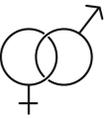


## Sexual Health Molecular Panel Test Requisition



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 (please circle): Swab Urine  
 Sample Location: \_\_\_\_\_

**Bacteria**

- Atopobium vaginae
- Bacterial Vaginosis - Associated Bacterium 2 (BVAB2)
- Bacteroides fragilis
- Chlamydia trachomatis
- Eggerthella lenta
- Enterococcus faecalis
- Escherichia coli
- Gardnerella vaginalis
- Haemophilus ducreyi
- Lactobacillus crispatus
- Lactobacillus gasseri
- Lactobacillus iners
- Lactobacillus jensenii
- Leptotrichia amnionii
- Megasphaera 1
- Megasphaera 2
- Mobiluncus curtisii
- Mobiluncus mulieris
- Mycoplasma genitalium
- Mycoplasma hominis
- Neisseria gonorrhoeae
- Neisseria meningitidis
- Peptoniphilus asaccharolyticus, indolicus
- Peptoniphilus gorbachii
- Peptoniphilus grossensis
- Peptoniphilus harei, ivorii
- Peptoniphilus indolicus, lacrimalis
- Peptoniphilus senegalensis
- Prevotella bivia
- Staphylococcus aureus
- Streptococcus agalactiae
- Treponema pallidum
- Ureaplasma parvum
- Ureaplasma urealyticum

**Fungi**

- Candida albicans
- Candida dubliniensis
- Candida glabrata
- Candida krusei
- Candida lusitanae
- Candida parapsilosis
- Candida tropicalis

**Parasite**

- Trichomonas vaginalis

**Virus**

- Adenovirus A, B, E, F
- HPV 16, 18
- Human Herpesvirus 1
- Human Herpesvirus 2
- Human Herpesvirus 4 (Epstein-Barr Virus)

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