

PATIENT INFORMATION							*Denotes Required Field
Last Name*		First Name*		SSN	DOB*		BIOLOGICAL SEX* <input type="checkbox"/> M <input type="checkbox"/> F
Street Address*			APT#	City*	State*	ZIP*	Phone*
▼ RESPONSIBLE PARTY ▼							
Last Name		First Name		Relation*		DOB	Phone
Street Address				APT#	City	State	ZIP
INSURANCE INFORMATION				ORDERING INFORMATION			
Primary Insurance*		Secondary Insurance		Ordering Facility*		Ordering Physician*	
Primary Insurance ID #*		Secondary Insurance ID #		Billing Type* <input type="checkbox"/> Client Bill <input type="checkbox"/> Bill Insurance <input type="checkbox"/> Bill Patient			
Primary Insurance Group #*		Secondary Insurance Group #		Collection Date* and Time*			

I HEREBY ATTEST TO THE FOLLOWING: I am the licensed medical professional treating the patient listed above. Based on my examination of the patient and assessment of the patient's symptoms and condition, I have determined each component included in the panel test ordered below to be medically necessary in order to obtain diagnostic information needed for the management and treatment of the patient's medical condition. I am responsible for documenting the medical necessity of the ordered test and will provide such documentation upon authorized request. I understand that tests ordered by someone other than the treating provider are not reimbursable and that Medicare does not generally cover routine tests.

Provider's Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_ No. UR325871

ICD-10 CODES*								SEE REVERSE SIDE FOR SAMPLE ICD-10 CODES. SELECT ALL THAT APPLY.							

**MULTIPLEX PANELS**

It is solely the treating practitioner's responsibility to order only those panel tests listed below after the practitioner determines that each component of the test is medically necessary for the diagnosis and treatment of the patient.

**UTI PANEL** \*By PCR (Yellow/Black Top Vacuette {Boric Acid} or Nylon Swab with Liquid Amies Media) SOURCE: \_\_\_\_\_

<p><b>BACTERIAL TARGETS</b></p> <p>Acinetobacter baumannii Bacteroides fragilis Citrobacter freundii Escherichia coli Enterococcus faecalis Enterococcus faecium Enterobacter aerogenes, cloacae</p>	<p>Klebsiella pneumoniae Morganella morganii Proteus mirabilis Proteus vulgaris Streptococcus agalactiae Serratia marcescens Staphylococcus aureus Pseudomonas aeruginosa</p>	<p><b>FUNGAL TARGETS</b></p> <p>Candida albicans, glabrata, parapsilosis, tropicalis Candida auris</p>	<p>Fluoroquinolone Macrolide Methicillin Tetracycline Trimethoprim/Sulfonamide Vancomycin</p>
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**ANTIBIOTIC RESISTANCE**

Aminoglycoside  
Carbapenemase  
Class A beta-lactamase

*\*Antibiotic Resistance Targets will automatically be tested if positive results occur on applicable pathogens.*

**BACTERIAL VAGINOSIS WITH ANTIBIOTIC RESISTANCE** \*By PCR (Nylon Swab with Liquid Amies Media or Yellow/Black Top Vacuette {Boric Acid}) SOURCE: \_\_\_\_\_

**BACTERIAL VAGINOSIS PANEL**

<p><b>BACTERIAL TARGETS</b></p> <p>Atopobium vaginae BVAB2 Gardnerella vaginalis Lactobacillus crispatus</p>	<p>Lactobacillus gasseri Lactobacillus jensenii Megasphaera 1 Mobiluncus curtisii Ureaplasma urealyticum</p>	<p><b>ANTIBIOTIC RESISTANCE</b></p> <p>Class A beta-lactamase Macrolide Nitroimidazole Sulfonamide</p>	<p>Tetracycline Trimethoprim</p>
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**STI PANEL WITH ANTIBIOTIC RESISTANCE** \*By PCR (Nylon Swab with Liquid Amies Media or Yellow/Black Top Vacuette {Boric Acid}) SOURCE: \_\_\_\_\_

**STI PANEL**

<p><b>BACTERIAL TARGETS</b></p> <p>Chlamydia trachomatis Mycoplasma genitalium Neisseria gonorrhoeae</p>	<p><b>PARASITE TARGETS</b></p> <p>Trichomonas Vaginalis</p>	<p><b>VIRAL TARGETS</b></p> <p>Cytomegalovirus (HHV5) Epstein-Barr Virus (HHV4) Herpes simplex virus 1 Herpes simplex virus 2</p>	<p>Human herpesvirus 6 Human Papillomavirus 16 Human Papillomavirus 18</p>	<p><b>ANTIBIOTIC RESISTANCE</b></p> <p>Class A beta-lactamase Macrolide Nitroimidazole Sulfonamide</p>	<p>Tetracycline Trimethoprim</p>
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**STI LESION / ULCER PANEL WITH ANTIBIOTIC RESISTANCE** \*By PCR (Nylon Swab with Liquid Amies Media) SOURCE: \_\_\_\_\_

**STI LESION / ULCER PANEL**

<p><b>BACTERIAL TARGETS</b></p> <p>Haemophilus ducreyi Lymphogranuloma venereum (LGV) Treponema pallidum</p>	<p><b>ANTIBIOTIC RESISTANCE</b></p> <p>Class A beta-lactamase Macrolide Nitroimidazole</p>	<p>Sulfonamide Tetracycline Trimethoprim</p>
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**STI NATAL TRANSMISSION PANEL WITH ANTIBIOTIC RESISTANCE**

**STI NATAL TRANSMISSION PANEL** \*By PCR (Nylon Swab with Liquid Amies Media [Vaginal Swab (mother); nasal swab (infant)])

SOURCE: \_\_\_\_\_

<p><b>BACTERIAL TARGETS</b></p> <p>Chlamydia trachomatis Neisseria gonorrhoeae Treponema pallidum Lymphogranuloma venereum (LGV)</p>	<p><b>VIRAL TARGETS</b></p> <p>Cytomegalovirus (HHV5) Human herpesvirus 6</p>	<p><b>ANTIBIOTIC RESISTANCE</b></p> <p>Class A beta-lactamase Macrolide Nitroimidazole Sulfonamide</p>	<p>Tetracycline Trimethoprim</p>
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*This Area  
For Laboratory  
Use Only*

11"

LABEL SIZE 8" X 1 1/4" W/SLIT - 4 LABELS @ 2" X 1 1/4" - LABELS ON PT 1 ONLY

PGL   PCL No. UR325871 Label 1	PGL   PCL No. UR325871 Label 2	PGL   PCL No. UR325871 Label 3	PGL   PCL No. UR325871 Label 4
Last Name: _____	Last Name: _____	Last Name: _____	Last Name: _____
First Name: _____	First Name: _____	First Name: _____	First Name: _____
Date of Birth: _____	Date of Birth: _____	Date of Birth: _____	Date of Birth: _____

3/8"

PERF 2 1/2" FROM BOTTOM

37394 PCL Urogenital 12/19/24

**MEDICAL NECESSITY MULTIPLEX PANELS**

It is solely the treating practitioner's responsibility to document the medical necessity of the ordered test based on the patient's clinical symptoms. The following ICD-10 codes are only a sample of possible ICD-10 codes the treating practitioner may select to describe the patient's clinical symptoms supporting the medical necessity of the ordered test. All Tests require documentation of Primary Codes. Please also provide Secondary Codes where warranted.

**UTI ICD-10 Codes****PRIMARY CODES**

M54.50 Low back pain, unspecified  
 N30.01 Acute cystitis with hematuria  
 N39.0 Urinary tract infection, site not specified  
 N89.9 Noninflammatory disorder of vagina, unspecified  
 R10.9 Unspecified abdominal pain  
 R30.0 Dysuria  
 R30.9 Painful micturition, unspecified  
 R31.9 Hematuria, unspecified  
 R35.0 Frequency of micturition  
 R39.9 Unspecified symptoms and signs involving the genitourinary system

**SECONDARY CODES**

A72.51 High risk heterosexual behavior  
 R50.9 Fever, unspecified  
 Z87.440 Personal history of urinary (tract) infections

**BACTERIAL VAGINOSIS ICD-10 Codes****PRIMARY CODES**

B37.31 Acute candidiasis of vulva and vagina  
 N39.0 Urinary tract infection, site not specified  
 N76.0 Acute vaginitis  
 N76.1 Subacute and chronic vaginitis  
 N89.8 Other specified noninflammatory disorders of vagina  
 R82.998 Other abnormal findings in urine  
 R30.0 Dysuria  
 R35.0 Frequency of micturition

**SECONDARY CODES**

Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission  
 Z72.51 High risk heterosexual behavior

**STI ICD-10 Codes****PRIMARY CODES**

A64 Unspecified sexually transmitted disease  
 N39.0 Urinary tract infection, site not specified  
 A74.9 Chlamydial infection, unspecified  
 N76.0 Acute vaginitis  
 R21 Rash and other nonspecific skin eruption  
 R30.0 Dysuria  
 R31.29 Other microscopic hematuria  
 R31.9 Hematuria, unspecified  
 R36.9 Urethral discharge, unspecified  
 Z00.00 Encounter for general adult medical examination without abnormal findings  
 Z00.129 Encounter for routine child health examination without abnormal findings  
 Z01.419 Encounter for gynecological examination (general) (routine) without abnormal findings (Female only)  
 Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission  
 Z11.8 Encounter for screening for other infectious and parasitic diseases  
 Z11.59 Encounter for screening for other viral diseases  
 Z20.2 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission  
 Z72.51 High risk heterosexual behavior  
 Z72.89 Other problems related to lifestyle