specify): _____<br><input type="checkbox"/> Endocervical <input type="checkbox"/> POC<br><input type="checkbox"/> Endometrial <input type="checkbox"/> Vaginal<br><input type="checkbox"/> IUD <input type="checkbox"/> Vulvar |          | <input type="checkbox"/> Biopsy <input type="checkbox"/> Other (specify): _____<br><input type="checkbox"/> Cone<br><input type="checkbox"/> Curetting<br><input type="checkbox"/> LEEP |

### Sexually Transmitted Infections - UroSwab®

**Common ICD10 codes (required):**

- Z20.2  Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
- R30.9  Painful micturition, unspecified
- R36.9  Urethral discharge, unspecified
- Other: \_\_\_\_\_

**SEXUALLY TRANSMITTED INFECTIONS**

Applicable for adolescent females who are not candidates for pelvic exams.

- 121**  **Leukorrhea Panel** Includes -

- 105  *Chlamydia trachomatis* (\*Reflex to antibiotic resistance by Molecular Analysis)
- 167  *Neisseria gonorrhoeae*
- 111  *Trichomonas vaginalis* (\*Reflex to **M** resistance)
- 129  *Mycoplasma genitalium* (<sup>u</sup>Reflex to **AZ** & **FL** resistance by Pyrosequencing)

- 109**  ***N. gonorrhoeae* & *C. trachomatis***

- 705**  **HPV Type-Detect 2.0 by Bio-plex Analysis (High Risk Subtypes only)**

**Other Tests/Panels:** \_\_\_\_\_

**ICD10 codes (required):** \_\_\_\_\_

For a full menu of testing, please visit [www.mdlab.com](http://www.mdlab.com)

### Antibiotic Abbreviations Key




**A** = aztreonam **AC** = amoxicillin-clavulanic acid, **AP** = ampicillin, **AZ** = azithromycin, **CC** = ceftriaxone/cefixime, **C** = cephalothin (cephalexin), **CF** = cefepime, **CP** = ciprofloxacin, **CL** = clindamycin, **D** = doxycycline, **F** = fosfomycin, **FU** = fluconazole, **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® are registered in the USPTO.

| Specimen Collection Platform   | TAT*          | Stability     | Test Additions*            | Specimen Collection  |
|--|---------------|---------------|----------------------------|--|
| OneSwab®    | 24 - 72 hours | 7 days        | 30 days to add tests       | <ol style="list-style-type: none"> <li>Collect specimen with the sterile swab provided.</li> <li>Insert swab into the transport media, break off swab and tightly re-secure the cap on the transport media vial.</li> </ol>  |
| UroSwab®    | 24 - 72 hours | 4 days        | 14 days to add tests       | <ol style="list-style-type: none"> <li>Have patient collect a urine specimen in a collection cup.</li> <li>Dip the sponge swab into collection cup to absorb the urine.</li> <li>Tightly re-secure the cap on the vial.</li> </ol>   |
| ThinPrep®  | Pap Testing   | 7 - 10 days   | 6 weeks to add Pap testing | <ol style="list-style-type: none"> <li>Obtain an adequate sample:                             <ul style="list-style-type: none"> <li><b>Endocervical brush</b> - Insert brush into the cervix until only the bottom-most fibers are exposed. Slowly rotate 1/4 or 1/2 turn in one direction. DO NOT OVER-ROTATE.</li> <li><b>Broom</b> - Insert the central bristles of the broom into the endocervical canal deep enough to allow the shorter bristles to fully contact the ectocervix. Push gently, and rotate the broom in a clockwise direction five times.</li> <li><b>Spatula</b> - place contoured end against exocervix and rotate 360 degrees around the entire surface.</li> </ul> </li> <li>Rinse in the PreservCyt® solution by swirling vigorously 10 times.</li> <li>Tighten the cap so that the torque line on the cap passes the torque line on the vial.</li> </ol> |
|  | Molecular     | 24 - 72 hours | 30 days to add tests       |  |
| Biopsies  | 3 - 5 days    | 7 days        | 30 days to add tests       | <ul style="list-style-type: none"> <li>Collect specimen and insert into the formalin vial.</li> <li>The following times must be documented on the test requisition form:                             <ul style="list-style-type: none"> <li>Time of specimen removal from patient</li> <li>Time when specimen was placed into formalin</li> </ul> </li> </ul>  |

\* 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



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