



TESTING REQUISITION FORM
URINARY TRACT INFECTION | SEXUALLY TRANSMITTED DISEASE | WOUND PATHOGEN PANEL

PATIENT INFORMATION

Patient First Name Patient Last Name Biological Sex F M
Date of Birth (MM/DD/YYYY) Phone Number Email Address
Address City State Zip

Ethnicity: African American Caucasian Hispanic Jewish(Ashkenazi) Portuguese other

PATIENT INSURANCE INFORMATION

SPECIMEN AND PRACTICE INFORMATION

Insurance Self-Pay Client Bill
Name of the insurance Secondary Insurance, If any
Insurance Policy/ID number Name of the insured
Insurance Group number Date of Birth of Insured
Specimen Type: UTI Clean Catch Urine
STI Clean Catch Urine
Wound E-swab Wound site(s)
Collection date and time:.....
PRACTICE INFORMATION
Provider Name:.....
Practice/Facility Name:
Address:.....
City, State, Zip:
Phone:.....Fax:.....
NPI # (optional):.....

STI PATHOGENS

Fungus	Virus	Bacteria and Protozoan	Antibiotic Resistance (AR gene)
Candida albicans Candida tropicalis Candida parapsilosis Candida krusei Candida glabrata Candida dubliniensis	Herpes Simplex virus 1 Herpes Simplex virus 2	Chlamydia trachomatis Neisseria gonorrhoeae Trichomonas vaginalis Ureaplasma parvum Mycoplasma genitalium Mycoplasma hominis Ureaplasma urealyticum Gardnerella vaginalis	Methicillin/Oxacillin Vancomycin Class A b-lactamase Trimethoprim Class A b-lactamase Fluoroquinolones MUT Class B metallo-B-lactamase Sulfonamides Fluoroquinolones WT

UTI PATHOGENS

Fungus	Bacteria and Protozoan	Antibiotic Resistance (AR gene)	
Candida albicans Candida tropicalis Candida parapsilosis Candida krusei Candida glabrata Candida dubliniensis	Proteus mirabilis Chlamydia trachomatis Neisseria gonorrhoeae Trichomonas vaginalis Escherichia coli Prevotella bivia Ureaplasma parvum Mycoplasma genitalium Mycoplasma hominis Ureaplasma urealyticum Serratia marcescens Acinetobacter baumannii Klebsiella aerogenes Pseudomonas aeruginosa	Staphylococcus epidermidis Staphylococcus saprophyticus Staphylococcus aureus Enterobacter cloacae Enterococcus faecium Enterococcus faecalis Klebsiella oxytoca complex Klebsiella pneumoniae Citrobacter koseri Morganella morganii Citrobacter freundii complex Gardnerella vaginalis Streptococcus pyogenes (Grp A) Streptococcus agalactiae (Grp B)	Methicillin/Oxacillin Vancomycin Class A b-lactamase Trimethoprim Class A b-lactamase Fluoroquinolones MUT Class B metallo-B-lactamase Sulfonamides Fluoroquinolones WT

WOUND PATHOGENS

Fungus	Bacteria and Protozoan		Antibiotic Resistance (AR gene)
Candida albicans	Acinetobacter baumannii Bacteroides fragilis Citrobacter freundii complex Citrobacter koseri Enterobacter cloacae Enterococcus faecalis Enterococcus faecium Escherichia coli	Klebsiella oxytoca complex Klebsiella pneumoniae Morganella morganii Pseudomonas aeruginosa Proteus mirabilis Staphylococcus aureus Streptococcus pyogenes (Grp A)	Sulfonamides Trimethoprim Vancomycin Methicillin/Oxacillin Class A b-lactamase-KPC Class A b-lactamase-NDM Class B metallo-B-lactamase Fluoroquinolones MUT Fluoroquinolones WT

ICD-10 codes for UTI

<ul style="list-style-type: none"> <input type="checkbox"/> N30.1 - Interstitial Cystitis (Chronic) <input type="checkbox"/> N30.0 - Acute Cystitis <input type="checkbox"/> N30.80 - Other cystitis without hematuria <input type="checkbox"/> N30.81 - Other cystitis with hematuria <input type="checkbox"/> N34.1 - Nonspecific urethritis <input type="checkbox"/> N34.3 - Urethral syndrome, unspecified <input type="checkbox"/> N41.0 - Acute prostatitis <input type="checkbox"/> N45.1 - Epididymitis <input type="checkbox"/> N45.2 - Orchitis <input type="checkbox"/> N45.3 - Epididymo-orchitis <input type="checkbox"/> N45.4 - Abscess of epididymis or testis <input type="checkbox"/> N50.3 - Cyst of epididymis <input type="checkbox"/> N72 - Inflammatory disease of cervix uteri <input type="checkbox"/> N73.5 - Female pelvic peritonitis, unspecified 	<ul style="list-style-type: none"> <input type="checkbox"/> R30.0 - Dysuria <input type="checkbox"/> R39.16 : Straining to void <input type="checkbox"/> R30.9 - Painful micturition, Unspecified <input type="checkbox"/> R35.0 - Frequency of micturition <input type="checkbox"/> R39.15 - Urgency of urination raining to void <input type="checkbox"/> R39.9 - Unspecified symptoms signs involving GU <input type="checkbox"/> R80.8 - Other roteinuria <input type="checkbox"/> R80.9 - Proteinuria, unspecified <input type="checkbox"/> R81 - Glycosuria <input type="checkbox"/> R82.0 - Chyluria <input type="checkbox"/> R82.1 - Myoglobinuria <input type="checkbox"/> R82.3 - Hemoglobinuria <input type="checkbox"/> R82.4 - Acetonuria
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ICD-10 codes for STI

<ul style="list-style-type: none"> <input type="checkbox"/> A64 - Unspecified sexually transmitted disease <input type="checkbox"/> Z20.2 - Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission. <input type="checkbox"/> Z86.19 - Personal history of other infectious and parasitic diseases <input type="checkbox"/> B96.89 - Other specified bacterial agents as the cause of diseases classified elsewhere <input type="checkbox"/> N76.0 - Acute vaginitis <input type="checkbox"/> N76.1 - Subacute and chronic vaginitis <input type="checkbox"/> N76.2 - Acute vulvitis <input type="checkbox"/> N76.3 - Subacute and chronic vulvitis <input type="checkbox"/> A59.00 - Urogenital trichomoniasis, unspecified <input type="checkbox"/> A59.01 - Trichomonal vulvovaginitis <input type="checkbox"/> A59.03 - Trichomonal cystitis and urethritis <input type="checkbox"/> A59.09 - Other urogenital trichomoniasis <input type="checkbox"/> A59.8 - Trichomoniasis of other sites <input type="checkbox"/> A59.9 - Trichomoniasis, unspecified <input type="checkbox"/> B00.52 - Herpesviral keratitis <input type="checkbox"/> B00.53 - Herpesviral conjunctivitis <input type="checkbox"/> B00.59 - Other herpesviral disease of eye <input type="checkbox"/> B00.7 - Disseminated herpesviral disease <input type="checkbox"/> B00.81 - Herpesviral hepatitis <input type="checkbox"/> B00.82 - Herpes simplex myelitis <input type="checkbox"/> B00.89 - Other herpesviral infection 	<ul style="list-style-type: none"> <input type="checkbox"/> B00.9 - Herpesviral infection, unspecified <input type="checkbox"/> Z11.2 - Encounter for screening for other bacterial diseases <input type="checkbox"/> Z11.3 - Encounter for screening for infections predominantly sexual mode of transmission <input type="checkbox"/> Z11.6 - Encounter for screening for other protozoal diseases and helminthiasis <input type="checkbox"/> Z11.8 - Encounter for screening for other infectious and parasitic diseases <input type="checkbox"/> A60.00 - Herpesviral infection of urogenital system,unspecified. <input type="checkbox"/> A60.01 - Herpesviral infection of penis <input type="checkbox"/> A60.02 - Herpesviral infection of other male genital organs <input type="checkbox"/> A60.03 - Herpesviral cervicitis <input type="checkbox"/> A60.04 - Herpesviral vulvovaginitis <input type="checkbox"/> A60.09 - Herpesviral infection of other urogenital tract <input type="checkbox"/> A60.1 - Herpesviral infection of perianal skin and rectum <input type="checkbox"/> A60.9 - Anogenital herpesviral infection, unspecified <input type="checkbox"/> B00.0 - Eczema herpeticum <input type="checkbox"/> B00.1 - Herpesviral vesicular dermatitis <input type="checkbox"/> B00.2 - Herpesviral gingivostomatitis and pharyngotonsillitis <input type="checkbox"/> B00.3 - Herpesviral meningitis <input type="checkbox"/> B00.4 - Herpesviral encephalitis <input type="checkbox"/> B00.50 - Herpesviral ocular disease, unspecified <input type="checkbox"/> B00.51 - Herpesviral iridocyclitis
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ICD-10 codes for Wound

<ul style="list-style-type: none"> <input type="checkbox"/> A54.00 - Gonococcal infection of lower genitourinary tract, unspecified <input type="checkbox"/> A54.01 - Gonococcal cystitis and urethritis, unspecified <input type="checkbox"/> A54.02 - Gonococcal vulvovaginitis, unspecified <input type="checkbox"/> A54.03 - Gonococcal cervicitis, unspecified <input type="checkbox"/> A54.09 - Other gonococcal infection of lower genitourinary tract <input type="checkbox"/> A54.1 Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess <input type="checkbox"/> A54.21 - Gonococcal infection of kidneyand ureter <input type="checkbox"/> A54.22 - Gonococcal prostatitis <input type="checkbox"/> A54.23 - Gonococcal infection of other male genital organs <input type="checkbox"/> A54.24 - Gonococcal female pelvicinflammatory disease <input type="checkbox"/> A54.29 - Other gonococcal genitourinary infections <input type="checkbox"/> A54.30 - Gonococcal infection of eye, unspecified <input type="checkbox"/> A54.31 - Gonococcal conjunctivitis 	<ul style="list-style-type: none"> <input type="checkbox"/> A54.6 - Gonococcal infection of anus and rectum <input type="checkbox"/> A54.81 - Gonococcal meningitis <input type="checkbox"/> A54.82 - Gonococcal brain abscess <input type="checkbox"/> A54.83 - Gonococcal heart infection <input type="checkbox"/> A54.84 - Gonococcal pneumonia <input type="checkbox"/> A54.85 - Gonococcal peritonitis <input type="checkbox"/> A54.86 - Gonococcal sepsis <input type="checkbox"/> A54.89 - Other gonococcal infections <input type="checkbox"/> A54.9 - Gonococcal infection, unspecified <input type="checkbox"/> A55 - Chlamydial lymphogranuloma (venereum) <input type="checkbox"/> A56.00 - Chlamydial infection of lower genitourinary tract, unspecified <input type="checkbox"/> A56.01 - Chlamydial cystitis and urethritis <input type="checkbox"/> A56.02 - Chlamydial vulvovaginitis <input type="checkbox"/> A56.09 - Other chlamydial infection of lower genitourinary tract
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- A54.32 - Gonococcal iridocyclitis
- A54.33 - Gonococcal keratitis
- A54.39 - Other gonococcal eye infection
- A54.40 - Gonococcal infection of musculoskeletal system, unspecified
- A54.41 - Gonococcal spondylopathy
- A54.42 - Gonococcal arthritis
- A54.43 - Gonococcal osteomyelitis
- A54.49 - Gonococcal infection of other musculoskeletal tissue
- A54.5 - Gonococcal pharyngitis
- A59.03 - Trichomonal cystitis and urethritis
- A59.09 - Other urogenital trichomoniasis
- A59.8 Trichomoniasis of other sites
- A59.9 Trichomoniasis, unspecified
- A71.0 Initial stage of trachoma
- A71.1 Active stage of trachoma
- A71.9 Trachoma, unspecified
- A74.0 Chlamydial conjunctivitis
- B30.9 Viral conjunctivitis, unspecified
- B37.3 Candidiasis of vulva and vagina
- B37.41 - Candidal cystitis and urethritis
- B37.42 - Candidal balanitis
- B37.49 - Other urogenital candidiasis
- D70.0 Congenital agranulocytosis
- D70.1 - Agranulocytosis secondary to cancer chemotherapy
- D70.2 - Other drug-induced agranulocytosis
- D70.3 - Neutropenia due to infection
- D70.4 - Cyclic neutropenia
- D70.8 - Other neutropenia
- D70.9 - Neutropenia, unspecified
- D72.825 - Bandemia
- D72.89 - Other specified disorders of white blood cells
- D73.81 - Neutropenic splenomegaly
- D75.81 - Myelofibrosis
- H10.011 - Acute follicular conjunctivitis, right eye
- H10.012 - Acute follicular conjunctivitis, left eye
- H10.013 - Acute follicular conjunctivitis, bilateral
- H10.019 - Other mucopurulent conjunctivitis, right eye

- A56.11 - Chlamydial female pelvic inflammatory disease
- A56.19 - Other chlamydial genitourinary infection
- A56.2 - Chlamydial infection of genitourinary tract, unspecified
- A56.3 - Chlamydial infection of anus and rectum
- A56.4 - Chlamydial infection of pharynx
- A56.8 - Sexually transmitted chlamydial infection of other sites
- A59.00 - Urogenital trichomoniasis, unspecified
- A59.01 - Trichomonal vulvovaginitis
- A59.02 - Trichomonal prostatitis
- H10.021 - Other mucopurulent conjunctivitis, left eye
- H10.022 - Other mucopurulent conjunctivitis, bilateral
- H10.023 - Other mucopurulent conjunctivitis, unspecified eye
- H10.029 - Unspecified acute conjunctivitis, unspecified eye
- H10.30 - Unspecified acute conjunctivitis, right eye
- H10.31 - Unspecified acute conjunctivitis, left eye
- H10.32 - Unspecified acute conjunctivitis, bilateral
- H10.33 - Unspecified chronic conjunctivitis, right eye
- H10.401 - Unspecified chronic conjunctivitis, left eye
- H10.402 - Unspecified chronic conjunctivitis, bilateral
- H10.403 - Unspecified chronic conjunctivitis, unspecified eye
- H10.409 - Simple chronic conjunctivitis, bilateral
- H10.421 - Simple chronic conjunctivitis, right eye
- H10.422 - Simple chronic conjunctivitis, left eye
- H10.423 - Simple chronic conjunctivitis, bilateral
- H10.429 - Simple chronic conjunctivitis, unspecified eye
- H10.431 - Chronic follicular conjunctivitis, right eye
- H10.432 - Chronic follicular conjunctivitis, left eye
- H10.433 - Chronic follicular conjunctivitis, bilateral
- H10.439 - Chronic follicular conjunctivitis, unspecified eye
- I88.1 - Chronic lymphadenitis, except mesenteric
- L04.0 - Acute lymphadenitis of face, head and neck
- L04.1 - Acute lymphadenitis of trunk
- L04.2 - Acute lymphadenitis of upper limb
- L04.3 - Acute lymphadenitis of lower limb
- L04.8 - Acute lymphadenitis of other sites
- L04.9 - Acute lymphadenitis, unspecified

Patient Signature

I hereby assign all rights and benefits under my health plan and all rights and obligations that I and my dependents have under my health plan to **ImmunoGenomics Lab** its assigned affiliates and authorized representatives for laboratory services furnished to me by **ImmunoGenomics Lab**. I irrevocably designate, authorize and appoint **ImmunoGenomics Lab** or its assigned affiliates and their authorized representatives as my true and lawful attorney-in-fact for the purpose of submitting my claims, obtain a copy of my health plan document, Summary Plan Description, disclosure, appeal, litigation or other remedies in accordance with the benefits and rights under my health plan and in accordance with federal or state laws. If my health plan fails to abide by my authorization and makes payment directly to me, I agree to endorse the insurance check and forward it to **ImmunoGenomics Lab** immediately upon receipt. I hereby authorize **ImmunoGenomics Lab** its assigned affiliates and authorized representatives to contact me or my health Plan/administrator for billing or payment purposes by phone, text message, or email with the contact information that I have provided to **ImmunoGenomics Lab**, in compliance with federal and state laws. **ImmunoGenomics Lab**, its assigned affiliates and their authorized representatives may release to my health plan administrator, my employer, and my authorized representative my personal health information for the purpose of procuring payment of **ImmunoGenomics Lab** and for all the laboratory services. I understand the acceptance of insurance does not relieve me from any responsibility concerning payment for laboratory services and that I am financially responsible for all charges whether or not they are covered by my insurance.

Signature of Patient or Patient Representative / Relationship to Patient

Date:

ORDERING PHYSICIAN SIGN HERE

Physician must only order tests that are medically necessary for the diagnosis or treatment of a patient

I attest that this test is medically necessary for the diagnosis or detection of a disease or disorder and that the results will be used in medical management and care decisions for the patient. Furthermore, all information on this Requisition Form is true to the best of my knowledge. I agree to provide the Care Plan notes and Letter of Intent for this order if the insurance requests the lab to gather the medical necessity for any reason

Ordering Physician Signature

Date: