Assurance Scientific Laboratories

1 PATIENT INFORMATION

Last Name / First Name / M.I.

Address / APT#

City / State / Zip

Phone # Email

DOB SSN ☐ Male ☐ Female

Insurance Subscriber ID Group #

Bill to: ☐ Insurance ☐ Facility

2 PROVIDER INFORMATION

Client Name / Account #

Address / APT#

City / State / Zip

Phone # Fax #

Ordering Physician Collection Date

Specimen Collected By Collection Time ☐ AM ☐ PM

State Collected

3 MEDICAL NECESSITY

As part of my antibiotic stewardship policy, I find it medically necessary to rapidly determine and differentiate a viral and/or bacterial infection in order to treat with or without appropriate antibiotics. Having the most accurate and timely data available to me directly guides my treatment and patient management. Empiric treatment and management leads to inappropriate and unnecessary antibiotic use (50% according to the CDC) and delayed diagnosis which can lead to severe consequences.
Standard antibody/antigen detection is only available to detect few pathogens and comes with a high false negative rate, relatively lower sensitivity (60-70%) and specificity (80-90%). In addition, standard antibody/antigen detection requires the infection to be present for days allowing the body to make ample antibodies in order to detect.
Qualitative Nucleic Acid Amplification Testing (NAAT) is far superior with sensitivities and specificities > 98% and available to detect many pathogens. In addition, NAAT has built in controls to determine if an adequate patient sample was collected and processed, therefore greatly reducing false negative results. NAAT also includes controls to easily determine a contaminated sample, therefore reducing false positive results.

☐ Verbal Order
☐ Standing Order

Provider Signature: _____

4 CONSENT FOR TESTING

The information I have provided on this form is accurate. I authorize Assurance Scientific Laboratories to release the results of this test to my treating physician or facility. I hereby authorize my insurance or other payment to Assurance Scientific Laboratories for services I receive. I am aware that Assurance Scientific Laboratories may be an out of network provider with my insurer. I am aware that I am responsible for all co-pays and deductibles not covered by insurance or other payers.

Patient Signature: _____ Date: _____

5 PANEL LIST: *Please check appropriate panels that address your patients needs. Tests can be ordered individually.*

☐ Respiratory Lite
- ☐ Adenovirus
- ☐ Influenza A
- ☐ Influenza B
- ☐ Mycoplasma pneumoniae
- ☐ Parainfluenza virus (type 1-4)
- ☐ Rhinovirus (types A & B)
- ☐ RSV (types A & B)
- ☐ Streptococcus pyogenes (Group A)

☐ Respiratory *(includes all pathogens in the panel above)*
- ☐ Bocavirus
- ☐ Bordetella pertussis
- ☐ Chlamydophila pneumoniae
- ☐ Coronavirus (229E, HKU1, NL63, OC43)
- ☐ EBV (mononucleosis)
- ☐ Enterovirus
- ☐ Haemophilus influenzae
- ☐ HMPV A
- ☐ HMPV B
- ☐ Moraxella catarrhalis
- ☐ Staphylococcus aureus
- ☐ Streptococcus pneumoniae

☐ Respiratory Plus *(includes all pathogens in the panels above)*
- ☐ Acinetobacter baumannii
- ☐ Enterobacter cloacae
- ☐ Klebsiella aerogenes
- ☐ Klebsiella pneumoniae
- ☐ Legionella pneumophila
- ☐ Proteus mirabilis
- ☐ Pseudomonas aeruginosa
- ☐ Staphylococcus epidermidis

ABX Resistance Marker
- ☐ Methicillin/Oxacillin (mecA)

ICD 10 CODES
- ☐ R09.81 Congestion
- ☐ J02.9 Pharyngitis
- ☐ R05 Cough ☐ R50.9 Fever
- ☐ _____
- ☐ _____
- ☐ _____

SPECIMEN SOURCE:
- ☐ Nasopharyngeal Swab
- ☐ Mid-Turbinate (Pediatric)
- ☐ Oropharyngeal Swab
- ☐ Tonsil/Uvula Swab
- ☐ Sputum
- ☐ Other: _____

☐ UTI w/ ABX Resistance
- ☐ Acinetobacter baumannii
- ☐ Bacteroides fragilis
- ☐ Citrobacter braakii/freundii
- ☐ Citrobacter koseri
- ☐ Enterobacter cloacae
- ☐ Enterococcus spp.
- ☐ Escherichia coli
- ☐ Klebsiella aerogenes
- ☐ Klebsiella oxytoca/ michiganensis
- ☐ Klebsiella pneumoniae
- ☐ Morganella morganii
- ☐ Proteus mirabilis
- ☐ Pseudomonas aeruginosa
- ☐ Serratia marcescens
- ☐ Staphylococcus aureus
- ☐ Staphylococcus epidermidis
- ☐ Staphylococcus saprophyticus
- ☐ Streptococcus pyogenes (Group A)

ABX Resistance Markers
- ☐ Class A β-lactamase (blaKPC)
- ☐ Class A β-lactamase (CTX-M-Group 1)
- ☐ Class B metallo-β-lactamase (blaNDM)
- ☐ Fluoroquinolones
- ☐ Methicillin/Oxacillin (mecA)
- ☐ Sulfonamides
- ☐ Trimethoprim
- ☐ Vancomycin (vanA, vanB)

ICD 10 CODES
- ☐ R35.0 Frequency of Micturition
- ☐ Z22.39 Carrier of other specified bacterial disease
- ☐ N39.0 Urinary Tract Infection, site not specified
- ☐ R30.0 Dysuria
- ☐ _____
- ☐ _____
- ☐ _____

SPECIMEN SOURCE:
- ☐ Clean catch urine
- ☐ Urethral swab
- ☐ Other: _____

☐ Wound/Infection w/ ABX Resistance
- ☐ Acinetobacter baumannii
- ☐ Bacteroides fragilis
- ☐ Citrobacter braakii/freundii
- ☐ Citrobacter koseri
- ☐ Enterobacter cloacae
- ☐ Enterococcus spp.
- ☐ Escherichia coli
- ☐ Klebsiella aerogenes
- ☐ Klebsiella oxytoca/ michiganensis
- ☐ Klebsiella pneumoniae
- ☐ Morganella morganii
- ☐ Proteus mirabilis
- ☐ Pseudomonas aeruginosa
- ☐ Serratia marcescens
- ☐ Staphylococcus aureus
- ☐ Staphylococcus epidermidis
- ☐ Staphylococcus saprophyticus
- ☐ Streptococcus pyogenes (Group A)

ABX Resistance Markers
- ☐ Class A β-lactamase (blaKPC)
- ☐ Class A β-lactamase (CTX-M-Group 1)
- ☐ Class B metallo-β-lactamase (blaNDM)
- ☐ Fluoroquinolones
- ☐ Methicillin/Oxacillin (mecA)
- ☐ Sulfonamides
- ☐ Trimethoprim
- ☐ Vancomycin (vanA, vanB)

ICD 10 CODES
- ☐ L08.9 Local infection of the skin and subcutaneous tissue, unspecified
- ☐ Z22.39 Carrier of other specified bacterial diseases
- ☐ Z22.322 Carrier or suspected carrier of MRSA
- ☐ _____
- ☐ _____
- ☐ _____

SPECIMEN SOURCE:
- ☐ Swab ☐ Aspiration
- ☐ Other: _____

☐ Vaginitis
- ☐ Atopobium vaginae
- ☐ Bacteroides fragilis
- ☐ BVAB-2
- ☐ Candida albicans
- ☐ Candida dubliniensis
- ☐ Candida glabrata
- ☐ Candida krusei
- ☐ Candida lusitaniae
- ☐ Candida parapsilosis
- ☐ Candida tropicalis
- ☐ Chlamydia trachomatis
- ☐ Enterococcus spp.
- ☐ Escherichia coli
- ☐ Gardnerella vaginalis
- ☐ Haemophilus ducreyi
- ☐ HHV-1 (Herpes Simplex)
- ☐ HHV-2 (Herpes Simplex)
- ☐ Lactobacillus crispatus
- ☐ Lactobacillus gasseri
- ☐ Lactobacillus iners
- ☐ Lactobacillus jensenii
- ☐ Megasphaera Type 1
- ☐ Megasphaera Type 2
- ☐ Mobiluncus curtisii
- ☐ Mobiluncus mulieris
- ☐ Mycoplasma genitalium
- ☐ Mycoplasma hominis
- ☐ Neisseria gonorrhoeae
- ☐ Prevotella bivia
- ☐ Staphylococcus aureus
- ☐ Streptococcus agalactiae (Group B)
- ☐ Treponema pallidum
- ☐ Trichomonas vaginalis
- ☐ Ureaplasma urealyticum

ICD 10 CODES
- ☐ N76.0 Acute vaginitis
- ☐ N77.1 Vaginitis, vulvitis, & vulvovaginitis
- ☐ B37.3 Candidiasis of vulva & vagina
- ☐ Z30.9 Encounter for contraceptive management
- ☐ _____
- ☐ _____
- ☐ _____

SPECIMEN SOURCE:
- ☐ Vaginal Swab

☐ Sexually Transmitted Infection
- ☐ Atopobium vaginae
- ☐ Chlamydia trachomatis
- ☐ Gardnerella vaginalis
- ☐ Haemophilus ducreyi
- ☐ HHV-1 (Herpes Simplex)
- ☐ HHV-2 (Herpes Simplex)
- ☐ Niesseria gonorrhoeae
- ☐ Treponema pallidum
- ☐ Trichomonas vaginalis

ICD 10 CODES
- ☐ N76.0 Acute vaginitis
- ☐ N89.8 Other specified noninflammatory disorders of vagina
- ☐ R36.9 Urethral discharge unspecified
- ☐ Z30.9 Encounter for contraceptive management
- ☐ _____
- ☐ _____
- ☐ _____

SPECIMEN SOURCE:
- ☐ Urine ☐ Swab

☐ Gastrointestinal
- ☐ Adenovirus
- ☐ Astrovirus
- ☐ Campylobacter coli/jejuni/lari
- ☐ Clostridium difficile
- ☐ E. coli (VTEC, O157)
- ☐ Norovirus (GI/GII)
- ☐ Rotavirus
- ☐ Salmonella spp.
- ☐ Sapovirus
- ☐ Shigella spp.
- ☐ Yersinia enterocolitica

ICD 10 CODES
- ☐ R19.7 Diarrhea, unspecified
- ☐ _____
- ☐ _____
- ☐ _____

SPECIMEN SOURCE:
- ☐ Rectal Swab
- ☐ Stool Specimen Swab
- ☐ Other: _____

☐ Candida
- ☐ Candida albicans
- ☐ Candida dubliniensis
- ☐ Candida glabrata
- ☐ Candida krusei
- ☐ Candida lusitaniae
- ☐ Candida parapsilosis
- ☐ Candida tropicalis

ICD 10 CODES
- ☐ N76.0 Acute vaginitis
- ☐ N89.8 Other specified noninflammatory disorders of vagina

SPECIMEN SOURCE:
- ☐ Urine ☐ Swab

☐ CMV
- ☐ Cytomegalovirus

ICD 10 CODES
- ☐ B34.9 Viral infection; unspecified

SPECIMEN SOURCE:
- ☐ Urine ☐ Swab

☐ Antibiotic Resistance
- ☐ Class A β-lactamase (blaKPC)
- ☐ Class A β-lactamase (CTX-M-Group 1)
- ☐ Class B metallo-β-lactamase (blaNDM)
- ☐ Fluoroquinolones
- ☐ Methicillin/Oxacillin (mecA)
- ☐ Sulfonamides
- ☐ Trimethoprim
- ☐ Vancomycin (vanA, vanB)

ICD 10 CODES
- ☐ Z22.322 Carrier or suspected carrier of MRSA
- ☐ Z16.19 Resistance to other specified Beta Lactam antibiotics
- ☐ _____
- ☐ _____
- ☐ _____

☐ Culture ID with Reflexive Antimicrobial Susceptibility Testing
*Antibiotic Sensitivity Testing is not available for Vaginitis or STI

6 PLEASE INDICATE IF YOUR PATIENT HAS TAKEN ANTIBIOTICS IN THE PAST 72 HOURS: ☐ YES ☐ NO