Innovative Health Diagnostic

dba of MD Tox Laboratories Service

3/2017

Req. CHM10000

REQUESTING PROVIDER/LAB/INSTITUTION

First: _____ Last: _____ #CHM10000	First: _____ Last: _____ #CHM10000	First: _____ Last: _____ #CHM10000
First: _____ Last: _____ #CHM10000	First: _____ Last: _____ #CHM10000	First: _____ Last: _____ #CHM10000

Test Requisition Form

PATIENT INFORMATION

★Last Name: First: Middle Initial:

Patient Street Address:

City: State: Zip Code:

Phone: Social Security #:

★Sex: M ☐ F ☐ ★Date of Birth: MM / DD / YYYY Height: Ft. In. Weight: lbs

★BILLING INFORMATION

☐ Medi-Cal ☐ Physician ☐ Medicare ☐ Patient Direct ☐ Medicaid ☐ Other

Insurance Name_____

Subscriber's Name_____

Relationship: ☐Self ☐Spouse ☐Parent

Insurance/Medicare/Medi-CalID #:_____

Group/Local #:_____

SPECIMEN INFORMATION (Label Specimen With 2 Identifiers)

★Collectors Initials: Fasting: ☐ Yes_____ Hrs ☐No

★Collection Time & Date: Date: am/pm MM / DD / YYYY

LEGEND: S- SST (Tiger) Tube, L- EDTA (Lavender Tube), B- Sodium Cit. (Blue) Tube, U- Urine Cup
P- PPT (Pearl) Tube A- Aptima Urine Tube, W- Swab (Pink Top) G: Glass Slide/Sterile Container

ICD-10 CODES

WOMEN'S TESTING INFORMATION

Specimen Source: ☐Vaginal ☐Cervix ☐Endocervix ☐Other_____

Specimen Type: ☐AssureSwab ☐ThinPrep ☐SurePath ☐Other_____

PATIENT HISTORY

☐ 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_____

LIQUID BASED PAP TEST & HPV SELECTION

Liquid based collection unless otherwised noted. Real-Time PCR unless otherwise specified.

☐ Liquid Pap Test ONLY TP___ SP___

Ages 21 and Older:

☐ PAP w/ Reflex to High Risk HPV Subtypes if ASCUS or Greater[1]

☐ PAP w/ Reflex to High Risk HPV Subtypes if SIL or Greater[1]

Ages 30 and Older:

☐ PAP w/ High Risk HPV Subtypes[1]

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

MOLECULAR DIAGNOSTIC TEST SELECTION (THINPREP, SUREPATH OR ESWAB)

S190 ☐ AssureSwab

S406 ☐ Candida Speciation
S191 ☐ CT/GC
4233 ☐ Gardnerella Vaginalis
4255 ☐ Group B Strep. (GBS)
S192 ☐ HSV-1 & 2
4251 ☐ HPV High Risk
4243 ☐ Mycoplasma Genitalium
4244 ☐ Mycoplasma Hominis
4249 ☐ Trichomoniasis Vaginalis
4248 ☐ T. Pallidum (Syphilis)
4250 ☐ Ureaplasma Urealyticum

S194 ☐ Aerobic Vaginitis

S195 ☐ BV Panel[4]

CHEMISTERY INDIVIDUAL TEST SELECTION (ADDITIONAL) TESTS ON BACK

AMA Profiles[4]

7002 S ☐ Basic Metabolic 80048
7003 S ☐ Comp. Metabolic 80053
7004 S ☐ Electrolyte 80051
7006 S ☐ Hepatic Func. 80076
7001 S ☐ Lipid[2] 80061
7005 S ☐ Renal 80069

Individual Tests

8017 L ☐ ABO/RH Type 86900, 86901
7342 S ☐ AFP (Non-Maternal) 82105
7132 S ☐ Albumin 82040
7123 S ☐ Amylase 82150
7354 S ☐ AMH 83520
12145 S ☐ ANA Screen 86038
7107 S ☐ Apolipoprotein A-1[2] 82172
7108 S ☐ Apolipoprotein B[2] 82172
7139 S ☐ Bilirubin, Direct 82248
7138 S ☐ Bilirubin, Total 82247
7129 S ☐ BUN 84520
7349 S ☐ CA 125[2] 86304
7348 S ☐ CA 19-9[2] 86301
7124 S ☐ Calcium 82310
8000 L ☐ CBC w/ Diff.[2] 85025
8002 L ☐ CBC w/out Diff.[2] 85027
7343 S ☐ CEA[2] 82378
4402 A ☐ CT/NG NAT 87491/87591
7100 S ☐ Cholesterol[2] 82465
7314 S ☐ CK-MB 82553
8511 S ☐ CMV IgG 86644
8510 S ☐ CMV IGM 86645
4401 L ☐ CMV, Total 86644
7238 U ☐ Cotinine (Nicotine Met.) 80307
7301 S ☐ Cortisol 82533
8521 S ☐ C-Peptide 84681
7121 S ☐ Creatine Kinase 82553
7114 S ☐ Creatinine (Serum) 82565
10000 U ☐ Culture, Urine[2] 87086
10001 W ☐ Culture, Vaginal 87070
7216 S ☐ Cystatin-C 82610
7324 S ☐ DHEA-S 82627
8502 S ☐ EBV IgM 86663
7303 S ☐ EPO 82668
8016 L ☐ ESR (Sed-Rate) 85651
7325 S ☐ Estradiol 82670
7304 S ☐ Ferritin[2] 82728
7305 S ☐ Folate (Serum) 82746
7165 S ☐ Fructosamine[2] 82985
7326 S ☐ FSH 83001
7231 S ☐ GGT 82977
7120 S ☐ Glucose[2] 82947
10002 G ☐ Gram Stain 87205
8527 S ☐ Growth Hormone 83003
7323 S ☐ hCG Quant.[2] 84702
7101 S ☐ HDL Cholesterol[2] 83718
7111 S ☐ HDL2 83520
7116 L ☐ Hemoglobin A1C[2] 83036
8520 S ☐ HAV IgM 86708
8519 S ☐ HAV, Total 86709
4406 S ☐ HBV, Core Total 86704
4407 S ☐ HBVsAg 87340
4405 S ☐ HCV Ab 86803
4414 S ☐ HIV Ag/Ab 4th Gen. 86703
7117 S ☐ Homocysteine[2] 83090
7119 S ☐ hs-CRP[2] 86141
S193 S ☐ HSV 1&2 IgG 86695/86696
4408 S ☐ HTLV I/II 86790
7302 S ☐ IgE, Total 82785
7328 S ☐ Inhibin A 86336
7118 S ☐ Insulin 83525
7307 S ☐ Intrinsic Factor Ab 86340
7234 S ☐ Iron[2] 83540
7230 S ☐ LDH 83615
7103 S ☐ LDL-C Direct[2] 83721
7327 S ☐ LH 83002
7227 S ☐ Lipase 83690
7109 S ☐ Lp(a) mass[2] 83695
7229 S ☐ Magnesium[2] 83735
7115 U ☐ Microalbumin 82043
7316 S ☐ Myoglobin 83874
7122 L ☐ NT-proBNP[2] 83880
7142 S ☐ Phosphorous 84100
7127 S ☐ Potassium 84132
7329 S ☐ Progesterone 84144
7330 S ☐ Prolactin 84146
7131 S ☐ Protein, Total 84155
7345 S ☐ PSA, Free 84154
7344 S ☐ PSA, Total[2] 84153
8003 B ☐ PT/INR[2] 85610
7310 S ☐ PTH, Intact 83970
8004 B ☐ PTT[2] 85730
7217 S ☐ Rheumatoid Fact. 86430
8508 S ☐ Rubella IgG 86762
8509 S ☐ Rubella IgM 86762
7110 S ☐ sdLDL-C 83520
7331 S ☐ SHBG 84270
4403 S ☐ T. Pallidum, IgG 86780
7336 S ☐ T3, Free 84481
7351 S ☐ T3, Total 84480
7340 S ☐ T3, Uptake[2] 84479
7337 S ☐ T4, Free[2] 84439
7218 S ☐ T4, Total[2] 84436
R3588 S ☐ T. Cruzi (Chagas) 86753
7353 S ☐ Testosterone, Free 84402
7332 S ☐ Testosterone, Total 84403
7239 U ☐ Thromboxane Met. (11-dhTxB)[5]
7339 S ☐ Thyroglobulin Ab 84432
7215 S ☐ TIBC[2] 83550
7341 S ☐ TPOAb 86376
8507 S ☐ Toxoplasma, IgG 86777
8506 S ☐ Toxoplasma, IgM[5] 86778
7237 S ☐ Transferrin 84466
7106 S ☐ Triglyceride[2] 84478
7313 S ☐ Troponin I 84484
7335 S ☐ TSH[2] 84443
7553 U ☐ UA Dipstick w/ rflx to Microscopy[5]
7554 U ☐ UA w/ Microscopy[5]
7552 U ☐ UA w/ Microscopy; rflx to culture[5]
S1000 U ☐ Urine Drug Screen w/ Alcohol[5]
S1001 U ☐ Urine Drug Screen w/out Alcohol[5]
7214 S ☐ Uric Acid 84560
8515 S ☐ Varicella Zoster Virus, IgG 86787
7309 S ☐ Vitamin B12 82607
7350 S ☐ Vitamin D, 25-OH 82306
R3722 L ☐ West Nile Virus NAT 87797

PREFFERED PANELS & ADDITIONAL TESTS

Orders and diagnosis must be established by an Authorized Provider under civil, criminal, and administrative law. Any and all tests to bill federal payers must be medically necessary.

PROVIDER ACKNOWLEDGEMENT[3]

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.

Date: MM / DD / YYYY

★ Authorized Ordering Provider's Signature (REQUIRED FOR MEDICARE, MEDI-CAL & MEDICAID PATITENTS)

PATIENT AUTHORIZATION AND CONSENT[1]

Date: MM / DD / YYYY

Patient Signature

LAB USE ONLY

Received Date: / / Time: am/pm Initials: # SST "Tiger" 7.5-mL Tubes:

Whole Blood EDTA 4-mL Tubes: # Other: # Other: # Other:

Profiles

Basic Metabolic[4]	CO2, BUN, Calcium, Cl-, Creatinine, Glucose K+, Na+	80048
Comp. Metabolic[4]	Albumin, ALP, ALT, AST, Bilirubin (total), BUN, Cl-, K+, Calcium, Creatinine, Glucose, Na+ CO2, Total Protein	80053
Electrolyte[4]	CO2, Cl-, K+, Na+	80051
Hepatic Function[4]	Albumin, ALP, ALT, AST, Bilirubin (direct), Bilirubin (total), Protein Total	80076
Lipid†,[4]	Total Cholesterol, HDL-C, Triglycerides	80061
Renal[4]	Albumin, CO2, Calcium, Creatinine, Glucose, K+, NA+, BUN, Phosphorus , Cl-	80069
Allergen– Food, IgE†	Clam, Codfish, Corn (Maize), Cow Milk, Egg White, Peanut, Scallop, Sesame Seed, Shrimp, Soybean, Walnut, Wheat	86003 ×12
Allergen– Southern Coastal CA Region, IgE†	Alternaria alternata, Aspergillus fumigatus, Bermuda Grass, Cat Dander, Cladosporium herbarum, Common Ragweed, Cottonwood, D. farinae, D. pteronyssinus, Dog Dander, Elm, German Cockroach, Grey Alder, Johnson Grass, Mountain Cedar/Juniper, Mugwort, Mulberry, Oak, Olive, Penicillium notatum, Pigweed, Saltwort, Timothy Grass, Walnut Tree Pollen	86003 ×24
Allergen Profile- Southwestern Grassland Region, IgE†	Alternaria alternata, Aspergillus fumigatus, Bermuda Grass, Cat Dander, C. herbarum, Cockroach, Common Ragweed, D. farinae, D. pteronyssimus, Dog Dander, Elm, Johnson Grass, Meadow Grass, Mountain Cedar/Juniper, Oak, Rough Marshelder, Walnut Tree Pollen	86003 ×17
Allergen- Cascade Pacific Northwest Region, IgE†	Alternaria alternata, Aspergillus fumigatus, Box elder, Cat Dander, Cladosporium herbarum, D. farinae, D. pteronyssinus, Dog Dander, German Cockroach, Grey Alder, Oak, Pigweed, Russian Thistle Saltwort, Silver Birch, Timothy Grass, Walnut Tree Pollen, Western Ragweed	86003 ×17
Celiac Disease[4]	tTG-IGA, tTG-IgG, Deamidated Gliadin IgA, Deamidated Gliadin IgG	83516 x4
Rheumatoid Arthritis[4]	CCP IgG, Rheumatoid Factor IgA, Rheumatoid Factor IgM	86200, 86431 x2
Bacterial Vaginosis (BV) Profile[4]	Atopobium Vaginae, Bacteroides Fragilis, BVAB2, Candida Speciation[5], Gardnerella Vaginalis, Group B Streptococcus (GBS), Haemophilus Ducreyi, Megasphaera 1 & 2, Mycoplasma Hominis & Genitalium, Lactobacillus Crispatus, Lactobacillus Gasseri, Lactobacillus Iners, Lactobacillus Jensenii, Mobiluncus Mulieris & Curtisi, Prevotella Bivia, Trichmoniasis Vaginilis, Ureaplasma Urealyticum	87511, 87798 x2, 87799 x2, 87481 x4, 87661
Aerobic Vaginitis	Streptococcus Agalactiae, Staphylococcus Aureus, Escherichia Coli, Enterococcus Faecalis	87651, 87640, 87798 x2
Candida Vaginitis (CV) Speciation Profile[5]	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)	HPV: 6, 11, 26, 53, 73, 82	87623
Drug Screen w/out Alcohol, Urine[4]	Amphetamines, Barbituates, Benzodiazephine, Cocaine, Marijuana, Methadone, Opiates, PCP	80307
Drug Screen w/Alcohol, Urine[4]	Alcohol, Amphetamines, Barbituates, Benzodiazephine, Cocaine, Marijuana, Methadone, Opiates, PCP	80307
FDA Female, No Reflex	HBsAg, HBcore Total, HCV, HIV-1/2 plus O, T. pallidum, IgG (Syphilis), CT/NG NAA, HIV-1/HCV/HBV Ultrio NAT	**
FDA Female With Reflex	HBsAg with reflex to confirmatory neutralization assay, HBcore Total with reflex to IgM, HCV, HIV-1/HIV-2 plus O with reflex to HIV-1 WB, T. pallidum, IgG (Syphilis), CT/NG NAA, HIV-1/HCV/HBV Ultrio NAT	**
FDA Male No Reflex	CMV Total, HBsAg, HBcore Total, HCV, HIV-1/2 plus O, T. pallidum, IgG (Syphilis), HTLV I/II, CT/NG, HIV-1/HCV/HBV Ultrio NAT	**
FDA Guidance Male With Reflex	HBsAg with reflex to confirmatory neutralization assay, HBcore Total with reflex to IgM, HCV, HIV-1/HIV-2 plus O with reflex to HIV-1 WB, T. pallidum, IgG (Syphilis), HTLV I/II with reflex to Immunoblot, CMV Total with reflex to IgM, CT/NG NAA, HIV-1/HCV/HBV Ultrio NAT	**
FDA Guidance Female With Reflex No CT/NG	HBsAg with reflex to confirmatory neutralization assay, HBcore Total with reflex to IgM, HCV, HIV-1/HIV-2 plus O with reflex to HIV-1 WB, T. pallidum, IgG (Syphilis), HIV-1/HCV/HBV Ultrio NAT	**
FDA Guidance Male No Reflex No CT/NG	HBsAg, HBcore Total, HCV, HIV-1/HIV-2 plus O, Syphilis (T pallidum IgG), HTLV I/II, CMV Total, HIV-1/HCV/HBV Ultrio NAT	**
FDA Guidance Male With Reflex No CT/NG	HBsAg with reflex to confirmatory neutralization assay, HBcore Total with reflex to IgM, HCVHIV-1/HIV-2 plus O with reflex to HIV-1 WB, T. pallidum, IgG (Syphilis), HTLV I/II with reflex to Immunoblot, CMV Total with reflex to IgM, HIV-1/HCV/HBV Ultrio NAT	**
FDA Guidance Female No Reflex plus HTLV	HBsAg, HBcore Total, HCV, HIV-1/HIV-2 plus O, T. pallidum, IgG (Syphilis), CT/NG NAA, HIV-1/HCV/HBV Ultrio NAT, HTLV I/II	**
FDA Guidance Female With Reflex plus HTLV	HBsAg with reflex to confirmatory neutralization assay, HBcore Total with reflex to IgM, HCV, HIV-1/2 plus O with reflex to HIV-1 WB, T. pallidum, IgG (Syphilis), CT/NG NAA, HIV-1/HCV/HBV Ultrio NAT, HTLV I/II with reflex to Immunoblot	**
FDA Guidance Female With Reflex Plus WNV	HBsAg with reflex to confirmatory neutralization assay, HBcore Total with reflex to IgM, HCV, HIV-1/HIV-2 plus O with reflex to HIV-1 WB, T. pallidum, IgG (Syphilis), CT/NG NAA, HIV-1/HCV/HBV Ultrio NAT, WNV	**
FDA Guidance Male With WNV	CMV Total, HBsAg, HBcore Total, HCV, HIV-1/2 plus O, T. pallidum, IgG (Syphilis), HTLV I/II, CT/NG, HIV-1/HCV/HBV Ultrio NAT, WNV	**
FDA Guidance Male With Reflex Plus WNV	HBsAg with reflex to confirmatory neutralization assay, HBcore Total with reflex to IgM, HCV, HIV-1/HIV-2 plus O with reflex to HIV-1 WB, T. pallidum, IgG (Syphilis), HTLV I/II with reflex to Immunoblot, CMV Total with reflex to IgM, CT/NG NAA, HIV-1/HCV/HBV Ultrio NAT, WNV	**
FDA Female No Reflex Plus WNV	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	**

Molecular Individual Tests†
(Preauthorization Required; Contact MD Tox Labs at 800-820-8803)

APOE	81401	Factor II	81240	MTHFR	81291
CYP2C19	81225	Factor V	81241		

Drug Screen Tests**

Alcohol	Buprenorphine	Ecstasy (MDMA)	Phencyclidine
Amphetamine	Cannabinoid	Heroin	Propoxyphene
Barbiturates	Carisoprodol	Methadone	Tramadol
Benzodiazepines	Cocaine	Oxycodone	

Alphabetical Allergen Individual Tests†

Alternaria alternata	Egg White	Redtop Bentgrass
Aspergillus fumigatus	Elm	Rough Marshelder
Bermuda Grass	German Cockroach	Russian Thistle
Box elder	Grey Alder	Saltwort
Cat Dander	Johnson Grass	Scallop
Cladosporium herbarum	Meadow Grass	Sesame Seed
Clam	Mountain Cedar/Juniper	Shrimp
Codfish	Mugwort	Silver Birch
Common Ragweed	Mulberry	Soybean
Corn (Maize)	Oak	Timothy Grass
Cottonwood	Olive	Walnut
Cow Milk	Orchard Grass	Walnut Tree Pollen
D. farinae	Peanut	Western Ragweed
D. pteronyssinus	Penicillium notatum	Wheat
Dog Dander	Pigweed	

*Each individual Allergen test CPT code is as follows regardless of allergy test chosen: **86003**

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.

† See "Medicare Limited Coverage Tests" Section (2)

**CPT Codes Available at https://ihealthdiagnostics.org