



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"/> STI Panel + HSV	<input type="checkbox"/> Women's Health Panel Plus	<input type="checkbox"/> UTI Panel w/ABX
<input type="checkbox"/> STI Plus Panel	<input type="checkbox"/> Candidiasis	<input type="checkbox"/> UTI Plus Panel w/ABX
<input type="checkbox"/> Women's Health Panel	<input type="checkbox"/> UTI Standard Panel	

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

N30.90	R39.11	Z20.2	N94.1	B37.3	B37.9	N39.41	_____
N30.91	R30.0	N76.0	N94.2	B37.4	N30.90	N39.42	_____
R35.0	B37.3	N76.1	N95.0	B37.41	N30.91	N39.43	_____

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): _____

Genito-Urologic Panels

STI PANEL PLUS HSV

Chlamydia trachomatis
HSV-1
HSV-2
Neisseria gonorrhoeae
Trichomonas vaginalis

STI PLUS PANEL

Atopobium vaginae
Chlamydia trachomatis
Gardnerella vaginalis
Haemophilus ducreyi
HSV-1
HSV-2
Neisseria gonorrhoeae
Treponema pallidum
Trichomonas vaginalis

WOMEN'S HEALTH PANEL

Atopobium vaginae
BVAB-2
Gardnerella vaginalis
Lactobacillus crispatus
Lactobacillus gasseri
Lactobacillus iners
Lactobacillus jensenii
Megasphaera Type 1
Megasphaera Type 2
Trichomonas vaginalis

WOMEN'S HEALTH PLUS PANEL

Atopobium vaginae
Bacteroides Fragilis
BVAB-2
Candida albicans
Candida dublinensis
Candida glabrata
Candida krusei
Candida lusitanae
Candida parapsilosis
Candida tropicalis
Chlamydia trachomatis
E. Coli
E. faecalis
Gardnerella vaginalis
Haemophilus ducreyi
HSV-1
HSV-2
Lactobacillus crispatus
Lactobacillus gasseri
Lactobacillus iners
Lactobacillus jensenii
Megasphaera Type 1
Megasphaera Type 2
Mobiluncus curtisii
Mobiluncus mulieris
Mycoplasma genitalium
Mycoplasma hominis
Neisseria gonorrhoeae

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WOMEN'S HEALTH PLUS PANEL *Cont....*

Prevotella bivia
Staphylococcus aureus
Streptococcus agalactiae (GBS)
Treponema pallidum
Trichomonas vaginalis
Ureaplasma urealyticum

CANDIDIASIS

Candida albicans
Candida dublinensis
Candida glabrata
Candida krusei
Candida lusitanae
Candida parapsilosis
Candida tropicalis

UTI STANDARD PANEL

Enterobacter cloaca
Enterococcus spp (faecalis/faecium)
Escherichia coli
Klebsiella aerogenes
Klebsiella pneumoniae
Proteus mirabilis
Pseudomonas aeruginosa
Staphylococcus saprophyticus
Streptococcus agalactiae (GBS)

UTI PANEL W/ABX

Acinobacter baumannii
Bacteroides Fragilis
Citrobacter freundii/braakii
Citrobacter koseri
Class A β -lactamase; blaKPC
Class A β -lactamase; CTX-M-Group1
Class B metallo- β -lactamase; blaNDM
dfrA
Enterobacter cloaca
Enterococcus spp (faecalis/faecium)
Escherichia coli
Klebsiella aerogenes
Klebsiella michiganensis / oxytoca
Klebsiella pneumoniae
Morganella morganii
MRSA
Proteus mirabilis
Pseudomonas aeruginosa
QNR
Serratia marcescens
Staphylococcus aureus
Staphylococcus epidermidis
Staphylococcus saprophyticus
Streptococcus pyogenes (Group A)
Sulfas
VRE; vanA
VRE; vanB

UTI PLUS PANEL W/ABX

Acinobacter baumannii
Bacteroides Fragilis
Candida albicans
Candida dublinensis
Candida glabrata
Candida krusei
Candida parapsilosis
Candida tropicalis
Citrobacter freundii/braakii
Citrobacter koseri
Class A β -lactamase; blaKPC
Class A β -lactamase; CTX-M-Group1
Class B metallo- β -lactamase; blaNDM
dfrA
Enterobacter cloaca
Enterococcus spp (faecalis/faecium)
Escherichia coli
Klebsiella aerogenes
Klebsiella michiganensis / oxytoca
Klebsiella pneumoniae
Morganella morganii
MRSA
Mycoplasma genitalium
Mycoplasma hominis
Prevotella bivia
Proteus mirabilis
Pseudomonas aeruginosa
QNR
Serratia marcescens
Staphylococcus aureus
Staphylococcus epidermidis
Staphylococcus saprophyticus
Streptococcus agalactiae (GBS)
Streptococcus pyogenes (Group A)
Sulfas
VRE; vanA
VRE; vanB
Ureaplasma urealyticum

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