

Advanced Molecular Test Request Form

Toll Free Ph: (800) 327-2764
Toll Free Fax: (855) 3494-PCL

ACCESSION # _____

SEX: M F SPECIMEN TYPE: URINE E-SWAB NASAL SWAB

PATIENT NAME: LAST FIRST M

DATE OF BIRTH: PATIENT S.S. #: COLLECTION DATE: COLLECTION TIME: AM PM

PATIENT PHONE #: CURRENT PRESCRIBED MEDICATION: 1 _____ 4 _____

PATIENT ADDRESS (STREET ADDRESS, APT): 2 _____ 5 _____

CITY, STATE, ZIP: 3 _____ 6 _____

Provider Signature _____

PAYMENT INFORMATION

PAYMENT TYPE:
 CASH CREDIT CARD

AMOUNT: _____

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CREDIT CARD #: _____

EXPIRATION DATE: _____ SECURITY CODE: _____

BILLING ADDRESS (IF DIFFERENT FROM ABOVE): _____

(CITY, STATE, ZIP): _____

CREDIT CARD HOLDER SIGNATURE: _____

BILL TO:

*MAGELLAN *COMMERCIAL INS CLIENT
 *MEDICARE *WORKER'S COMPENSATION PATIENT
 *MEDICAID *AUTO INSURANCE OTHER _____

*PLEASE ATTACH COPY OF INSURANCE CARD/INFORMATION

INSURANCE NAME AND/OR ID: _____

DIAGNOSIS CODES (ICD-10): _____

WOULD LIKE REPORT BY:

FAX #: _____
 EMAIL: _____ (PLEASE PROVIDE EMAIL ADDRESS)
 MAIL: _____
 ONLINE ACCESS TO WEB RESULT PORTAL
 EMR INTERFACE

ADVANCED MOLECULAR PANELS

RESP	RESPIRATORY PANEL (NASAL SWAB)	VAGM	WOMEN'S HEALTH/ STD PANEL (E-SWAB)	WNDP	WOUND PANEL (E-SWAB)
	<p><u>Bacterial</u></p> <p>Bordetella (Pan) Bordetella pertussis Chlamydia pneumoniae Haemophilus influenzae Klebsiella pneumoniae complex Legionella pneumophila Mycoplasma pneumoniae Staphylococcus aureus Streptococcus pneumoniae</p> <p><u>Viral</u></p> <p>Adenovirus Coronavirus 229E Coronavirus HKU1 Coronavirus NL63 Coronavirus OC43 Enterovirus (pan assay) Enterovirus D68 Herpesvirus 6 (HHV6) HHV4 (Epstein-Barr virus) HHV5 (cytomegalovirus) Influenza A (Pan) Influenza A/H1-2009</p> <p>Influenza A/H3 Influenza B Metapneumovirus (hMPV) Parainfluenza virus 1 Parainfluenza virus 2 Parainfluenza virus 3 Parainfluenza virus 4 Respiratory Syncytial Virus A (RSV A) Respiratory Syncytial Virus B (RSV B) Rhinovirus SARS-CoV-2</p>	<p><u>Bacterial</u></p> <p>Atopobium vaginae Bacteroides fragilis BVAB2 Chlamydia trachomatis Enterococcus faecalis Escherichia coli Gardnerella vaginalis Haemophilus ducreyi Lactobacillus crispatus Lactobacillus gasseri Lactobacillus iners Lactobacillus jensenii Megasphaera 1 Megasphaera 2 Mobiluncus curtisii Mobiluncus mulieris Mycoplasma genitalium Mycoplasma hominis Neisseria gonorrhoeae Prevotella bivia Staphylococcus aureus Streptococcus agalactiae (group B) Treponema pallidum (Syphilis) Ureaplasma urealyticum</p> <p><u>Viral</u></p> <p>HSV1 HSV2</p> <p><u>Fungi</u></p> <p>Candida albicans Candida dubliniensis Candida glabrata Candida krusei Candida lusitanae Candida parapsilosis Candida tropicalis Trichomonas vaginalis</p>	<p><u>Bacterial</u></p> <p>Acinetobacter baumannii Actinobaculum schaalii Aerococcus urinae Alloscardovia omnicolens Citrobacter freundii Citrobacter koseri Coagulase Negative Staph Corynebacterium rieglitii</p> <p>Enterobacter aerogenes Enterobacter cloacae Enterococcus faecalis Enterococcus faecium Escherichia coli Klebsiella oxytoca Klebsiella pneumoniae Morganella morganii</p> <p>Mycoplasma hominis Pantoea agglomerans Proteus mirabilis Proteus vulgaris Providencia stuartii Pseudomonas aeruginosa Serratia marcescens Staphylococcus aureus</p> <p><u>Antibiotic resistant markers</u></p> <p>ampC DHA IMP-1 group, IMP-16, IMP-7 OXA-23, 72, 40, blaOXA-48 VIM CTX-M group 1, 2, 9, 8/25</p> <p>OXA-1, GES, PER-1, PER-2 PER-1, PER-2 TEM mecA QnrA, QnrS, Qnr B vanA1, vanA2, vanB</p> <p>dfrA5, dfrA1 Sul1, Sul2 nfsA FOX ACC MOX/CMY</p> <p>BIL/LAT/CMY SHV VEB KPC ACC MOX/CMY</p> <p><u>Yeast</u></p> <p>Candida albicans Candida auris Candida glabrata Candida parapsilosis</p>	<p>UTMP</p> <p>UTI PANEL (URINE CUP)</p> <p><u>Bacterial</u></p> <p>Acinetobacter baumannii Actinobaculum schaalii Aerococcus urinae Alloscardovia omnicolens Citrobacter freundii Citrobacter koseri Coagulase Negative Staph Corynebacterium rieglitii</p> <p>Enterobacter aerogenes Enterobacter cloacae Enterococcus faecalis Enterococcus faecium Escherichia coli Klebsiella oxytoca Klebsiella pneumoniae Morganella morganii</p> <p>Mycoplasma hominis Pantoea agglomerans Proteus mirabilis Proteus vulgaris Providencia stuartii Pseudomonas aeruginosa Serratia marcescens Staphylococcus aureus</p> <p><u>Antibiotic resistant markers</u></p> <p>ampC DHA IMP-1 group, IMP-16, IMP-7 OXA-23, 72, 40, blaOXA-48 VIM CTX-M group 1, 2, 9, 8/25</p> <p>OXA-1, GES, PER-1, PER-2 PER-1, PER-2 TEM mecA QnrA, QnrS, Qnr B vanA1, vanA2, vanB</p> <p>dfrA5, dfrA1 Sul1, Sul2 nfsA FOX ACC MOX/CMY</p> <p>BIL/LAT/CMY SHV VEB KPC ACC MOX/CMY</p> <p><u>Yeast</u></p> <p>Candida albicans Candida auris Candida glabrata Candida parapsilosis</p>	

COVID PANELS

CAB	COVID/ FLU COMBO PANEL (NASAL SWAB)	COVID-19 INDIVIDUAL TESTS
	SARS-CoV-2 Influenza A/B	<p>CV01 SARS-COV-2 RNA by PCR</p> <p>CV02 SARS-COV-2 IgG (Serum)</p> <p>CV03 SARS-COV-2 IgM (Serum)</p>

I authorize the release of any medical information necessary to process this request. I permit a copy of this authorization to be used in place of the original.

PATIENT SIGNATURE _____ DATE _____