

First: _____	First: _____	First: _____
Last: _____	Last: _____	Last: _____
IHD10000	IHD10000	IHD10000
First: _____	First: _____	First: _____
Last: _____	Last: _____	Last: _____
IHD10000	IHD10000	IHD10000

V10.22.18.1.PH

TEST REQUISITION FORM

PATIENT INFORMATION

★ Last Name: _____ First: _____ Middle Initial: _____

Patient Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

★ Sex: ☐ M ☐ F ☐ Date of Birth: ____/____/____ Height: _____ Ft. _____ In. _____ Weight: _____ lbs

★ BILLING INFORMATION (Please include copy of Insurance Card)

☐ Client ☐ Medicare ☐ Third Party ☐ Patient Direct ☐ Patient TOS

Insurance Name: _____ Group #: _____

Insurance Policy #: _____

SPECIMEN INFORMATION (Label Specimen With 2 Identifiers)

★ Collectors Initials: _____ Fasting: ☐ Yes _____ Hrs ☐ No

★ Collection Time & Date: _____ Date: ____/____/____ am/pm _____

ICD-10 CODES

WOMEN'S TESTING INFORMATION

Specimen Source: ☐ Vaginal ☐ Cervix ☐ Endocervix ☐ Other _____

Specimen Type: ☐ AssureSwab ☐ ThinPrep ☐ SurePath ☐ Other _____

☐ Prior Report No. and/or Abnormal Diagnosis _____ ☐ HPV (High Risk)

☐ Pregnant _____ Wks ☐ Hormonal Therapy ☐ Abnormal Bleeding ☐ IUD

☐ Post Partum _____ Wks ☐ Radiation ☐ Post Menopausal ☐ BC Pills

☐ Surgery Date: _____ Type: _____ ☐ Hysterectomy Date: _____

Clinical Diagnosis / History: _____ LMP: _____

PATIENT HISTORY

LIQUID BASED PAP TEST & HPV SELECTION

☐ Liquid Pap Test ONLY TP _____ SP _____

Ages 21 and Older: ☐ PAP w/ Reflex to High Risk HPV Subtypes if ASCUS or Greater¹

☐ PAP w/ Reflex to High Risk HPV Subtypes if SIL or Greater¹

Ages 30 and Older: ☐ PAP w/ High Risk HPV Subtypes¹

BIOPSY

Sites: ☐ E.M.B ☐ E.C.C ☐ L.E.E.P ☐ Cervical ☐ Endometrial ☐ Vaginal ☐ Cervical Cone Other: _____ Site O'Clock: 1 _____ 2 _____ 3 _____

Colposcopy Findings: ☐ Normal ☐ Abnormal

PATIENT AUTHORIZATION AND CONSENT¹

Patient Signature _____ Date: ____/____/____

LEGEND: S- SST (Tiger Top) , L- EDTA (Lavender Top), B- Sodium Cit. (Blue Top), U- Urine Cup, A- Aptima Urine Tube, R- Serum (Red Top), G-Sodium Fluoride (Gray Top), GN- Sodium Hep. (Green Top)

PROVIDER ACKNOWLEDGEMENT³

By signing below, I certify that each of the tests selected on this requisition is medically necessary and appropriate to treat this patient on this date of service.

★ Authorized Ordering Provider's Signature (REQUIRED FOR MEDICARE, MEDI-CAL & MEDICAID PATIENTS) _____ Date: ____/____/____

MOLECULAR DIAGNOSTIC TEST SELECTION (THINPREP, SUREPATH OR ESAB)

S190 <input type="checkbox"/> AssureSwab (Panel includes all tests listed within the box)	S194 <input type="checkbox"/> Aerobic Vaginitis
S406 <input type="checkbox"/> Candida Speciation	S195 <input type="checkbox"/> BV Panel ⁴
S191 <input type="checkbox"/> CT/GC	
4233 <input type="checkbox"/> Gardnerella Vaginalis	
4255 <input type="checkbox"/> Group B Strep. (GBS)	
S192 <input type="checkbox"/> HSV-1 & 2	
4251 <input type="checkbox"/> HPV High Risk	
4243 <input type="checkbox"/> Mycoplasma Genitalium	
4244 <input type="checkbox"/> Mycoplasma Hominis	
4249 <input type="checkbox"/> Trichomoniasis Vaginalis	
4248 <input type="checkbox"/> T. Pallidum (Syphilis)	
4250 <input type="checkbox"/> Ureaplasma Urealyticum	

CHEMISTRY INDIVIDUAL TEST SELECTION (ADDITIONAL) TESTS ON BACK

AMA Profiles⁴	8002 L <input type="checkbox"/> CBC w/out Diff. ²	85027	7231 S <input type="checkbox"/> GGT	82977	7307 S <input type="checkbox"/> Intrinsic Factor Ab	86340	7331 S <input type="checkbox"/> SHBG	84270
7002 S <input type="checkbox"/> Basic Metabolic	80048	82378	7120 S <input type="checkbox"/> Glucose ²	82947	7234 S <input type="checkbox"/> Iron ²	83540	4403 S <input type="checkbox"/> T. Pallidum, IgG	86780
7003 S <input type="checkbox"/> Comp. Metabolic	80053	82465	10002 G <input type="checkbox"/> Gram Stain	87205	7230 S <input type="checkbox"/> LDH	83615	7336 S <input type="checkbox"/> T3, Free	84481
7004 S <input type="checkbox"/> Electrolyte	80051	82553	8527 S <input type="checkbox"/> Growth Hormone	83003	7103 S <input type="checkbox"/> LDL-C Direct ²	83721	7351 S <input type="checkbox"/> T3, Total	84480
7006 S <input type="checkbox"/> Hepatic Func.	80076	86644	7167 G <input type="checkbox"/> GTT (1hr, 50g)	82950	7327 S <input type="checkbox"/> LH	83002	7340 S <input type="checkbox"/> T3, Uptake ²	84479
7001 S <input type="checkbox"/> Lipid ²	80061	86645	7556 G <input type="checkbox"/> GTT (1hr, 75g)	82950	7227 S <input type="checkbox"/> Lipase	83690	7337 S <input type="checkbox"/> T4, Free ²	84439
4424 LS <input type="checkbox"/> Obstetric Profile	80055	86644	7555 G <input type="checkbox"/> GTT (3hr, 100g) ^{82951/82952}	82950	7109 S <input type="checkbox"/> Lp(a) Mass ²	83695	7352 S <input type="checkbox"/> T4, Total ²	84436
4423 LS <input type="checkbox"/> Obstetric Profile w/ HIV	80081	82533	8520 S <input type="checkbox"/> HAV, IgM	86709	7229 S <input type="checkbox"/> Magnesium ²	83735	7353 S <input type="checkbox"/> Testosterone, Free	84402
7005 S <input type="checkbox"/> Renal	80069	80307	8519 S <input type="checkbox"/> HAV, Total	86708	7115 U <input type="checkbox"/> Microalbumin	82043	7332 S <input type="checkbox"/> Testosterone, Total	84403
Individual Tests		84681	4417 S <input type="checkbox"/> HBcore Ab, IgM	86705	7316 S <input type="checkbox"/> Myoglobin	83874	7339 S <input type="checkbox"/> Thyroglobulin Ab	84432
8017 L <input type="checkbox"/> ABO/RH Type ^{86900/86901}	82105	82553	4406 S <input type="checkbox"/> HBcore, Total	86704	7122 L <input type="checkbox"/> NT-proBNP ²	83880	7215 S <input type="checkbox"/> TIBC ²	83550
7342 S <input type="checkbox"/> AFP (Non-Maternal)	82105	82565	4416 S <input type="checkbox"/> HBsAb	86706	7142 S <input type="checkbox"/> Phosphorous	84100	7341 S <input type="checkbox"/> TPOAb	86376
7132 S <input type="checkbox"/> Albumin	82040	86140	4407 S <input type="checkbox"/> HBsAg	87340	7127 S <input type="checkbox"/> Potassium	84132	7237 S <input type="checkbox"/> Transferrin	84466
7354 S <input type="checkbox"/> AMH	83520	87070	4402 A <input type="checkbox"/> CT/NG NAT ^{87491/87591}	84702	7329 S <input type="checkbox"/> Progesterone	84144	7106 S <input type="checkbox"/> Triglyceride ²	84478
7123 S <input type="checkbox"/> Amylase	82150	87086	4405 S <input type="checkbox"/> HCV Ab	86803	7330 S <input type="checkbox"/> Prolactin	84146	7335 S <input type="checkbox"/> TSH ²	84443
12145 S <input type="checkbox"/> ANA Screen	86038	87070	7101 S <input type="checkbox"/> HDL Cholesterol ²	83718	7131 S <input type="checkbox"/> Protein, Total	84155	7553 U <input type="checkbox"/> UA Dipstick w/ rfx to Microscopy ⁵	
8030 S <input type="checkbox"/> Antibody Screen	86850	82610	7111 S <input type="checkbox"/> HDL ²	83520	7345 S <input type="checkbox"/> PSA, Free	84154	7552 U <input type="checkbox"/> UA w/ Microscopy; rfx to Culture ⁵	
7107 S <input type="checkbox"/> Apolipoprotein A-1 ²	82172	82627	7116 L <input type="checkbox"/> Hemoglobin A1C ²	83036	7344 S <input type="checkbox"/> PSA, Total ²	84153	7554 U <input type="checkbox"/> UA w/ Microscopy ⁵	
7108 S <input type="checkbox"/> Apolipoprotein B ²	82172	86663	4414 S <input type="checkbox"/> HIV Ag/Ab 4th Gen.	87389	8003 B <input type="checkbox"/> PT/INR ²	85610	7214 S <input type="checkbox"/> Uric Acid	84560
7139 S <input type="checkbox"/> Bilirubin, Direct	82248	82668	7117 S <input type="checkbox"/> Homocysteine ²	83090	7310 S <input type="checkbox"/> PTH, Intact	83970	1000 U <input type="checkbox"/> Urine Drug Screen w/ Alcohol ⁵	
7138 S <input type="checkbox"/> Bilirubin, Total	82247	85651	7119 S <input type="checkbox"/> hs-CRP ²	86141	8004 B <input type="checkbox"/> PTT ²	85730	1001 U <input type="checkbox"/> Urine Drug Screen w/out Alcohol ⁵	
7129 S <input type="checkbox"/> BUN	84520	82670	S193 S <input type="checkbox"/> HSV 1&2 IgG ^{86695/86696}	82785	7217 S <input type="checkbox"/> Rheumatoid Fact.	86430	8515 S <input type="checkbox"/> Varicella Zoster Virus, IgG	86787
7349 S <input type="checkbox"/> CA 125 ²	86304	82728	4408 S <input type="checkbox"/> HTLV I/II	86790	8018 S <input type="checkbox"/> RPR	86592	7309 S <input type="checkbox"/> Vitamin B12	82607
7348 S <input type="checkbox"/> CA 19-9 ²	86301	82746	7302 S <input type="checkbox"/> IgE, Total	86790	8508 S <input type="checkbox"/> Rubella IgG	86762	8500 S <input type="checkbox"/> Vitamin D, 25-OH	82306
7124 S <input type="checkbox"/> Calcium	82310	82985	7328 S <input type="checkbox"/> Inhibin A	86336	8509 S <input type="checkbox"/> Rubella IgM	86762	L <input type="checkbox"/> West Nile Virus NAT	87798
8000 L <input type="checkbox"/> CBC w/ Diff. ²	85025	83001	7118 S <input type="checkbox"/> Insulin	83525	7110 S <input type="checkbox"/> sdLDL-C	83520		

PREFERRED PANELS & ADDITIONAL TESTS

Profiles		
Basic Metabolic	BUN, BUN:Creatinine Ratio, Calcium, Cl-, CO2, Creatinine, Est. GFR (Calc.), Glucose, K+, Na+	80048
Comp. Metabolic	Albumin, ALP, ALT, AST, Bilirubin (total), BUN, BUN:Creatinine Ratio, Cl-, K+, Calcium, Creatinine, Est. GFR (Calc.), Globulin (Calc.), Glucose, Na+ CO2, Total Protein	80053
Electrolyte	CO2, Cl-, K+, Na+	80051
Hepatic Function	Albumin, Albumin:Globulin Ratio, ALP, ALT, AST, Bilirubin (direct), Bilirubin (total), Globulin, Indirect Bilirubin (Calc.), Protein Total	80076
Lipid†	Cholesterol:HDL Ratio, HDL-C, LDL Cholesterol (Calc.), Non-HDL Cholesterol (Calc.), Total Cholesterol, Triglycerides	80061
Obstetric (Prenatal) Profile†	ABO/RH Type, Antibody Screen, CBC, HBSAG, Rubella IgG, Syphilis (T-pallidum)	80055
Obstetric (Prenatal) Profile w/ HIV [†]	ABO/RH Type, Antibody Screen, CBC, HBSAG, HIV Combo Ag/Ab EIA 4th Gen, Rubella IgG, Syphilis (T-pallidum)	80081
Renal	Albumin, BUN, BUN:Creatinine Ratio, Calcium, Creatinine, CO2, Cl- Est. GFR (Calc.), Glucose, K+, NA+, Phosphorus	80069
Bacterial Vaginosis (BV) Profile ⁴	Atopobium Vaginae, Bacteroides Fragilis, BVAB2, Candida Speciation ⁵ , Gardnerella Vaginalis, Group B Streptococcus (GBS), Haemophilus Ducreyi, Megaspheara 1 & 2, Mycoplasma Hominis & Genitalium, Lactobacillus Crispatus, Lactobacillus Gasseri, Lactobacillus Iners, Lactobacillus Jensenii, Mobiluncus Mulieris & Curtisi, Prevotella Bivia, Trichomoniasis Vaginitis, Ureaplasma Urealyticum	87511, 87798 x2, 87799 x2, 87481 x4, 87661
Aerobic Vaginitis ⁴	Streptococcus Agalactiae, Staphylococcus Aureus, Escherichia Coli, Enterococcus Faecalis	87651, 87640, 87798 x2
Candida Vaginitis (CV) Speciation Profile ⁴	Candida Albicans, Candida Dubliniensis, Candida Glabrata, Candida Krusei, Candida Lusitaniae, Candida Parapsilosis, Candida Tropicalis	87481 x4
Human Papillomavirus DNA, High Risk ⁴	HPV: 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68	87624
Human Papillomavirus (Low-Int. Risk) ⁴	HPV: 6, 11, 26, 53, 73, 82	87623
FDA Female, No Reflex ⁵	CT/NG NAA, HBcore Total, HBsAg, HCV, HIV-1/2 plus O, HIV-1/HCV/HBV Ultrio NAT, Syphilis (T pallidum IgG)	**
FDA Female, With Reflex ⁵	CT/NG NAA, HBcore Total with reflex to IgM, HBsAg with reflex to confirmatory neutralization assay, HCV, HIV-1/HCV/HBV Ultrio NAT, HIV-1/HIV-2 plus O with reflex to HIV-1 WB, Syphilis (T pallidum IgG)	**
FDA Female, No Reflex Plus WNV ⁵	CT/NG, HBsAg, HBV (Core Total), HCVAb, HIV-1/2 Plus O EIA, HIV-1/HCV/HBV Ultrio NAT, T. pallidum IgG, West Nile Virus	**
FDA Female, With Reflex Plus WNV ⁵	CT/NG NAA, HBcore Total with reflex to IgM, HBsAg with reflex to confirmatory neutralization assay, HCV, HIV-1/HCV/HBV Ultrio NAT, HIV-1/HIV-2 plus O with reflex to HIV-1 WB, Syphilis (T pallidum IgG), West Nile Virus	**
FDA Female, No Reflex No CT/NG ⁵	HBcore Total, HBsAg, HCV, HIV-1/2 plus O, HIV-1/HCV/HBV Ultrio NAT, Syphilis (T pallidum IgG)	**
FDA Female, With Reflex No CT/NG ⁵	HBcore Total with reflex to IgM, HBsAg with reflex to confirmatory neutralization assay, HCV, HIV-1/HCV/HBV Ultrio NAT, HIV-1/HIV-2 plus O with reflex to HIV-1 WB, Syphilis (T pallidum IgG),	**
FDA Female, No Reflex Plus HTLV ⁵	CT/NG NAA, HBsAg, HBcore Total, HCV, HIV-1/HIV-2 plus O, HIV-1/HCV/HBV Ultrio NAT, HTLV I/II, Syphilis (T pallidum IgG)	**
FDA Female, With Reflex Plus HTLV ⁵	CT/NG NAA, HBcore Total with reflex to IgM, HBsAg with reflex to confirmatory neutralization assay, HCV, HIV-1/2 plus O with reflex to HIV-1 WB, HIV-1/HCV/HBV Ultrio NAT, HTLV I/II with reflex to Immunoblot, Syphilis (T pallidum IgG)	**
FDA Male, No Reflex ⁵	CMV Total, CT/NG, HBcore Total, HBsAg, HCV, HIV-1/2 plus O, HIV-1/HCV/HBV Ultrio NAT, HTLV I/II, Syphilis (T pallidum IgG),	**
FDA Male, With Reflex ⁵	CMV Total with reflex to IgM, CT/NG NAA, HBcore Total with reflex to IgM, HBsAg with reflex to confirmatory neutralization assay, HCV, HIV-1/HIV-2 plus O with reflex to HIV-1 WB, HIV-1/HCV/HBV Ultrio NAT, HTLV I/II with reflex to Immunoblot, Syphilis (T pallidum IgG)	**
FDA Male, No Reflex Plus WNV ⁵	CMV Total, CT/NG, HBcore Total, HBsAg, HCV, HIV-1/2 plus O, HIV-1/HCV/HBV Ultrio NAT, HTLV I/II, Syphilis (T pallidum IgG), West Nile Virus	**
FDA Male, With Reflex Plus WNV ⁵	CMV Total with reflex to IgM, CT/NG NAA, HBcore Total with reflex to IgM, HBsAg with reflex to confirmatory neutralization assay, HCV, HIV-1/HCV/HBV Ultrio NAT, HIV-1/HIV-2 plus O with reflex to HIV-1 WB, HTLV I/II with reflex to Immunoblot, Syphilis (T pallidum IgG), West Nile Virus	**
FDA Male, No Reflex No CT/NG ⁵	CMV Total, HBcore Total, HBsAg, HCV, HIV-1/HIV-2 plus O, HIV-1/HCV/HBV Ultrio NAT, HTLV I/II, Syphilis (T pallidum IgG)	**
FDA Male, With Reflex No CT/NG ⁵	CMV Total with reflex to IgM, HBcore Total with reflex to IgM, HBsAg with reflex to confirmatory neutralization assay, HCV, HIV-1/HIV-2 plus O with reflex to HIV-1 WB, HIV-1/HCV/HBV Ultrio NAT, HTLV I/II with reflex to Immunoblot, Syphilis (T pallidum IgG)	**

IMPORTANT: CPT Code(s) is informational only. May change without notice.

1. Patient Consent

I hereby authorize MD Tox and IHD to release my test results to the ordering provider and have been informed of my privacy rights regarding the tests performed. Additionally, I authorize insurance payments to be made to MD Tox for the laboratory services provided. I acknowledge that MD Tox may be an out-of-network provider with my insurer. I agree that I am financially responsible for sending MD Tox any funds received from my insurer for the performance of the tests, and that if my insurer sends payment for the testing directly to me, I will endorse the back of the check, write "Made Payable to MD Tox", and forward it to MD Tox within 20 days.

I authorize my physician and/or staff to release to MD Tox or IHD and its agents, any information needed to determine insurance coverage for the laboratory services. I agree that a photocopy or PDF copy of this form shall be valid as the original. I further agree that this authorization will cover all laboratory testing performed by MD Tox until such authorization is revoked by me. I understand that I am responsible for payment of any deductible, co-insurance or certain non-covered service charges. I am voluntarily providing the lab specimen for analysis by MD Tox. I certify that the lab specimen I have provided is my own and has not been altered in any way.

2. Medicare Limited Coverage Tests

Tests with a † symbol and/or with CPT codes printed in RED to the right are designated as Limited Coverage Tests by Medicare. Medicare National Coverage Determinations (NCDs) and Limited Coverage Determinations (LCDs) govern which laboratory testing is considered "reasonable and necessary" under specified diagnoses codes. When a NCD or LCD exists for a laboratory test, Medicare contractors will only reimburse when specific criteria for test performance is met. If the diagnosis provided does not support medical necessity according to NCDs and LCDs but the ordering provider still wishes to order the test, an Advance Beneficiary Notice (ABN) must be completed and signed by the patient in advance of specimen collection and ordering of the testing. If an ABN is not adequately secured when required, testing may be subject to cancellation by MD Tox. PROVIDER: If you believe that a test or procedure may not meet medical necessity guidelines by Medicare, an ABN notifying the patient of Medicare's possible denial of payment must be given to the patient. Patients must be notified at the time test(s) are requested that payment might be denied by Medicare; the patient can then decide if he or she wants the tests performed and accepts responsibility for payment.

3. Physician Consent

I Understand that the Office of Inspector General ("OIG") has cautioned that using a customized profile may result in ordering of tests which are not covered, reasonable or medically necessary. Additionally, an individual who knowingly causes a false claim to be submitted may be subject to sanctions or remedies under civil, and criminal and administrative law. I understand that each of the tests ordered by me will be billed by individual CPT or procedure code. I have reviewed and am aware of the Medicare fee schedule information for each individual test. I certify through the submission or causing the submission of this requisition, whether signed or unsigned, that a copy of this requisition will be retained in the patient's medical record and/or that there is a legibly signed and dated order within the patient's medical record reflecting both my intent to order each test requested and my determination of the medical necessity for each test.