



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

COVID/Flu/RSV

Respiratory Plus Panel

Community Acquired Pneumonia

Respiratory Lite Panel

Upper RTI Panel

Bronchitis Panel

Respiratory Panel

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.

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

J01.00	J03.90	J09.X2	J18.9	J31.2	J41.0	J44.9	_____
J01.10	J04.0	J09.X9	J20.9	J32.9	J42	Z20.822	_____
J02.9	J06.9	J12.9	J31.0	J40	J42.9	Z20.828	_____

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

2019-nCoV Coronavirus, any technique,
includes all targets
Influenza Virus, A & B
RSV, A & B

RESPIRATORY LITE PANEL

2019-nCoV Coronavirus, any technique,
includes all targets
Haemophilus Influenza
Influenza Virus, A & B
Moraxella catarrhalis
Mycoplasma Pneumoniae
Streptococcus pyogenes, Group A

RESPIRATORY PANEL

2019-nCoV Coronavirus, any technique,
includes all targets
Bordatella pertussis
Chlamydophila Pneumoniae
Haemophilus Influenza
Influenza Virus, A & B
Moraxella catarrhalis
Mycoplasma Pneumoniae
Rhinovirus (types A & B)
Staphylococcus aureus
Streptococcus pneumoniae
Streptococcus pyogenes, Group A

RESPIRATORY PANEL PLUS

2019-nCoV Coronavirus, any technique,
includes all targets
Acinetobacter baumannii
Adenovirus
Bocavirus
Bordatella pertussis
Chlamydophila Pneumoniae
Coronavirus (229E, HKU1, NL63, OC43)
EBV (mononucleosis)
Enterobacter cloacae
Enterovirus species
Haemophilus Influenza
HMPV (A & B)
Influenza Virus, A & B
Klebsiella aerogenes
Klebsiella pneumoniae
Legionella Pneumophila
Moraxella catarrhalis
MRSA
Mycoplasma Pneumoniae
Parainfluenza virus (types 1-4)
Proteus mirabilis
Pseudomonas aeruginosa
Rhinovirus (types A & B)
RSV, A & B
Staphylococcus aureus
Staphylococcus epidermidis
Streptococcus pneumoniae
Streptococcus pyogenes, Group A

UPPER RTI PANEL

Adenovirus
Haemophilus Influenza
Moraxella catarrhalis
Rhinovirus (types A & B)
RSV, A & B
Streptococcus pyogenes, Group A
Streptococcus pneumoniae

COMMUNITY ACQUIRED PNEUMONIA PANEL

Chlamydophila Pneumoniae
Mycoplasma Pneumoniae
Staphylococcus aureus
Streptococcus pneumoniae

BRONCHITIS PANEL

Chlamydophila Pneumoniae
Haemophilus Influenza
Legionella Pneumophila
Moraxella catarrhalis
Mycoplasma Pneumoniae
Parainfluenza virus (types 1-4)
Streptococcus pneumoniae

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