

**URINE PANEL
MOLECULAR TEST REQUISITION**

HDX Labs
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CLIENT INFORMATION

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. Testing to be performed by: Tribal Diagnostics, 3600 S. Lakeside Dr. Oklahoma City, OK 73179. CLIA # 37D2113383, in partnership with HDx Labs.

PROVIDER SIGNATURE

[Redacted Signature Box]

DATE:

DATE REC'D
(BY LAB)

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

Urine Panel, Reflex ABR- M100

Specimen Source: Urine Cup, Sterile- Clean Catch

Bacteria	Fungi
<input type="checkbox"/> <i>Acinetobacter baumannii</i> <input type="checkbox"/> <i>Citrobacter freundii</i> <input type="checkbox"/> <i>Morganella morganii</i> <input type="checkbox"/> <i>Klebsiella oxytoca</i> <input type="checkbox"/> <i>Klebsiella pneumoniae</i> <input type="checkbox"/> <i>Klebsiella aerogenes</i> <input type="checkbox"/> <i>Enterobacter cloacae</i> <input type="checkbox"/> <i>Enterococcus faecalis</i>	<input type="checkbox"/> <i>Enterococcus faecium</i> <input type="checkbox"/> <i>Escherichia coli</i> <input type="checkbox"/> <i>Proteus mirabilis</i> <input type="checkbox"/> <i>Proteus vulgaris</i> <input type="checkbox"/> <i>Providencia stuartii</i> <input type="checkbox"/> <i>Pseudomonas aeruginosa</i> <input type="checkbox"/> <i>Serratia marcescens</i> <input type="checkbox"/> <i>Staphylococcus aureus</i> <input type="checkbox"/> <i>Staphylococcus saprophyticus</i> <input type="checkbox"/> <i>Streptococcus agalactiae</i> <input type="checkbox"/> <i>Ureaplasma urealyticum</i>
	<input type="checkbox"/> <i>Candida glabrata</i> <input type="checkbox"/> <i>Candida krusei</i> <input type="checkbox"/> <i>Candida parapsilosis</i> <input type="checkbox"/> <i>Candida tropicalis</i> <input type="checkbox"/> <i>Candida albicans</i>

ICD-10 CODES

Urine Panel: If selected, must document at least one code

- N30.00 - Acute cystitis w/o hematuria
- N30.01 - Acute cystitis w/ hematuria
- N30.20 - Other chronic cystitis w/o hematuria
- N30.21 - Other chronic cystitis w/ hematuria
- N39.0 - Urinary tract infection, site not spec.
- R30.9 - Painful micturition, unspec.
- R35.0 - Frequency of micturition
- R39.15 - Urgency of urination
- Other: _____
- Other: _____

STI Panel, Reflex ABR- M101

Specimen Source: Urine Cup, Sterile- Clean Catch

Bacteria	Viruses	Other
<input type="checkbox"/> <i>Haemophilus ducreyi</i> <input type="checkbox"/> <i>Chlamydia trachomatis</i> <input type="checkbox"/> <i>Gardnerella vaginalis</i> <input type="checkbox"/> <i>Neisseria gonorrhoeae</i> <input type="checkbox"/> <i>Treponema pallidum</i> <input type="checkbox"/> <i>Ureaplasma parvum</i>	<input type="checkbox"/> Human papillomavirus 16 <input type="checkbox"/> Human papillomavirus 18 <input type="checkbox"/> Herpes simplex virus 1 <input type="checkbox"/> Herpes simplex virus 2	<input type="checkbox"/> <i>Trichomonas vaginalis</i>

STI Panel: If selected, must document at least one code

- N89.8 - Other spec. non-inflammatory disorders of vagina
- N34.2 - Other urethritis
- N76.89 - Other spec. inflammation of vagina/vulva
- B37.49 - Other urogenital candidiasis
- R10.2 - Pelvic and perineal pain
- R30.0 - Dysuria
- R36.9 - Urethral discharge, unspec.
- N76.81 - Mucositis (ulcerative) of vagina/vulva
- N76.5 - Ulceration of vagina
- A59.09 - Other urogenital trichomoniasis
- A51.31 - Condyloma laturn
- A56.2 - Chlamydial infection genitourinary tract, unspec.
- A60.00 - Herpesviral infection of urogenital system, unspec.
- A64 - Unspec. sexually transmitted disease
- Z11.3 - Encounter for scr. for infections w/ sexual transmission
- Other: _____

Urine Extended Panel, Reflex ABR- M102 *Full URINE + STI panels

Specimen Source: Urine Cup, Sterile- Clean Catch

Extended Panel: If selected, must document at least one relevant code from both URINE and STI sections above

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

Nitroimidazole Resistance <i>nimA, nimB, nimC, nimD</i>	Carbapenem Resistance IMP, NDM, KPC, VIM, OXA-23, OXA-24, OXA-48	Methicillin Resistance <i>mecA</i>	Extended-Spectrum β-lactamase Resistance CTX-M grp. 1, CTX-M grp. 2, CTX-M grp. 9/8/25, blaOXA-1, blaPER-1, SHV, TEM	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>dhfrA1, dhfrA5, dhfrA</i>		Vancomycin Resistance <i>vanA1, vanA2, vanB</i>	Bactrim Resistance <i>sul1, sul2</i>	Cephalosporin Resistance <i>blaACT, blaDHA, blaGES</i>

REQUIRED ATTACHMENTS

AFFIX TO TUBE

- 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

Patient Name
Date of Birth