ELITE CLINICAL LABORATORY

OHIO RIVER LABORATORIES

Address: 3600 South Gessner Rd, STE 110, Houston, TX 77063
CLIA – 45D1061571
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Phone: 281-378-2116 | Fax: 281-466-2483

Please attach the following documents with this test order
- ☐ Medical Necessity
- ☐ SOAP Notes
- ☐ Visit History Notes
- ☐ Patient Care-plan
- ☐ Medication List, if any

RESPIRATORY PATHOGEN PANEL TESTING REQUISITION FORM

PATIENT INFORMATION

Patient First Name	Patient Last Name	Biological Sex ☐ F ☐ M

Date of Birth (MM/DD/YYYY)	Phone Number	Email	Social Security Number

Address	City	State	Zip

Ethnicity: ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Jewish(Ashkenazi) ☐ Portuguese ☐ Other

PATIENT INSURANCE 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 AND PRACTICE INFORMATION

Respiratory ☐ Nasopharynx Swab

PRACTICE INFORMATION

Provider Name:...

Practice/Facility Name: ....

Address:...

City, State, Zip: ....

Phone:...Fax:.......................................

NPI # (optional):..

TEST PANEL

RPP
Influenza A virus
Influenza B virus
Respiratory Syncytial Virus A (RSV A)
Respiratory Syncytial Virus B (RSV B)
Flu A-H1
Flu A-H1pdm09
Flu A-H3
Adenovirus (AdV)
Enterovirus (HEV)
Parainfluenza Virus 1 (PIV 1)
Parainfluenza Virus 2 (PIV 2)
Parainfluenza Virus 3 (PIV 3)
Parainfluenza Virus 4 (PIV 4)

RPP (Continued)
Metapneumovirus (MPV)
Bocavirus (HBoV)
Rhinovirus (HRV)
Coronavirus NL63 (CoV NL63)
Coronavirus 229E (CoV 229E)
Coronavirus OC43 (CoV OC43)
Streptococcus Pneumoniae
Mycoplasma Pneumoniae
Chlamydophila Pneumoniae
Legionella Pneumophila
Haemophilus Influenzae
Bordetella Pertussis
Bordetella Parapertussis

ANTIBIOTIC RESISTANCE PANEL (COMMON FOR ALL)
Carbapenem-resistant Enterobacteriaceae (CRE)
Klebsiella Pneumoniae Carbapenemase (KPC)
Verona Integron-Mediated Metallo Beta Lactamase (VIM)
New Delhi Metallo Beta Lactamase (NDM)
Imipenem Resistant Pseudomonas (IMP)
Oxacillinase (OXA-48)
Vancomycin Resistant Enterococci (VRE).
Vancomycin Resistant Gene A (VAN A)
Vancomycin Resistant Gene B (VAN B)
Extended Spectrum Beta Lactamase (ESBL)
Cefotaxime Resistant Munich (CTX-M)

DIAGNOSIS (ICD-10) CODES Select or write-in one or more codes from the spaces/selections below (REQUIRED)

- ☐ **J02.9 -** Acute pharyngitis, unspecified J04.0 Acute laryngitis
- ☐ **J06.9 -** Acute upper respiratory infection, unspecified
- ☐ **J12.9 -** Viral pneumonia, unspecified
- ☐ **R05.1 -** Acute cough
- ☐ **R06.02 -** Shortness of breath R06.2 Wheezing
- ☐ **R07.81 -** Pleurodynia R50.9 Fever, unspecified
- ☐ **B97.29 -** Other coronavirus cause of diseases classified elsewhere
- ☐ **J04.2 -** Acute laryngotracheitis
- ☐ **J18.0 -** Bronchopneumonia, unspecified organism
- ☐ **J45.40 -** Moderate persistent asthma, uncomplicated
- ☐ **J45.998 -** Other asthma
- ☐ **R04.2 -** Hemoptysis R06.1 Stridor
- ☐ **R07.1 -** Chest pain on breathing R68.83 Chills (without fever)
- ☐ **Z03.818 -** Encounter for observation for suspected exposure
- ☐ **J12.81 -** Pneumonia due to SARS-associated coronavirus
- ☐ **J18.9 -** Pneumonia, unspecified organism

- ☐ **J44.0 -** Chronic pulmonary disease with (acute) lower respiratory
- ☐ **J44.1 -** Chronic obstructive pulmnry disease (acute) exacerbation
- ☐ **J45.21 -** Mild intermittent asthma with (acute) exacerbation
- ☐ **J45.50 -** Severe persistent asthma, uncomplicated
- ☐ **J45.991 -** Cough variant asthma
- ☐ **J47.1 -** Bronchiectasis with (acute) exacerbation
- ☐ **J47.9 -** Bronchiectasis, uncomplicated
- ☐ **J12.82 -** Pneumonia due to coronavirus disease 2019
- ☐ **J12.89 -** Other viral pneumonia
- ☐ **J15.8 -** Pneumonia due to other specified bacteria
- ☐ **J16.8 -** Pneumonia due to other specified infectious organisms
- ☐ **J12.0 -** Adenoviral pneumonia
- ☐ **J18.2 -** Hypostatic pneumonia, unspecified organism
- ☐ **J18.8 -** Other pneumonia, unspecified organism
- ☐ **J20.8 -** Acute bronchitis due to other specified organisms
- ☐ **J22 -** Unspecified acute lower respiratory infection

DIAGNOSIS (ICD-10) CODES (Continued)

- ☐ **J41.0 -** Simple chronic bronchitis
- ☐ **J41.1 -** Mucopurulent chronic bronchitis
- ☐ **J41.8 -** Mixed simple and mucopurulent chronic bronchitis
- ☐ **J43.0 -** Unilateral pulmonary emphysema [MacLeod's syndrome]
- ☐ **J43.1 -** Panlobular emphysema
- ☐ **J43.2 -** Centrilobular emphysema
- ☐ **J43.8 -** Other emphysema
- ☐ **J45.22 -** Mild intermittent asthma with status asthmaticus
- ☐ **J45.31 -** Mild persistent asthma with (acute) exacerbation
- ☐ **J45.32 -** Mild persistent asthma with status asthmaticus
- ☐ **J45.41 -** Moderate persistent asthma with (acute) exacerbation
- ☐ **J45.42 -** Moderate persistent asthma with status asthmaticus
- ☐ **J45.51 -** Severe persistent asthma with (acute) exacerbation
- ☐ **45.52 -** Severe persistent asthma with status asthmaticus
- ☐ **J47.0 -** Bronchiectasis with acute lower respiratory infection
- ☐ **J70.3 -** Chronic drug-induced interstitial lung disorders
- ☐ **J84.115 -** Respiratory bronchiolitis interstitial lung disease
- ☐ **J09.X2 -** Influenza due to identified novel influenza A virus
- ☐ **J81.1 -** Chronic pulmonary edema
- ☐ **J84.10 -** Pulmonary fibrosis, unspecified
- ☐ **J84.112 -** Idiopathic pulmonary fibrosis
- ☐ **J84.114 -** Acute interstitial pneumonitis

- ☐ **R06.03 -** Acute respiratory distress
- ☐ **R53.1 -** Weakness
- ☐ **R55 -** Syncope and collapse
- ☐ **J05.0 -** Acute obstructive laryngitis [croup]
- ☐ **J05.10 -** Acute epiglottitis without obstruction
- ☐ **J05.11 -** Acute epiglottitis with obstruction
- ☐ **J06.0 -** Acute laryngopharyngitis
- ☐ **J00 -** Acute nasopharyngitis [common cold]
- ☐ **J04.10 -** Acute tracheitis without obstruction
- ☐ **J04.11 -** Acute tracheitis with obstruction
- ☐ **E84.0 -** Cystic fibrosis with pulmonary manifestations
- ☐ **E84.19 -** Cystic fibrosis with other intestinal manifestations
- ☐ **E84.8 -** Cystic fibrosis with other manifestations
- ☐ **I27.21 -** Secondary pulmonary arterial hypertension
- ☐ **I27.24 -** Chronic thromboembolic pulmonary hypertension
- ☐ **I27.29 -** Other secondary pulmonary hypertension

Additional ICD10 codes:

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PATIENT CONSENT AUTHORIZATION

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 **Elite Clinical Laboratory** its assigned affiliates and authorized representatives for laboratory services furnished to me by **Elite Clinical Laboratory** I irrevocably designate, authorize and appoint **Elite Clinical Laboratory** 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 **Elite Clinical Laboratory** immediately upon receipt. I hereby authorize **Elite Clinical Laboratory** 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 **Elite Clinical Laboratory**, in compliance with federal and state laws. **Elite Clinical Laboratory**, 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 **Elite Clinical Laboratory** 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:

PROVIDER INFORMATION

As part of my antibiotic stewardship policy, I find it medically necessary to rapidly determine and differentiate a viral and/or bacterial infection in order to treat with or without appropriate antibiotics. Having the most accurate and timely data available to me directly guides my treatment and patient management. Empiric treatment and management leads to inappropriate and unnecessary antibiotic use (50% according to the CDC) and delayed diagnosis which can lead to severe consequences. Standard antibody/antigen detection is only available to detect few pathogens and comes with a high false negative rate, relatively lower sensitivity (60-70%) and specificity (80-90%). In addition, standard antibody/antigen detection requires the infection to be present for days allowing the body to make ample antibodies in order to detect. Qualitative Nucleic Acid Amplification Testing (NAAT) is far superior with sensitivities and specificities > 98% and available to detect many pathogens. In addition, NAAT has built in controls to determine if an adequate patient sample was collected and processed, therefore greatly reducing false negative results. NAAT also includes controls to easily determine a contaminated sample, therefore reducing false positive results.

Ordering Physician Signature

Date: