

New York-Vector Borne Disease 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:

Specimen Information

Date Collected (Required): Specimen Type: Specimen Source:

- Whole Blood
- Serum
- OneSwab®

Anaplasmosis & Ehrlichiosis

Common ICD10 codes (required):
A69.20 Lyme disease, unspecified A77.49 Other ehrlichiosis
R53.83 Other fatigue Other: _____

411 *Ehrlichia chaffeensis* (HME) & *Anaplasma phagocytophilum* (HGE) by Real-Time PCR

Babesiosis

Common ICD10 codes (required):
A69.20 Lyme disease, unspecified B60.0 Babesiosis
R53.83 Other fatigue Other: _____

431 *Babesia duncani* (WA-1) by Real-Time PCR
410 *Babesia microti* by Real-Time PCR

Borreliosis - Lyme disease

Common ICD10 codes (required):
A69.20 Lyme disease, unspecified Other: _____
R53.83 Other fatigue

305 *Borrelia burgdorferi* (United States) by Real-Time PCR
425 *Borrelia garinii* (Europe) by Real-Time PCR
427 Lyme disease (Combined IgG/IgM) by ELISA (serum required)
417 Lyme disease C6 Peptide by ELISA (serum required)
313 Lyme disease by Western blot (IgG/IgM) (serum required)

Borreliosis - Southern Tick-associated Rash Illness (STARI)

Common ICD10 codes (required):
A69.20 Lyme disease, unspecified Other: _____
R53.83 Other fatigue

430 *Borrelia lonestari* by Real-Time PCR

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

Ethnicity†:

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#:

Flea, Fly, Louse, Mite, Bug & Tick-borne Disease

Common ICD10 codes (required):
A69.20 Lyme disease, unspecified A44.9 Bartonellosis, unspecified
R53.83 Other fatigue Other: _____

317 *Bartonella henselae* by Real-Time PCR
342 *Bartonella quintana* by Real-Time PCR

Spotted Fever Group Rickettsiosis

Common ICD10 codes (required):
A69.20 Lyme disease, unspecified A79.9 Rickettsiosis, unspecified
R53.83 Other fatigue Other: _____

446 *Rickettsia* species (Rickettsiosis) by Real-Time PCR

Differential Diagnosis and Coinfections

365 *Campylobacter jejuni* (**OneSwab®** Loose Stool, Rectal Swab, No Lubricant)
319 *Chlamydomydia pneumoniae* by Real-Time PCR
207 Cytomegalovirus (CMV) by Real-Time PCR
233 CMV IgG/IgM by ELISA (serum required)
205 Epstein-Barr virus (EBV) by Real-Time PCR
231 EBV-EA-D IgG/IgM by ELISA (serum required)
284 EBV-EBNA-1 IgG by ELISA (serum required)
229 EBV-VCA IgG/IgM by ELISA (serum required)
340 *Mycoplasma pneumoniae* IgG/IgM by ELISA (serum required)




Other Tests/Panels:

ICD10 codes (required):

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

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.

Specimen Collection Platform		TAT*	Stability	Test Additions*	Specimen Collection
Whole Blood Yellow top tube (ACD solution A)		3 - 5 days	48 Hours	30 days to add tests	1. Completely fill the tube whenever possible to eliminate dilution and ensure proper blood-to-anticoagulant ratio. 2. Immediately after blood collection, invert the tube(s) gently 8-10 times to ensure mixing and prevent clotting. 3. Do not shake tube(s) or centrifuge specimen.
Serum		7 - 10 days	48 Hours	30 days to add tests	1. Immediately after blood collection, invert the tube(s) gently 5 times to ensure mixing of clot activator. 2. Allow the tube to rest upright for at least 30 minutes after collection to ensure proper clotting. 3. Centrifuge for at least 15 minutes at 2200-2500 RPM within one hour of collection. 4. Do not remove the stopper or pour off serum.
OneSwab®		24 - 72 hours	7 days	30 days to add tests	1. Utilize the swab provided to obtain a sample of loose stool and insert into the vial. 2. Snap off the shaft to fit completely in the vial. 3. To prevent leakage, be sure the swab fits into the vial prior to capping. 4. Tightly cap the vial.

* Up to 72 hours with reflex/antibiotic resistance testing

* Pending QC review for sufficient specimen volume

OneSwab® is registered in the USPTO.

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