



**PRADUS DIAGNOSTICS**  
COMMUNITY LAB PARTNERS

# 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

Wound Panel

Gastrointestinal Bacteria Panel

Gastrointestinal Plus Panel

Derm Panel

Gastrointestinal Parasites Panel

Candidiasis

Gastrointestinal Virus 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.

T81.4XXA	L08.89	L28.0	L40.8	K52.2	K59.00	K92.1	_____
L30.90	L21.0	L30.0	K29.70	K58.0	K59.1	B37.9	_____
L30.91	L25.9	L40.0	K29.71	K58.9	K63.5	B37.2	_____

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 payer, I will furnish documentation of medical necessity.

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Receipt by Laboratory (Date and Time): \_\_\_\_\_

## Miscellaneous Panels

### WOUND PANEL

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

### DERM PANEL

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

### GASTROINTESTINAL VIRUS PANEL

Adenovirus F40/41  
Astrovirus  
Norovirus GI/GII  
Rotavirus A

### GASTROINTESTINAL BACTERIA PANEL

Campylobacter Spp  
Salmonella Spp  
Shiga-like toxin producing E. coli (STEC) stx1/stx2  
Shigella/Enteroinvasive E. coli (EIEC)  
Vibrio Spp  
Yersinia enterocolitica

### GASTROINTESTINAL PARASITES PANEL

Cryptosporidium Spp  
Entamoeba histolytica  
Giardia lamblia

### GASTROINTESTINAL PLUS PANEL

Adenovirus F40/41  
Astrovirus  
C. difficile tcdA  
C. difficile tcdB  
Campylobacter Spp  
Cryptosporidium Spp  
Enterotoxigenic E. coli (LT/ST1a/ST1b) (ETEC)  
Entamoeba histolytica  
Giardia lamblia  
Norovirus GI/GII  
Rotavirus  
Salmonella Spp  
Shiga-like toxin producing E. coli (STEC) stx1/stx2  
Shigella/Enteroinvasive E. coli (EIEC)  
Vibrio Spp

### CANDIDIASIS

Candida albicans  
Candida dublinensis  
Candida glabrata  
Candida krusei  
Candida lusitaniae  
Candida parapsiliosis  
Candida tropicalis

For access to more than 20+ panels, please visit [pradusdx.com](http://pradusdx.com) and use the provider portal link when ordering.