



**OBGYN Infectious 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: \_\_\_\_\_

**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: \_\_\_\_\_  
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  Transgender female-to-male  Does not wish to disclose  Not provided  
Sexual Orientation:  Bisexual  Straight  Gay or Lesbian  Something else  Does not wish to disclose  Not provided

**Specimen Information**

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

**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#: \_\_\_\_\_

**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* (\*Reflex to antibiotic resistance by Molecular Analysis)  
111  *Trichomonas vaginalis* (\*Reflex to M resistance),  
129  *Mycoplasma genitalium* (Reflex to AZ & FL resistance by Pyrosequencing)

**115  Genital Ulcer Disease Panel** Includes -  
122  *Haemophilus ducreyi* 126  Herpes subtype (HSV-1, HSV-2) 110  *Treponema pallidum* (syphilis)

**739  HPV Type-Detect® 4.0 by Multiplex Real-Time PCR**

**Pathology Testing**

Date Collected (Required): \_\_\_\_\_ Anatomic Source (Required):  Cervix/Endocervix  Vagina  Vaginal Cuff  Other: \_\_\_\_\_ Date of Last Pap: \_\_\_\_\_  
Date of LMP: \_\_\_\_\_ Previous Results:  Normal  ASCUS  CIN 1  Reactive  LGSIL  CIN 2  Other  HGSIL  CIN 3

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

**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: \_\_\_\_\_

**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: \_\_\_\_\_

**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:**  
739  HPV Type-Detect® 4.0 by Multiplex Real-Time PCR (Includes HPV Types: 16, 18, 45, 58, 35, 51, 52, 56, 39, 31, 33, 59, 68)

**759  Bacterial Vaginosis (BV) Panel with Lactobacillus Profiling by qPCR** Includes -  
*Atopobium vaginae*, BVAB1, BVAB2, BVAB3, *Bacteroides fragilis*, *Bifidobacterium breve*, *Megasphaera* Type 1 & 2, *Gardnerella vaginalis*, *Mobiluncus curtisii*, *M. mulieris*, *Prevotella bivia*, *Sneathia sanguinegens*, *Streptococcus anginosus*

**182  Aerobic Vaginitis (AV) Panel** Includes -  
127  Group B Streptococcus (GBS) 141  *Escherichia coli*  
184  *Staphylococcus aureus* 153  *Enterococcus faecalis*

**560  Candida Vaginitis 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 antibiotic resistance by Molecular Analysis)

**UTI & STI - UroSwab®**

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

**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)

**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* (\*Reflex to antibiotic resistance by Molecular Analysis)  
111  *Trichomonas vaginalis* (\*Reflex to M resistance)  
129  *Mycoplasma genitalium* (Reflex to AZ & FL resistance by Pyrosequencing)

**109  N. gonorrhoeae\* & C. trachomatis\*\***  
**110  Treponema pallidum (syphilis)**

**Pregnancy - 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/erythromycin resistance determination is required for alternate treatment.

**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, **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
 <b>OneSwab®</b>	24 - 72 hours	7 days	30 days to add tests	<ol style="list-style-type: none"> <li>1. Collect specimen with the sterile swab provided.</li> <li>2. Insert swab into the transport media, break off swab handle, and tightly re-secure the cap on the transport media vial.</li> </ol>
 <b>UroSwab®</b>	24 - 72 hours	4 days	14 days to add tests	<ol style="list-style-type: none"> <li>1. Have patient collect a urine specimen in a collection cup.</li> <li>2. Dip the sponge swab into collection cup to absorb the urine.</li> <li>3. Tightly re-secure the cap on the vial.</li> </ol>
 <b>ThinPrep®</b>	Pap Testing	7 - 10 days	7 days	6 weeks to add Pap testing
	Molecular	24 - 72 hours	7 days	30 days to add tests

\* Up to 72 hours with reflex/antibiotic resistance testing

\* Pending QC review for sufficient specimen volume

### Specimen Packaging:

1. 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.
2. Place the vial into the Styrofoam/Cardboard container. You can fit up to 3 vials in one container.
3. Place the Styrofoam/Cardboard container into the central pocket of a biohazard bag containing absorbent material.
4. Place a completed test requisition form for each vial in the front pocket of the biohazard bag.
5. 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.
6. 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> <i>24 hours - 7 days a week Group B Strep &amp; HSV results only</i>	877.MDL.GBS7 877.635.4277
<b>Quality Control Department</b> <i>For Technical Assistance</i>	877.269.0090      609.245.7665
<b>Client Services</b> <i>General Questions, Results</i>	877.269.0090      609.570.1050
<b>Client Services</b> <i>Billing Questions</i>	877.333.9233      609.245.7683