

HDx Labs

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Medical Director: Jennifer Loch, DO
CLIA #10D2281222



Clinic:
Address:
Phone:
Provider:

*Please attach a copy of the patient face sheet and insurance provider information to this form.

PATIENT INFORMATION

Check One: **Male** **Female**

First: Last:

DOB: SSN:

Address:

Email: Phone:

INSURANCE INFORMATION: BILLING

Insurance Patient
Clinic Worker's Comp.

*If Worker's Comp, please attach data sheet.

Injury Date:

FOR PROVIDERS

This test is medically necessary for the risk assessment, diagnosis, or detection of a disease, illness, impairment, symptom, syndrome, or disorder. The results will determine my patient's medical management and treatment decisions. By my signature below, I indicate that I am the referring physician or authorized health care provider. I have explained the purpose of the test. The patient has been given the opportunity to ask questions and/or seek further counsel. The patient has voluntarily decided to have the test performed by Tribal Diagnostics. As the medical provider, I am responsible for documenting applicable ICD-10 diagnosis codes. Oral Fluids to be performed by: Tribal Diagnostics, 3600 S. Lakeside Dr. Oklahoma City, OK 73179. CLIA # 37D2113383, in partnership with HDx Labs.

SPECIMEN COLLECTION

Collector:

Date/Time:

PROVIDER SIGNATURE:

DATE:

DATE REC'D

(BY LAB)

MEDICATION INFORMATION

Mark prescribed medication Medication list attached Patient reports "No Medication"

Respiratory Pathogen Panel, Reflex ABR - M104

Specimen Source: Nasopharyngeal swab

Viruses

- | | |
|---|--|
| <input type="checkbox"/> Adenovirus 1 | <input type="checkbox"/> Influenza A |
| <input type="checkbox"/> Adenovirus 2 | <input type="checkbox"/> Influenza B |
| <input type="checkbox"/> Coronavirus (HKU1) | <input type="checkbox"/> Human Respiratory Syncytial Virus A |
| <input type="checkbox"/> Coronavirus (NL63) | <input type="checkbox"/> Human Respiratory Syncytial Virus B |
| <input type="checkbox"/> Coronavirus (OC43) | <input type="checkbox"/> Parainfluenza Virus 1 |
| <input type="checkbox"/> Coronavirus (229E) | <input type="checkbox"/> Parainfluenza Virus 2 |
| <input type="checkbox"/> COVID-19 (SARS-CoV-2) | <input type="checkbox"/> Parainfluenza Virus 3 |
| <input type="checkbox"/> Enterovirus (PAN) | <input type="checkbox"/> Parainfluenza Virus 4 |
| <input type="checkbox"/> Human Rhinovirus | |
| <input type="checkbox"/> Human Metapneumovirus (A, B) | |

Bacteria

- | | |
|--|--|
| <input type="checkbox"/> <i>Bordetella pertussis</i> | <input type="checkbox"/> <i>Mycoplasma pneumoniae</i> |
| <input type="checkbox"/> <i>Chlamydia pneumoniae</i> | <input type="checkbox"/> <i>Staphylococcus aureus</i> |
| <input type="checkbox"/> <i>Haemophilus influenzae</i> | <input type="checkbox"/> <i>Streptococcus pneumoniae</i> |
| <input type="checkbox"/> <i>Klebsiella pneumoniae</i> | <input type="checkbox"/> <i>Streptococcus pyogenes</i> (Grp A) |
| <input type="checkbox"/> <i>Legionella pneumophila</i> | |

ICD-10 CODES

Please mark ALL that apply

- J01.90 - Acute sinusitis, unspec.
- J02.9 - Acute pharyngitis
- R06.02 - Shortness of breath
- J06.9 - Acute upper respiratory infection, unspec.
- J18.9 - Pneumonia, unspec. org.
- R05.1 - Acute cough
- R05.9 - Cough, unspec.
- R50.9 - Fever
- J98.8 - Other spec. resp. disorders
- D64.89 - Other spec. anemias
- D70.9 - Neutropenia, unspec.
- D84.821 - Immunodefic. due to drugs
- D84.89 - Other immunodefic.
- E10.43 - Type 1 diabetes mellitus w/ diabetic autonomic (poly)neuropathy
- E11.43 - Type 2 diabetes mellitus w/ diabetic autonomic (poly)neuropathy
- J45.991 - Cough variant asthma
- J84.89 - Other spec. interstitial pulmonary disease
- J84.10 - Pulmonary fibrosis, unspec.
- Other: _____

Viral Respiratory Panel- M109

Specimen Source: Nasopharyngeal swab

Viruses

- | | |
|--|--|
| <input type="checkbox"/> Adenovirus 1 | <input type="checkbox"/> Influenza A |
| <input type="checkbox"/> Adenovirus 2 | <input type="checkbox"/> Influenza B |
| <input type="checkbox"/> Human Respiratory Syncytial Virus A | <input type="checkbox"/> COVID-19 (SARS-CoV-2) |
| <input type="checkbox"/> Human Respiratory Syncytial Virus B | |

- J01.90 - Acute sinusitis, unspec.
- J02.9 - Acute pharyngitis
- R06.02 - Shortness of breath
- J06.9 - Acute upper respiratory infection, unspec.
- R05.1 - Acute cough
- Z20.822 - Contact w/ and (suspected) exposure to COVID-19
- R05.9 - Cough, unspec.
- R07.81 - Pleurodynia
- J18.9 - Pneumonia, unspec.
- J12.9 - Viral pneumonia, unspec.
- R50.9 - Fever
- J98.8 - Other spec. respiratory disorders
- Other: _____

ANTIBIOTIC RESISTANCE GENES (Automatically tested in reflex to a positive pathogen)

Nitroimidazole Resistance <i>nimA, nimB, nimC, nimD</i>	Carbapenem Resistance <i>IMP, NDM, KPC, VIM, OXA-23, OXA-24, OXA-48</i>	Methicillin Resistance <i>mecA</i>	Extended-Spectrum β-lactamase Resistance <i>CTX-M grp. 1, CTX-M grp. 2, CTX-M grp. 9/8/25, blaOXA-1, blaPER-1, SHV, TEM</i>	Ampicillin Resistance <i>ampC</i>	Tetracycline Resistance <i>tetB, tetM</i>	β-lactamase Resistance <i>blaACC</i>
Macrolide Resistance <i>ermA, ermB, ermC, mefA</i>	Quinolone Resistance <i>qnrA, qnrB</i>	Trimethoprim Resistance <i>dfrA1, dfrA5, dfrA</i>		Vancomycin Resistance <i>vanA1, vanA2, vanB</i>	Bactrim Resistance <i>sul1, sul2</i>	Cephalosporin Resistance <i>blaACT, blaDHA, blaGES</i>

REQUIRED ATTACHMENTS

- 1) Clear copy of front and back of insurance
- 2) Copy of patient's demographics
- 3) Copy of current driver's license
- 4) Prior Authorization or Accident Form (if applicable)
- 5) If Worker's Comp. claim, SSN required in Patient Info

AFFIX TO TUBE

Patient Name
Date of Birth