

MOLECULAR TEST REQUISITION

CLIENT INFORMATION (Please check requesting physician)

Please attach patient face she back of primary and secondary Name (Last, First):	at a self-self-self-self-self-self-self-self-	DATIENT MAKE DECLUDE	-D		
Name (Last, First):	et and front and	PATIENT NAME REQUIRE See Attached	I minary. 🗀 modi	icare	
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			Ins. Address:	City:	State: Zip:
Date of Birth://_ Se	ex: M F SS#		Policy Holder:	- #	DOB:
Address:			10 10 10 10 10 10 10 10 10 10 10 10 10 1	☐ Self ☐ Spouse ☐ Child	
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Home Phone #:					
				Policy #:	
Medical Record #:			Ins. Address:	City:	State: Zip:
I hereby authorize the release to EmeritusDX	K/Freedom of any medical	and insurance information necessary to pr	rocess claims for services provided t	Patient Signature	
EmeritúsDX/Freedom. I hereby authorize Em provided by EmeritusDX/Freedom	nentusDX/Freedom to purs	ue all necessary appeals of full or partial of	denials of payment in relation to serv	ratient Signature	
CLINICAL INFORMATI					
Collection Date:	C	linical History:			
HYSICIAN NOTICE Physician is requir	red to (1) submit ICD-10 diag	nosis supported in patient's medical record	as documentation of medical necessity	y, or (2) explain and have the patient sign an Al	BN.
Listed, are commonly used ICD-10 codes, ho BLADDER/URINE/PROSTA		codes in the spaces provided to support	tne test request(s) or check codes the	nat apply. Failure to provide ICD-10 code(s) of	could delay processing of the specimen
☐ G89.29 Other chronic pain		☐ N41.0 Acute prostatitis	S	☐ R82.99 Other abnormal fin	dings in urine
☐ N20.0 Calculus of kidney	With the last of the	□ N41.1 Chronic prostat	iitis	☐ Z11.8 Screen for other int	
	N30.00 Acute cystitis without hematuria R31.0 Gross hem			Z87.440 Personal history of urinary (tract) infections	
N30.20 Other chronic cystitis without hematuria ☐ R31.29 Other microsc N39.0 Urinary tract infection ☐ R31.9 Hematuria, un		A SECOND CONTRACTOR CONTRACTOR OF THE CONTRACTOR	ria ☐ R97.20 Elevated prostate specific antigen ☐ Other:		
IOLECULAR UTI TESTS					
□ STI PANEL (Addition		ity Testing) + STI I		ysis (UA tube required) X (Additional tube required)	
- CIIDAG (ID MICH		(Additional tube required) □ ADDITIONAL TESTS:			
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S O HOAN (ID WITH		(Additional tube	D ADDIT	TIONAL TESTS:	Market a Carlo
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