

CLIENT INFORMATION

PLEASE CHECK REQUESTING PHYSICIAN

CHECK ONE: TC ONLY GLOBAL CONSULTATION HOME KIT

PATIENT INFORMATION

(Green highlighted sections are required information)

Please attach patient face sheet and front and back of primary and secondary insurance card:

See Attached

REQUIRED

Name (Last, First): _____

Date of Birth: ___/___/___ Sex: M F SS# _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Medical Record #: _____

BILLING INFORMATION See Attached

Primary: Medicare Medicaid Insurance Patient Client

Insurance: _____ Policy #: _____ Group #: _____

Ins. Address: _____ City: _____ State: _____ Zip: _____

Policy Holder: _____

Policy Holder: Self Spouse Child Other

I authorize the release of any medical and insurance information to EmeritusDX as needed to process claims for services provided. I also authorize EmeritusDX to pursue any necessary appeals related to full or partial payment denials for these services.

Patient Signature: _____

CLINICAL INFORMATION

COLLECTION DATE: ___/___/___

Clinical History: _____

ICD-10 CODES Physician is required to (1) submit ICD-10 diagnosis supported in patient's medical record as documentation of medical necessity, or (2) explain and have the patient sign an ABN.

Failure to provide ICD-10 code(s) will delay processing of the specimen. Listed below are commonly used ICD-10 codes, check codes that apply or list codes in the space provided to support the test request(s).

BIOPSY/HISTOPATHOLOGY

Vas Deferens

Procedure: Vasectomy Other: _____

Vas Deferens-L Vas Deferens-R Other: _____

Bladder Biopsy

Procedure: TURBT Cold Cup Other: _____

Biopsy Sites: _____

Prostate Biopsy

Procedure: Needle Core MRI Guided TURP Other: _____

Number of Jars: _____

Last PSA: _____ ng/ml Free PSA: _____ % Date: ___/___/___

Clinical Findings: DRE Normal Abnormal ¹Jars must be labeled with site.

ICD-10 Codes

- Z30.2 Encounter for sterilization
- D41.4 Neoplasm of uncertain behavior of bladder
- C67.9 Malignant neoplasm of bladder
- Z85.51 Personal history of malignant neoplasm, bladder
- C61 Malignant neoplasm of prostate
- R97.20 Elevated prostate specific antigen (PSA)
- R97.21 Rising PSA following treatment for malignant neoplasm of prostate
- N40.2 Nodular prostate without lower urinary tract symptoms
- N40.3 Nodular prostate with lower urinary tract symptoms
- R89.7 Abnormal histological findings in specimens from other organs/tissues

URINE/INFECTIOUS DISEASE TESTING

COLLECTION METHOD

Voided Urine Bladder Wash Cystoscopy Catheterized Urine Post Massage Urine Semen Other: _____

AST = Antibiotic susceptibility testing

TEST ORDER

- Cytology
 - Cytology Reflex: BladderFISH™¹
- Bladder17®
 - Bladder17® Reflex: BladderFISH™¹
- BladderFISH™
 - BladderDX™
 - Urinalysis (Dipstick)
 - Urinalysis with Microscopy
 - UroDX™ Complete Screening
 - UroDX™ Reflex

¹BladderFISH™ reflex based on the presences of RBCs, urothelial cell clusters, atypia, suspicious or positive cytology.

²Bacteria, Bacterial Groups, Yeast, ABR Genes - Test details on back

- UTIDX^{®2} (PCR Detection with AST)
- UTIDX^{®2} and STIDX™
- STIDX™ (Additional Specimen Tube Required)
- Prostatitis²
- Pre-Prostate Biopsy Rectal Swab (PPBRs)²
- Quantitative Urinalysis

Is Patient on Antibiotics? Yes No Pregnant Yes No

Known Drug Allergies: _____

ICD-10 Codes

- R31.29 Other microscopic hematuria
- R31.1 Benign microscopic hematuria
- R31.0 Gross hematuria
- R31.9 Hematuria, unspecified
- R82.99 Other abnormal findings in urine
- N41.1 Chronic Prostatitis
- N41.0 Acute Prostatitis
- N39.0 Urinary tract infection
- Z87.440 History of UTI
- N30.00 Acute cystitis w/o hematuria
- N30.20 Other chronic cystitis without hematuria
- R30.0 Dysuria
- Z11.3 Screening for infections w/ sexual transmission
- Z11.8 Screening for other infections/parasitic diseases

BRUSHING/SWAB

COLLECTION METHOD

Voided Urine Aptima® Swab

Aptima® Multitest

- CT/NG C. trachomatis & N. gonorrhoea
- Trichomonas vaginalis
- Bacterial vaginosis
- Candida vaginitis/Trichomonas vaginalis
- Mycoplasma genitalium

ICD-10 Codes

- N76.0 Acute vaginitis / vulvovaginitis
- B96.89 Other specified bacterial agents as the cause of diseases classified elsewhere
- B37.31 Acute candidiasis of vulva and vagina
- A59.00 Urogenital trichomoniasis, unspecified
- A59.03 Trichomonal cystitis and urethritis
- N34.1 Nonspecific / nongonococcal urethritis
- A49.3 Mycoplasma infection, unspecified site
- A56.01 Chlamydia cystitis and urethritis

- A56.09 Other chlamydial lower genitourinary infection
- A54.00 Gonococcal infection of lower genitourinary tract, unspecified
- A60.09 Herpesviral infection of other urogenital tract
- N89.8 Other specified noninflammatory disorders of vagina / vaginal discharge / leukorrhea
- Z11.3 Screening for infections with a predominantly sexual mode of transmission

ADDITIONAL TESTS / NOTES

By submission of this requisition and accompanying sample(s), I authorize and direct you to perform the testing indicated above, (I) certify that the ordered tests are reasonable and medically necessary by the diagnosis or treatment of this patient's condition. (I) certify that, to the extent required by the laws of the state in which I provide healthcare services, I have obtained this patient's informed consent to undergo any testing requested hereby, and to have the results reported to me and (I) agree to provide you a copy of this persons signed and dated consent form per your request.

Physician/Authorized Signature _____ Date ___/___/___

Signature required on this order or in the patient's medical record

Please Discard Extra Labels

1-Complete all required information on requisition. 2-Use appropriate number of labels provided. 3-Place 1 label on each specimen container (not on lid).

Left Base Name _____ DOB _____	Left Lateral Base Name _____ DOB _____	Left Lateral Base #2 Name _____ DOB _____	Right Base Name _____ DOB _____	Right Lateral Base Name _____ DOB _____	Right Lateral Base #2 Name _____ DOB _____
Left Mid Name _____ DOB _____	Left Lateral Mid Name _____ DOB _____	Left Lateral Mid #2 Name _____ DOB _____	Right Mid Name _____ DOB _____	Right Lateral Mid Name _____ DOB _____	Right Lateral Mid #2 Name _____ DOB _____
Left Apex Name _____ DOB _____	Left Lateral Apex Name _____ DOB _____	Left Lateral Apex #2 Name _____ DOB _____	Right Apex Name _____ DOB _____	Right Lateral Apex Name _____ DOB _____	Right Lateral Apex #2 Name _____ DOB _____
Left Transitional Name _____ DOB _____	Left Lateral Transitional Name _____ DOB _____	Left Seminal Vesicle Name _____ DOB _____	Right Transitional Name _____ DOB _____	Right Lateral Transitional Name _____ DOB _____	Right Seminal Vesicle Name _____ DOB _____
Vas Deferens Left Name _____ DOB _____	Vas Deferens Right Name _____ DOB _____	Bladder Name _____ DOB _____	Bladder Name _____ DOB _____	Urine Name _____ DOB _____	Other: Name _____ DOB _____

UTIDX® ID, ABR, & AST

- **Organism Detection** (*see below*)
- **Antibiotic Sensitivity** (*AST, see below*)
- **Antibiotic Resistance Genes** (*see below*)

UTIDX® F-AST UTI TEST ID, ABR - 24 Hour TAT

PCR detection of pathogens and antibiotic resistant genes without the antibiotic sensitivity testing with UTIDX®

- **Organism Detection** (*see below*)
- **Antibiotic Resistance Genes** (*see below*)

ORGANISMS DETECTED:

- | | | |
|-------------------------------------|---|-------------------------------|
| • Acinetobacter baumannii | • Corynebacterium riegelii | • Proteus mirabilis |
| • Actinobaculum schaalii | • Enterobacter aerogenes | • Proteus vulgaris |
| • Aerococcus urinae | • Enterobacter cloacae (Klebsiella aerogenes) | • Providencia stuartii |
| • Alloscardovia omnicolens | • Enterococcus faecalis | • Pseudomonas aeruginosa |
| • Candida albicans | • Enterococcus faecium | • Serratia marcescens |
| • Candida auris | • Escherichia coli | • Staphylococcus aureus |
| • Candida glabrata | • Klebsiella oxytoca | • Streptococcus agalactiae |
| • Candida parapsilosis | • Klebsiella pneumoniae | • Ureaplasma urealyticum |
| • Citrobacter freundii | • Morganella morganii | • Viridans Group Streptococci |
| • Citrobacter koseri | • Mycoplasma hominis | |
| • Coagulase Negative Staphylococcus | • Pantoea agglomerans | |

ANTIBIOTIC RESISTANCE DETECTED (38 Genes, ABR)

Broad-Spectrum

β-Lactamases

- ACC
- ampC
- CMY2
- CMY9
- DHA
- FOX
- TEM

Carbapenemases

- IMP
- KPC
- VIM
- OXA-23
- OXA-24
- OXA-51
- OXA-52
- OXA-53
- OXA-54
- OXA-55
- OXA-56
- OXA-57

Extended-Spectrum

β-Lactamases (ESBLs)

- ESBL
- GES
- OXA-1
- PER-1
- PER-2
- SHV
- VEB

Fluoroquinolones

- Qnr

Methicillin

- mecA

Sulfonamides

- Sul1
- Sul2
- dfrA1
- dfrA5

Tetracycline

- Tet

ANTIBIOTIC SENSITIVITY (AST, Culture)

- | | | | |
|-------------------------------|-------------------------|------------------|---------------------------------|
| • Amikacin | • Cefepime | • Fosfomycin | • Penicillin |
| • Amoxicillin/Clavulanic Acid | • Cefoxitin | • Gentamicin | • Piperacillin/Tazobactam |
| • Ampicillin | • Ceftazidime/Avibactam | • Imipenem | • Sulfamethoxazole/Trimethoprim |
| • Cefaclor | • Ceftriaxone | • Levofloxacin | • Vancomycin |
| • Cephalexin | • Ciprofloxacin | • Meropenem | |
| • Cefazolin | • Doxycycline | • Nitrofurantoin | |

STIDX™

ORGANISMS DETECTED

- | | | |
|---------------------------------|--------------------------------------|--|
| • Trichomonas vaginalis | • Human Papillomavirus Type 31 | • Human Herpesvirus 4 (Epstein Barr Virus) |
| • Neisseria gonorrhoeae | • Human Papillomavirus Type 16 | • Human Herpesvirus 6 |
| • Chlamydia trachomatis | • Human Papillomavirus Type 33/52/67 | |
| • Gardanella vaginalis | • Human Papillomavirus Type 18 | |
| • Treponema pallidum (Syphilis) | • Human Papillomavirus Type 45 | |

BladderFISH™

A non-invasive urine test for the initial evaluation of bladder carcinoma in patients with hematuria and for monitoring tumor recurrence in patients with a prior diagnosis of bladder cancer. The assay detects chromosomal aneuploidy involving CEP3, CEP7, CEP17, and 9p21.

Bladder17®

A non-invasive urine test that detects Keratin 17, a biomarker associated with both high- and low-grade bladder cancer.

BladderDX™

Urine Cytology, Bladder17®, BladderFISH™, ProExC® & Feulgen

UroDX™ Complete Screening

Quantitative Urinalysis, UTIDX®, STIDX™, Urine Cytology, Bladder17®, BladderFISH™, ProExC® & Feulgen

UroDX™ Reflex

Reflex to UTIDX® & STIDX™ if Quantitative Urinalysis is abnormal for Leukocytes and/or Nitrites; Reflex to Urine Cytology, Bladder17®, BladderFISH™, ProExC® & Feulgen if positive for RBCs.

Aptima® Multitest

- | | | | |
|-----------------------|-------------------------|-------------|-------------------------|
| • Bacterial vaginosis | • Candida glabrata | • Chlamydia | • Mycoplasma genitalium |
| • Candida species | • Trichomonas vaginalis | • Gonorrhea | |