

1 PATIENT INFORMATION

Male
 Female
 Last Name / First Name / M.I. _____
 Address / APT# _____
 City / State / Zip / County _____
 Phone # _____ Email _____
 DOB _____ SSN _____
 Insurance _____ Subscriber ID _____
 Group # _____ Bill to: Insurance Uninsured Facility

2 PROVIDER INFORMATION

Client Name / Account # _____
 Address / APT# _____
 City / State / Zip _____
 Phone # _____ Fax # _____
 Ordering Provider _____ Collection Date _____
 Specimen Collected By _____ Collection Time _____ AM
 State Collected _____ PM

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.

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.

Provider Signature: _____ Verbal Order
 Standing Order Patient Signature: _____ Date: _____

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

<p><input type="checkbox"/> COVID-19 Only</p> <p><input type="checkbox"/> COVID Respiratory Lite</p> <p>COVID-19 (Coronavirus) <input type="checkbox"/> Influenza A & B <input type="checkbox"/> Haemophilus influenzae <input type="checkbox"/> Moraxella catarrhalis <input type="checkbox"/> Mycoplasma pneumoniae <input type="checkbox"/> Strep. pyogenes (Group A) <input type="checkbox"/></p> <p><input type="checkbox"/> COVID Respiratory <i>(includes all the pathogens in the panel above)</i></p> <p>Adenovirus <input type="checkbox"/> Bocavirus <input type="checkbox"/> Bordetella pertussis <input type="checkbox"/> Chlamydia pneumoniae <input type="checkbox"/> Coronavirus (229E, HKU1, NL63, OC43) <input type="checkbox"/> EBV (mononucleosis) <input type="checkbox"/> Enterovirus <input type="checkbox"/> HMPV A & B <input type="checkbox"/> Parainfluenza virus (type 1-4) <input type="checkbox"/> Rhinovirus (types A & B) <input type="checkbox"/> RSV (types A & B) <input type="checkbox"/> Staphylococcus aureus <input type="checkbox"/> Streptococcus pneumoniae <input type="checkbox"/></p> <p><input type="checkbox"/> COVID Respiratory Plus <i>(includes all the pathogens in the panel above)</i></p> <p>Acinetobacter baumannii <input type="checkbox"/> Enterobacter cloacae <input type="checkbox"/> Klebsiella aerogenes <input type="checkbox"/> Klebsiella pneumoniae <input type="checkbox"/> Legionella pneumophila <input type="checkbox"/> Proteus mirabilis <input type="checkbox"/> Pseudomonas aeruginosa <input type="checkbox"/> Staphylococcus epidermidis <input type="checkbox"/></p> <p>ABX Resistance Marker</p> <p>Methicillin/Oxacillin (mecA) <input type="checkbox"/></p> <p><input type="checkbox"/> Reflexive positive to UK variant B.1.1.7</p> <p>ICD 10 CODES</p> <p><input type="checkbox"/> R09.81 Congestion <input type="checkbox"/> J02.9 Pharyngitis <input type="checkbox"/> R05 Cough <input type="checkbox"/> R50.9 Fever <input type="checkbox"/> Z20.89 Exposure</p> <p>SPECIMEN SOURCE:</p> <p><input type="checkbox"/> Nasal Swab <input type="checkbox"/> Ear Swab <input type="checkbox"/> Nasopharyngeal Swab <input type="checkbox"/> Oropharyngeal Swab <input type="checkbox"/> Sputum <input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> UTI w/ ABX Resistance</p> <p>Acinetobacter baumannii <input type="checkbox"/> Bacteroides fragilis <input type="checkbox"/> Citrobacter braakii/freundii <input type="checkbox"/> Citrobacter koseri <input type="checkbox"/> Enterobacter cloacae <input type="checkbox"/> Enterococcus spp. <input type="checkbox"/> Escherichia coli <input type="checkbox"/> Klebsiella aerogenes <input type="checkbox"/> K. oxytoca/michiganensis <input type="checkbox"/> Klebsiella pneumoniae <input type="checkbox"/> Morganella morganii <input type="checkbox"/> Proteus mirabilis <input type="checkbox"/> Pseudomonas aeruginosa <input type="checkbox"/> Serratia marcescens <input type="checkbox"/> Staphylococcus aureus <input type="checkbox"/> Staphylococcus epidermidis <input type="checkbox"/> Staphylococcus saprophyticus <input type="checkbox"/> Strep. pyogenes (Group A) <input type="checkbox"/></p> <p>ABX Resistance Markers</p> <p><input type="checkbox"/> β-lactamase (blaKPC) <input type="checkbox"/> β-lactamase (CTX-M-Group 1) <input type="checkbox"/> metallo-β-lactamase (blaNDM) <input type="checkbox"/> Fluoroquinolones <input type="checkbox"/> Methicillin/Oxacillin (mecA) <input type="checkbox"/> Sulfonamides <input type="checkbox"/> Trimethoprim <input type="checkbox"/> Vancomycin (vanA, vanB)</p> <p><input type="checkbox"/> UTI Plus <i>(includes all the pathogens in the panel above)</i></p> <p>Candida albicans <input type="checkbox"/> Candida dubliniensis <input type="checkbox"/> Candida glabrata <input type="checkbox"/> Candida krusei <input type="checkbox"/> Candida parapsilosis <input type="checkbox"/> Candida tropicalis <input type="checkbox"/> Mycoplasma genitalium <input type="checkbox"/> Mycoplasma hominis <input type="checkbox"/> Prevotella bivia <input type="checkbox"/> Strep. agalactiae (Group B) <input type="checkbox"/> Ureaplasma urealyticum <input type="checkbox"/></p> <p>ICD 10 CODES</p> <p><input type="checkbox"/> R35.0 Frequency of Micturition <input type="checkbox"/> Z22.39 Carrier of other specified bacterial disease <input type="checkbox"/> N39.0 Urinary Tract Infection, site not specified <input type="checkbox"/> R30.0 Dysuria</p> <p>SPECIMEN SOURCE:</p> <p><input type="checkbox"/> Clean catch urine <input type="checkbox"/> Urethral swab <input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Wound/Infection w/ ABX Resistance</p> <p>Acinetobacter baumannii <input type="checkbox"/> Bacteroides fragilis <input type="checkbox"/> Citrobacter braakii/freundii <input type="checkbox"/> Citrobacter koseri <input type="checkbox"/> Enterobacter cloacae <input type="checkbox"/> Enterococcus spp. <input type="checkbox"/> Escherichia coli <input type="checkbox"/> Klebsiella aerogenes <input type="checkbox"/> K. oxytoca/michiganensis <input type="checkbox"/> Klebsiella pneumoniae <input type="checkbox"/> Morganella morganii <input type="checkbox"/> Proteus mirabilis <input type="checkbox"/> Pseudomonas aeruginosa <input type="checkbox"/> Serratia marcescens <input type="checkbox"/> Staphylococcus aureus <input type="checkbox"/> Staphylococcus epidermidis <input type="checkbox"/> Staphylococcus saprophyticus <input type="checkbox"/> Strep. pyogenes (Group A) <input type="checkbox"/></p> <p>ABX Resistance Markers</p> <p><input type="checkbox"/> β-lactamase (blaKPC) <input type="checkbox"/> β-lactamase (CTX-M-Group 1) <input type="checkbox"/> metallo-β-lactamase (blaNDM) <input type="checkbox"/> Fluoroquinolones <input type="checkbox"/> Methicillin/Oxacillin (mecA) <input type="checkbox"/> Sulfonamides <input type="checkbox"/> Trimethoprim <input type="checkbox"/> Vancomycin (vanA, vanB)</p> <p>ICD 10 CODES</p> <p><input type="checkbox"/> L08.9 Local infection of the skin and subcutaneous tissue, unspecified <input type="checkbox"/> Z22.39 Carrier of other specified bacterial diseases <input type="checkbox"/> Z22.322 Carrier or suspected carrier of MRSA</p> <p>SPECIMEN SOURCE:</p> <p><input type="checkbox"/> Swab <input type="checkbox"/> Aspiration <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Culture ID w/ Reflexive Antimicrobial Susceptibility Testing <i>(AST is not available for STI or Vaginitis)</i></p> <p>ICD 10 CODES</p> <p>SPECIMEN SOURCE:</p>	<p><input type="checkbox"/> Vaginitis</p> <p>Atopobium vaginae <input type="checkbox"/> Bacteroides fragilis <input type="checkbox"/> BVAB-2 <input type="checkbox"/> Candida albicans <input type="checkbox"/> Candida dubliniensis <input type="checkbox"/> Candida glabrata <input type="checkbox"/> Candida krusei <input type="checkbox"/> Candida lusitanae <input type="checkbox"/> Candida parapsilosis <input type="checkbox"/> Candida tropicalis <input type="checkbox"/> Chlamydia trachomatis <input type="checkbox"/> Enterococcus spp. <input type="checkbox"/> Escherichia coli <input type="checkbox"/> Gardnerella vaginalis <input type="checkbox"/> Haemophilus ducreyi <input type="checkbox"/> HHV-1 & 2 (Herpes Simplex) <input type="checkbox"/> Lactobacillus crispatus <input type="checkbox"/> Lactobacillus gasseri <input type="checkbox"/> Lactobacillus iners <input type="checkbox"/> Lactobacillus jensenii <input type="checkbox"/> Megasphaera Type 1 & 2 <input type="checkbox"/> Mobiluncus curtisii <input type="checkbox"/> Mobiluncus mulieris <input type="checkbox"/> Mycoplasma genitalium <input type="checkbox"/> Mycoplasma hominis <input type="checkbox"/> Neisseria gonorrhoeae <input type="checkbox"/> Prevotella bivia <input type="checkbox"/> Staphylococcus aureus <input type="checkbox"/> Strep. agalactiae (Group B) <input type="checkbox"/> Treponema pallidum <input type="checkbox"/> Trichomonas vaginalis <input type="checkbox"/> Ureaplasma urealyticum <input type="checkbox"/></p> <p>ICD 10 CODES</p> <p><input type="checkbox"/> N76.0 Acute vaginitis <input type="checkbox"/> N77.1 Vaginitis, vulvitis, & vulvovaginitis <input type="checkbox"/> B37.3 Candidiasis of vulva & vagina <input type="checkbox"/> Z30.9 Encounter for contraceptive management</p> <p>SPECIMEN SOURCE:</p> <p><input type="checkbox"/> Vaginal Swab</p>	<p><input type="checkbox"/> STI</p> <p>Atopobium vaginae <input type="checkbox"/> Chlamydia trachomatis <input type="checkbox"/> Gardnerella vaginalis <input type="checkbox"/> Haemophilus ducreyi <input type="checkbox"/> HHV-1 & 2 (Herpes Simplex) <input type="checkbox"/> Neisseria gonorrhoeae <input type="checkbox"/> Treponema pallidum <input type="checkbox"/> Trichomonas vaginalis <input type="checkbox"/></p> <p>ICD 10 CODES</p> <p><input type="checkbox"/> N76.0 Acute vaginitis <input type="checkbox"/> N89.8 Other specified noninflammatory disorders of vagina <input type="checkbox"/> R36.9 Urethral discharge unspecified <input type="checkbox"/> Z30.9 Encounter for contraceptive management</p> <p>SPECIMEN SOURCE:</p> <p><input type="checkbox"/> Urine <input type="checkbox"/> Swab</p> <p><input type="checkbox"/> Gastrointestinal</p> <p>Adenovirus <input type="checkbox"/> Astrovirus <input type="checkbox"/> Campylobacter coli/jejuni/lari <input type="checkbox"/> Clostridium difficile <input type="checkbox"/> E. coli (VTEC, O157) <input type="checkbox"/> Norovirus (GI/GII) <input type="checkbox"/> Rotavirus <input type="checkbox"/> Salmonella spp. <input type="checkbox"/> Sapovirus <input type="checkbox"/> Shigella spp. <input type="checkbox"/> Yersinia enterocolitica <input type="checkbox"/></p> <p>ICD 10 CODES</p> <p><input type="checkbox"/> R19.7 Diarrhea, unspecified <input type="checkbox"/> A06.0 Acute Dysentery <input type="checkbox"/> R50.9 Fever <input type="checkbox"/> E86.0 Dehydration</p> <p>SPECIMEN SOURCE:</p> <p><input type="checkbox"/> Rectal Swab <input type="checkbox"/> Stool Specimen Swab <input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Fungal Infection</p> <p>Alternaria spp. <input type="checkbox"/> Aspergillus spp. <input type="checkbox"/> Fusarium spp. <input type="checkbox"/> Scytalidium dimidiatum <input type="checkbox"/> Sarcocladium strictum <input type="checkbox"/> Candida albicans <input type="checkbox"/> Candida glabrata <input type="checkbox"/> Candida krusei <input type="checkbox"/> Candida parapsilosis <input type="checkbox"/> Candida tropicalis <input type="checkbox"/> Cryptococcus spp. <input type="checkbox"/> Malassezia spp. <input type="checkbox"/> Mycrosporum guilliermondii <input type="checkbox"/> Trichophyton <input type="checkbox"/> Trichophyton zoophilum spp. <input type="checkbox"/> Microsporum canis <input type="checkbox"/> Trichosporon spp. <input type="checkbox"/> Epidermophyton floccosum <input type="checkbox"/> Curvularia spp. <input type="checkbox"/></p> <p>Bacterial Add On</p> <p>Pseudomonas aeruginosa <input type="checkbox"/> ABX Resistance Marker Methicillin/Oxacillin (mecA) <input type="checkbox"/></p> <p>ICD 10 CODES</p> <p><input type="checkbox"/> B35.1 Onychomycosis</p> <p>SPECIMEN SOURCE:</p> <p><input type="checkbox"/> Nail Clipping <input type="checkbox"/> Skin Scraping <input type="checkbox"/> Swab <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Candida</p> <p>Candida albicans <input type="checkbox"/> Candida dubliniensis <input type="checkbox"/> Candida glabrata <input type="checkbox"/> Candida krusei <input type="checkbox"/> Candida lusitanae <input type="checkbox"/> Candida parapsilosis <input type="checkbox"/> Candida tropicalis <input type="checkbox"/></p> <p>ICD 10 CODES</p> <p><input type="checkbox"/> N76.0 Acute vaginitis <input type="checkbox"/> N89.8 Other specified noninflammatory disorders of vagina</p> <p>SPECIMEN SOURCE:</p> <p><input type="checkbox"/> Urine <input type="checkbox"/> Swab</p>
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6 PLEASE INDICATE IF YOUR PATIENT HAS TAKEN ANTIBIOTICS IN THE PAST 72 HOURS:

YES NO

Z22.322 Carrier or suspected carrier of MRSA Z16.19 Resistance to other specified Beta Lactam antibiotics