



LABORATORY REQUISITION

Phone: (855) 977-2387 • Fax: (903) 900-4192
Texas - CLIA: 45D2274140 • 2840D Bill Owens Pkwy, Longview, TX 75604

PATIENT INFORMATION

LAST NAME/FIRST NAME _____

DOB _____ SSN _____

ADDRESS _____

CITY/STATE/ZIP/COUNTY _____

PHONE _____ EMAIL _____

INSURANCE _____ SUBSCRIBER ID _____

GROUP # _____

BILL TO: CLIENT BILL INSURANCE
 BILL PATIENT

PROVIDER INFORMATION

CLIENT NAME/ ACCOUNT _____

ADDRESS/SUITE # _____

CITY/STATE/ZIP _____

PHONE _____ FAX _____

ORDERING PROVIDER _____ COLLECTION DATE _____

SPECIMEN SOURCE _____ COLLECTION TIME _____

PLACE PATIENT BARCODE LABEL IN THIS BOX.

<input type="checkbox"/> COVID/Flu/RSV	<input type="checkbox"/> UTI w/ ABX	<input type="checkbox"/> Women's Health Plus Panel
<input type="checkbox"/> Respiratory Lite	<input type="checkbox"/> UTI Plus	<input type="checkbox"/> Dermatological Panel
<input type="checkbox"/> Respiratory	<input type="checkbox"/> UTI Plus/STI Plus Panel	<input type="checkbox"/> STI Plus Panel
<input type="checkbox"/> Respiratory Plus	<input type="checkbox"/> Wound w/ ABX	<input type="checkbox"/> Gastrointestinal Plus Panel

ICD 10 CODES *Codes provided are common codes. Use space to write in any code medically necessary.

R09.81	R50.9	Z22.39	N30.20	Z22.39	N77.1	N89.8	_____
J02.9	Z20.89	R30.0	N41.0	Z22.322	B37.3	R36.9	_____
R05.9	R35.0	N30.00	L08.9	N76.0	Z30.9	B35.1	_____

It is the ordering party's responsibility to order only those tests/examinations medically necessary for the diagnosis and treatment of the patient.

Special Instructions/Comments:

I hereby certify that, as a licensed medical professional providing care to the aforementioned patient, I confirm that each of the components included in the laboratory requisition for the aforementioned test are medically necessary. Furthermore, the ordered test is consistent with my antibiotic stewardship policy, which deems it essential to rapidly distinguish between viral and/or bacterial infections to facilitate proper antibiotic treatment and patient management. I acknowledge that empirical treatment and management may result in unwarranted antibiotic usage and delayed diagnosis, with significant consequences as outlined by the Centers for Disease Control and Prevention (CDC). My determination is based on a thorough evaluation of the patient, including an assessment of their symptoms and condition, as well as the diagnostic information required to manage and treat their particular medical condition. Upon request by the performing laboratory or the relevant third-party payor, I will furnish documentation of medical necessity.

Provider's Signature _____ Date _____

Receipt by Laboratory (Date and Time): _____

Respiratory Panels

COVID/Flu/RSV

COVID-19
Influenza A&B
RSV A&B

Respiratory Lite

H. Influenzae
M. catarrhalis
M. pneumoniae
S. pyogenes (Strep A)

Respiratory

Adenovirus
Bocavirus
B. pertussis
C. pneumoniae
Coronavirus (229E, HKU1, NL63, OC43)
EBV (Mononucleosis)
Enterovirus
HMPV A&B
Parainfluenza virus (1-4)
Rhinovirus A&B
S. aureus
S. pneumoniae

Respiratory Plus

A. baumannii
E. cloacae
K. aerogenes
K. pneumoniae
L. pneumophila
Methicilin/Oxacilin(mecA)
P. mirabilis
P. aeruginosa
S. epidermidis

*All testing for the preceding panel is in the panel following it.

UTI Panels w/ABX

Urinary Tract Infection (UTI) w/ ABX Resistance

A. baumannii
B. fragilis
C. braakii/freundii
C. koseri
E. cloacae
Enterococcus spp.
E. coli
Fluoroquinolones
K. aerogenes
K. oxytoca/michiganensis
K. pneumoniae
M. morgani
P. mirabilis
P. aeruginosa
S. marcescens
S. aureus
S. epidermidis
S. saprophyticus
S. pyogenes (Group A)
 β -lactamase (blaKPC)
 β -lactamase (CTX-M-Group 1)
metallo- β -lactamase (blaNDM)
Methicilin/Oxacilin (mecA)
Sulfonamides
Trimethoprim

Continued next column...

UTI Panels w/ABX cont.

Urinary Tract Infection (UTI) Plus w/ ABX

C. albicans
C. dubliniensis
C. glabrata
C. krusei
C. parapsilosis
C. tropicalis
M. genitalium
M. hominis
P. bivia
S. agalactiae (Group B)
U. urealyticum

*All testing for the preceding panel is in the panel following it.

STI Panel

Sexually Transmitted Infection (STI) Plus Panel

A. vaginae
C. trachomatis
G. vaginalis
H. ducreyi
HHV-1 & 2
N. gonorrhoeae
T. pallidum
T. vaginalis

Women's Health Panel Plus

Women's Health Panel Plus

A. vaginae
B. fragilis
BVAB-2
C. albicans
C. dubliniensis
C. glabrata
C. krusei
C. lusitaniae
C. parapsilosis
C. tropicalis
C. trachomatis
Enterococcus spp.
E. coli
G. vaginalis
H. ducreyi
HHV-1 & 2 (Herpes Simplex)
L. crispatus
L. gasseri
L. iners
L. jensenii
Megasphaera Type 1 & 2
M. curtisii
M. mulieris
M. genitalium
M. hominis
N. gonorrhoeae
P. bivia
S. aureus
S. agalactiae (Group B)
T. pallidum
T. vaginalis
U. urealyticum

Wound or Derm w/ABX Panel

Wound/Derm w/ ABX Resistance

A. baumannii
B. fragilis
C. braakii/freundii
C. koseri
E. cloacae
Enterococcus spp.
E. coli
Fluoroquinolones
K. aerogenes
K. oxytoca/michiganensis
K. pneumoniae
M. morgani
P. mirabilis
P. aeruginosa
S. aureus
S. epidermidis
S. saprophyticus
S. pyogenes (Group A)
V. Zoster (Shingles)
 β -lactamase (blaKPC)
 β -lactamase (CTX-M-Group 1)
metallo- β -lactamase (blaNDM)
Methicilin/Oxacilin (mecA)
Sulfonamides
Trimethoprim

Gastrointestinal (GI) Plus Panel

Gastrointestinal (GI) Plus Panel

Adenovirus (F40/41)
Astrovirus
Campylobacter spp.
C. difficile (tcdA/tcdB)
Cryptosporidium spp.
E. histolytica
Enterotoxigenic E. coli (LT/ST1a/ST1B) (ETEC)
G. lamblia
Norovirus (GI/GII)
Rotavirus A
Salmonella spp.
Shiga-like toxin E. coli (STEC) stx1/stx2
Shigella/Enteroinvasive E. coli (EIEC)
Vibrio spp.

For access to more than 20+ panels, please visit pradusdx.com and use the provider portal link when ordering.