



Practice Name : \_\_\_\_\_

Collection Date: \_\_\_\_\_ Collection Time: \_\_\_\_\_

**Attach a copy of patient demographics**

### PATIENT DEMOGRAPHICS

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender:  Male  Female MRN/PUI: \_\_\_\_\_  
 Social Security: \_\_\_\_\_  Commercial  Medicaid  Worker's Comp  Self Pay  Other  
 Insurance Co: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_  
**Ensure that a photocopy is provided of the front and back of insurance card**

### TEST SELECTION

**ENTIRE PANEL**

Opt out of PharmD Guidance  
 Sample Type/Location (please circle):      Nasal      NP

**Bacteria**

- Bordetella bronchiseptica, parapertussis, pertussis
- Bordetella pertussis
- Chlamydia pneumoniae
- Haemophilus influenzae
- Klebsiella pneumoniae
- Legionella pneumophila
- Mycoplasma pneumoniae
- Staphylococcus aureus
- Streptococcus pneumoniae

**Virus**

- Adenovirus A, B, E, F
- Adenovirus B, C, D
- Coronavirus 229E
- Coronavirus HKU1
- Coronavirus NL63
- Coronavirus OC43
- Enterovirus
- Enterovirus D68
- Human Herpesvirus 4 (HHV4 - Epstein-Barr Virus)
- Human Herpesvirus 5 (HHV5 - Cytomegalovirus)
- Human Herpesvirus 6a/6b
- Human Metapneumovirus (hMPV)
- Human Parainfluenza Virus 1
- Human Parainfluenza Virus 2
- Human Parainfluenza Virus 3
- Human Parainfluenza Virus 4
- Human Respiratory Syncytial Virus A (RSVA)
- Human Respiratory Syncytial Virus B (RSVB)
- Influenza A
- Influenza A/H1-2009
- Influenza A/H3
- Influenza B
- Rhinovirus A, B, C
- SARS-CoV-2 N
- SARS-CoV-2 S

### ANTIBIOTIC RESISTANCE CLASSES

These are automatically tested in reflex to a positive relevant pathogen  
 **OPT OUT OF ANTIBIOTIC RESISTANCE TESTING**

- Aminoglycosides	- Monobactams
- Carbapenems	- Nitroimidazoles
- Cephalosporins	- Oxazolidinones
- Cephamycins	- Penams
- Diaminopyrimidines (Trimethoprim)	- Penems
- Fluoroquinolones	- Peptides
- Glycopeptides	- Phenicols
- Lincosamides	- Streptogramins
- Macrolides	- Sulfonamides
	- Tetracyclines

Antibiotic Resistance Gene panel tests for resistance genes that confer resistance to the drug classes listed above. Complete list of resistance genes tested available upon request.

### MEDICAL NECESSITY - MUST BE COMPLETED

Immunocompetent       Immunocompromised

Signs and Symptoms for Testing (ICD-10 Codes):  
**Please list at least two diagnosis codes**

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**Notice to Ordering Provider:** A provider must order only those tests that are medically necessary for the patient, given his or her clinical condition. Provider must submit the diagnosis information for all tests ordered and medical necessity should be documented in the patient's medical record. Medicare, Medicaid, and/or other third party payers will only pay for tests that meet the payer's coverage criteria and are reasonable and necessary to treat or diagnose the patient.

**Provider Signature Attestation:** I understand that if I order medically unnecessary tests that are billed to Medicare, Medicaid, and/or other third party payers, I may be subject to sanctions or remedies under civil, criminal or administrative law. I also attest that the documentation of the medical necessity of all tests ordered has been documented in the patient's medical record. **Note:** Medicare generally does not cover routine screening tests.

Ordering Provider: \_\_\_\_\_ NPI: \_\_\_\_\_ Specialty: \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_