QLABS
312 MacCorkle Ave S.E., Charleston WV 25314
Phone is 304-926-0565 | Fax is 304-926-0569
CLIA ID: 51D2132805

Wound Molecular Panel Test Requisition

Practice Name :_____

Attach a copy of patient demographics

Collection Date: _____ Collection Time: _____

PATIENT DEMOGRAPHICS

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Gender: ○ Male ○ Female MRN/PUI: _____

Socical 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:_____

○ **Bacteria**
- ○ Acinetobacter baumannii
- ○ Anaerococcus vaginalis
- ○ Bacteroides fragilis
- ○ Bartonella henselae
- ○ Campylobacter coli, jejuni
- ○ Citrobacter freundii
- ○ Clostridium botulinum
- ○ Clostridium difficile toxin A/B
- ○ Clostridium perfringens
- ○ Corynebacterium jeikeium, striatum
- ○ Cutibacterium acnes
- ○ Delftia acidovirans
- ○ Enterococcus faceium, faecalis
- ○ Enteroinvasive escherichia coli (EIEC)
- ○ Enteropathogenic escherichia coli (EPEC)
- ○ Enterotoxigenic escherichia coli (ETEC)
- ○ Escherichia coli
- ○ Escherichia coli (O157)
- ○ Flavobacterium spp.
- ○ Fusobacterium necrophorum
- ○ Klebsiella aerogenes, Enterobacter cloacae complex
- ○ Klebsiella oxytoca, pneumoniae
- ○ Listeria monocytogenes
- ○ Morganella morganii
- ○ Mycobacterium abscessus
- ○ Mycobacterium chelonae, fortuitum
- ○ Mycobacterium kansasii
- ○ Mycobacterium marinum
- ○ Mycobacterium tuberculosis
- ○ Mycobacterium ulcerans
- ○ Mycobacteroides abscessus
- ○ Mycoplasma genitalium, hominis
- ○ Pasteurella multocida
- ○ Peptoniphilus harei, ivorii
- ○ Peptostreptococcus anaerobius, asaccharolyticus, magnus, prevotii
- ○ Peptostreptococcus spp.
- ○ Prevotella bivia, loescheii, melaninogenica
- ○ Proteus mirabilis
- ○ Pseudomonas aeruginosa
- ○ Salmonella enterica
- ○ Serratia marcescens
- ○ Staphylococcus aureus
- ○ Staphylococcus haemolyticus, lugdunensis
- ○ Stenotrophomonas maltophilia
- ○ Streptococcus agalactiae
- ○ Streptococcus pneumoniae
- ○ Streptococcus pyogenes
- ○ Vibrio cholerae, parahaemolyticus, vulnificus
- ○ Yersinia enterocolitica

○ **Fungi**
- ○ Candida albicans, glabrata, parapsilosis, tropicalis
- ○ Candida auris
- ○ Trichophyton interdigitale, tonsurans
- ○ Trichophyton rubrum
- ○ Trichophyton soudanense, violaceum

ANTIBIOTIC RESISTANCE CLASSES

These are automatically tested in reflex to a positive relevant pathogen

○ OPT OUT OF ANTIBIOTIC RESISTANCE TESTING

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