

Ordering Physician

Patient Information

[Blank space for Ordering Physician name]

Name: First Last

Address:

City: State: Zip:

Email Address: Phone:

Date of Birth: Month Day Year Sex: M F MRN/Patient ID:

Account Information

[Blank space for Account Information]

1. Panel Selection (Check one box only)

- UTI and STI Panel**
TWO SPECIMEN TUBES REQUIRED
- UTI Panel only**
- STI Panel only**

If no panel selected, only UTI will be performed.

(See test details on back)

2. Specimen Information

Collection Date: Month Day Year Collection Type: Clean catch urine Catheter urine Is patient currently on antibiotic? Yes No

3. Billing Information (At least 1 ICD-10 code is required per panel ordered.)

<p>UTI codes: (Physician must include ICD-10 diagnosis to document medical necessity for UTI panel.)</p> <p><input type="checkbox"/> N30.00 - Acute cystitis w/o hematuria</p> <p><input type="checkbox"/> N30.01 - Acute cystitis with hematuria</p> <p><input type="checkbox"/> N30.20 - Other chronic cystitis w/o hematuria</p> <p><input type="checkbox"/> N30.80 - Other cystitis w/o hematuria</p> <p><input type="checkbox"/> N30.81 - Other cystitis with hematuria</p> <p><input type="checkbox"/> N40.1 - BPH with Lower Urinary Tract Symptoms</p> <p><input type="checkbox"/> N41.0 Acute prostatitis</p> <p><input type="checkbox"/> N41.1 Chronic prostatitis</p> <p><input type="checkbox"/> R10.30 - Lower abdominal pain, unspecified</p> <p><input type="checkbox"/> R30.0 - Dysuria</p> <p><input type="checkbox"/> R30.9 - Painful micturition, unspecified</p> <p><input type="checkbox"/> R31.0 - Gross hematuria</p> <p><input type="checkbox"/> Other: <input type="text"/></p>	<p>STI codes: (Physician must include ICD-10 diagnosis to document medical necessity for STI panel.)</p> <p><input type="checkbox"/> A54.9 - Gonococcal infection, unspecified</p> <p><input type="checkbox"/> A64 - Unspecified sexually transmitted disease</p> <p><input type="checkbox"/> A74.9 - Chlamydial infection, unspecified</p> <p><input type="checkbox"/> Z11.3 - Encounter for screening for infections with a predominantly sexual mode of transmission</p> <p><input type="checkbox"/> Other: <input type="text"/></p>
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Copy of Insurance card (front and back) required.

Payment Type: Private Insurance Medicare Medicaid Patient Self-Pay Client (contract required)

Name of insurance: Member ID:

(Medicare only) Was procedure performed in hospital? If yes: hospital outpatient hospital inpatient - discharge date: Month Day Year

Include copies of both sides of insurance card(s). If two cards are submitted, indicate which is primary.

4. Physician Signature & Attestation

I hereby authorize testing and confirm that an informed consent has been obtained, if required by state law. I confirm that this is medically necessary and the results will be used in the medical management decisions for the patient. I hereby attest that the person listed in the Ordering Physician space above is authorized by law in the relevant jurisdiction to order the test requested herein. I confirm that I have on file the patient's assignment of benefits authorizing insurance benefits to be paid to ancillary healthcare service providers, such as mdxhealth. I further instruct mdxhealth to retain this completed test requisition as part of the patient medical record. I authorize mdxhealth to release the information on this form, and other information provided by me, or on my behalf, necessary to process a claim for this service.

/ /

Ordering Physician Signature (No stamped signatures) Date

Submitting this form constitutes a Certification of Medical Necessity and a certification that you have obtained consent for mdxhealth to release the test results and relevant medical information to the patient's insurance carrier as part of the coverage and reimbursement process.

Place Patient Label Here

Test Details

Urinary Tract Infection (UTI) Panel

PATHOGENS TESTED

- Acinetobacter baumannii
- Citrobacter freundii
- Citrobacter koseri
- Enterobacter cloacae
- Enterococcus faecalis
- Enterococcus faecium
- Escherichia coli
- Klebsiella aerogenes
- Klebsiella oxytoca
- Klebsiella pneumoniae
- Morganella morganii
- Proteus mirabilis
- Pseudomonas aeruginosa
- Serratia marcescens
- Staphylococcus aureus
- Staphylococcus epidermidis
- Staphylococcus saprophyticus
- Streptococcus pyogenes
- Candida albicans

ABR PANEL

- Carbapenem
- Extended Spectrum Beta-Lactamase
- Fluoroquinolone
- Methicillin
- Trimethoprim/Sulfamethoxazole
- Vancomycin

ANTIMICROBIALS

- Amoxicillin-clavulanate
- Ampicillin
- Ampicillin-sulbactam
- Aztreonam
- Cefazolin
- Cefdinir
- Cefepime
- Cefoxitin
- Ceftriaxone
- Cephalixin
- Ciprofloxacin
- Doxycycline
- Fosfomycin
- Gentamicin
- Levofloxacin
- Linezolid
- Meropenem
- Minocycline
- Moxifloxacin
- Nitrofurantoin
- Ofloxacin
- Piperacillin-tazobactam
- Tetracycline
- Tobramycin
- Trimethoprim-sulfamethoxazole
- Vancomycin

Sexually Transmitted Infection (STI) Panel

PATHOGENS TESTED

- Mycoplasma genitalium
- Mycoplasma hominis
- Ureaplasma parvum
- Ureaplasma urealyticum
- Chlamydia trachomatis
- Gardnerella vaginalis
- Neisseria gonorrhoeae
- Trichomonas vaginalis

ABR PANEL

- Carbapenem
- Extended Spectrum Beta-Lactamase
- Fluoroquinolone
- Methicillin
- Trimethoprim/Sulfamethoxazole
- Vancomycin

Methodology and Clinical Significance:

UTI Panel

Pathogens and Resistance Genes are detected through real time multiplex PCR. Pathogens are quantified based on cells per milliliter of urine based on the following limit of detection: *Candida albicans* (1×10^3), *Acinetobacter baumannii* (1×10^3), *Citrobacter freundii* (1×10^3), *Citrobacter koseri* (1×10^3), *Enterobacter cloacae* (1×10^3), *Enterococcus faecalis* (1×10^3), *Enterococcus faecium* (1×10^4), *Escherichia coli* (1×10^3), *Klebsiella aerogenes* (1×10^3), *Klebsiella oxytoca* (1×10^3), *Klebsiella pneumoniae* (1×10^3), *Morganella morganii* (1×10^3), *Proteus mirabilis* (1×10^3), *Pseudomonas aeruginosa* (1×10^3), *Serratia marcescens* (1×10^3), *Staphylococcus aureus* (1×10^4), *Staphylococcus epidermidis* (1×10^3), *Staphylococcus saprophyticus* (1×10^3), *Streptococcus pyogenes* (1×10^3). Resistance genes are reported as “detected” or “not detected.” Antimicrobial susceptibility is determined by testing the whole urine polymicrobial population against a panel of antimicrobial agents.

STI Panel

Pathogens and Resistance Genes are detected through real time multiplex PCR. Pathogens are reported as “detected” or “not detected” based on the following limit of detection: *Mycoplasma genitalium* (1×10^3), *Mycoplasma hominis* (1×10^3), *Ureaplasma parvum* (1×10^3), *Ureaplasma urealyticum* (1×10^3), *Chlamydia trachomatis* (1×10^3), *Gardnerella vaginalis* (1×10^3), *Neisseria gonorrhoeae* (1×10^3), *Trichomonas vaginalis* (1×10^3). Resistance genes are reported as “detected” or “not detected.”