

Comprehensive Molecular Test Requisition Form

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Clinic Information:
Practice Name: _____
Address: _____ City: _____
State: _____ ZIP: _____ Phone #: _____

Patient Information:
***MUST ATTACH PATIENT DEMOGRAPHIC INFORMATION**
First Name: _____
Last Name: _____
Address: _____ City: _____ State: _____
ZIP: _____ SSN: _____ DOB: ____/____/____
Sex: ☐ F ☐ M ☐ Other

REQUIRED FIELD:

Provider Name _____

Provider Signature _____ **Date** _____
*See provider attestation details at the bottom of this form.
Collection Date: _____
Collection Time: _____

Billing: ☐ Insurance ☐ Self-Pay ☐ Client Bill

Antibiotic Allergies: _____

UTI

SAMPLE TYPE:

☐ Clean Catch

☐ Random Void

☐ Catheterized

☐ Foley Catheter

☐ Nephrostomy Tube

☐ Kidney Stone

☐ Other

ICD CODE(S):
***SELECT ALL THAT APPLY**
☐ N30.00 – Acute cystitis without hematuria
☐ N30.01 – Acute cystitis with hematuria
☐ N30.10 – Interstitial cystitis (chronic) without hematuria
☐ N30.11 – Interstitial cystitis (chronic) with hematuria
☐ N30.80 – Other cystitis without hematuria
☐ N30.81 – Other cystitis with hematuria
☐ N34.1 – Nonspecific urethritis
☐ R10.20 – Pelvic and perineal pain unspecified side
☐ R30.0 – Dysuria
☐ R30.9 – Painful micturition, unspecified
☐ R35.0 – Frequency of micturition
☐ R39.16 – Straining to void
☐ R31.0 – Gross hematuria
☐ R50.9 – Fever, unspecified
☐ R10.84 – Generalized abdominal pain
☐ R10.30 – Lower abdominal pain, unspecified
☐ R82.71 – Bacteriuria
☐ R82.81 – Pyuria
☐ R82.998 – Other abnormal findings in urine
☐ R82.79 – Other abnormal findings on microbiological examination of urine
☐ Other: _____
*If N39.0, R82.90, or N30.90 is selected MUST provide secondary code(s).

MOLECULAR PATHOGEN PANEL ORDERED
***REQUIRED: SELECT ONE**
Molecular UTI with Antibiotic Resistance Genes and Reflex Phenotypic Molecular Antimicrobial Susceptibility Testing
☐ All organisms and resistance genes listed below
☐ Individual organisms and/or genes selected below
Organisms:

☐ *Acinetobacter baumannii*

☐ *Enterococcus faecium*

☐ *Mycoplasma genitalium*

☐ *Serratia marcescens*

☐ *Candida albicans*

☐ *Escherichia coli*

☐ *Mycoplasma hominis*

☐ *Streptococcus agalactiae*

☐ *Candida glabrata*

☐ *Gardnerella vaginalis*

☐ *Pantoea agglomerans*

☐ *Staphylococcus aureus*

☐ *Candida parapsilosis*

☐ *Klebsiella aerogenes*

☐ *Proteus mirabilis*

☐ *Staphylococcus epidermidis*

☐ *Citrobacter freundii*

☐ *Klebsiella oxytoca*

☐ *Proteus vulgaris*

☐ *Staphylococcus species*

☐ *Citrobacter koseri*

☐ *Klebsiella pneumoniae*

☐ *Providencia stuartii*

☐ *Ureaplasma parvum*

☐ *Enterobacter cloacae*

☐ *Morganella morganii*

☐ *Pseudomonas aeruginosa*

☐ *Ureaplasma urealyticum*

☐ *Enterococcus faecalis*

Resistance Genes:

☐ blaACC/blaACT

☐ ErmA/ErmB

☐ NDM/IMP

☐ PER

☐ tet(M)

☐ CTX-M Group I

☐ Erm C

☐ QnrA/QnrB/QnrS

☐ SHV/VEB

☐ VanA/VanC

☐ CTX-M Group II

☐ FOX/MOX

☐ OXA-1/OXA-48

☐ Sul2

☐ VanB

☐ dfrA5/A1

☐ KPC

☐ OXA-23

☐ TEM/GES

☐ VIM

☐ DHA/MIR

☐ mecA

INDICATION FOR MEDICAL NECESSITY
***REQUIRED: SELECT ALL THAT APPLY**
☐ Symptomatic AND at higher risk for UTI complications
☐ Complicated UTI
☐ Recurrent UTI
☐ Dipstick or urine analysis positive
☐ Prior negative urine culture with persistent urinary symptoms concerning for UTI
☐ Persistent UTI symptoms in setting of prior “mixed flora” or “contaminated” urine culture results
☐ Concern for UTI due to atypical organism or pathogen load not detected or reported on culture
☐ Other: _____

VAGINITIS

SAMPLE TYPE:
☐ Vaginal Swab

ICD CODE(S):
***SELECT ALL THAT APPLY**
☐ L29.2 – Pruritus vulvae
☐ N76.1 – Subacute and chronic vaginitis
☐ N76.89 – Other specified inflammation of vagina and vulva
☐ N77.1 – Vaginitis, villitis and vulvovaginitis in diseases classified elsewhere
☐ N95.2 – Postmenopausal atrophic vaginitis
☐ R30.0 – Dysuria
☐ Z72.51 – High risk heterosexual behavior
☐ Z72.52 – High risk homosexual behavior
☐ Z72.53 – High risk bisexual behavior
☐ Other: _____

MOLECULAR PATHOGEN PANEL ORDERED
Molecular Vaginitis Panel
***REQUIRED: SELECT ONE**
☐ All organisms listed below ☐ Individual organisms selected below
Organisms:

☐ *Atopobium vaginae*

☐ *Chlamydia trachomatis*

☐ *Lactobacillus jensenii*

☐ *Prevotella bivia*

☐ *BVAB2*

☐ *Enterococcus faecalis*

☐ *Megasphaera 1*

☐ *Staphylococcus aureus*

☐ *Candida albicans*

☐ *Escherichia coli*

☐ *Megasphaera 2*

☐ *Streptococcus agalactiae (Group B)*

☐ *Candida glabrata*

☐ *Gardnerella vaginalis*

☐ *Mobiluncus species*

☐ *Trichomonas vaginalis*

☐ *Candida krusei*

☐ *Lactobacillus crispatus*

☐ *Mycoplasma genitalium*

☐ *Ureaplasma parvum*

☐ *Candida parapsilosis*

☐ *Lactobacillus gasseri*

☐ *Mycoplasma hominis*

☐ *Ureaplasma urealyticum*

☐ *Candida tropicalis*

☐ *Lactobacillus iners*

☐ *Neisseria gonorrhoeae*

INDICATION FOR MEDICAL NECESSITY
***REQUIRED: SELECT ALL THAT APPLY**

☐ Persistent symptoms despite prior treatment

☐ Recurrent vaginitis

☐ Chronic vaginitis

☐ Other: _____

☐ Atypical vaginal symptoms

☐ Poor response to empiric treatment

☐ Unusual vaginal discharge

Release and Consent:
As a courtesy, Mokan Labs, LLC makes every reasonable effort to obtain reimbursement for ordered tests. I authorize Mokan Lab, LLC to release to Medicare, its carriers, and any insurance carrier or health plan providing benefits to me, any information that may be needed for claim purpose. By authorizing the test, I hereby assign to Mokan Labs, LLC all Medicare, Medicaid, and/or insurance benefits related to ordered tests. I understand if my insurance company pays me directly for services rendered by Mokan Labs, LLC, I am responsible for forwarding any & all such payments directly to Mokan Labs, LLC. I also understand and agree to that I am responsible for any copayment and/or deductible, as required by my plan. In addition, I understand and agree that if for any reason the ordered & performed tests are excluded from coverage by Medicare, Medicaid, or other insurance, I am financially responsible for payment to Mokan Labs. I attest that 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.

PCLIA: 17D2273601 | NPI: 1366156655 | Version 2.4

STI	<div><div>SAMPLE TYPE:<div><div>☐ Urine</div><div>☐ Genital Swab</div></div></div><div>ICD CODE(S):<div>*SELECT ALL THAT APPLY</div><div><div>☐ Z11.3 – Encounter for screening for infections with a predominantly sexual mode of transmission</div><div>☐ Z20.2 – Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission</div><div>☐ Z72.51 – High-risk heterosexual behavior</div><div>☐ Z11.8 – Encounter for screening for other infectious and parasitic diseases</div><div>☐ R30.0 – Dysuria</div><div>☐ R36.9 – Urethral discharge, unspecified</div><div>☐ N34.2 – Other urethritis</div><div>☐ N89.8 – Other specified noninflammatory disorders of vagina</div><div>☐ R87.89 - Other abnormal findings in specimens from female genital organs</div><div>☐ A54.00 – Gonococcal infection of lower genitourinary tract, unspecified site</div><div>☐ A56.00 – Chlamydial infection of lower genitourinary tract, unspecified</div><div>☐ A59.00 – Urogenital trichomoniasis, unspecified</div><div>☐ A63.8 – Other specified predominantly sexually transmitted diseases (for less common STIs)</div><div>☐ Other: </div></div></div></div>		<div><div>MOLECULAR PATHOGEN PANEL ORDERED</div><div>Molecular Sexually Transmitted Infection</div><div>*REQUIRED: SELECT ONE</div><div><div>☐ All organisms listed below</div><div>☐ Individual organisms selected below</div></div><div>Organisms:<div><div><div>☐ Chlamydia trachomatis☐ Gardnerella vaginalis☐ Mycoplasma genitalium☐ Mycoplasma hominis</div><div>☐ Neisseria gonorrhoeae☐ Trichomonas vaginalis☐ Ureaplasma parvum☐ Ureaplasma urealyticum</div></div></div></div><div><div>INDICATION FOR MEDICAL NECESSITY</div><div>*REQUIRED: SELECT ALL THAT APPLY</div><div><div>☐ Current symptoms of STI☐ Unprotected sex☐ New or multiple sexual partners☐ Engagement in high-risk non-sexual behaviors☐ History of STIs☐ Screening per CDC guidelines☐ Other: </div><div>☐ Pregnancy☐ Male who has sex with men☐ Partner with STI</div></div></div></div>	
PROSTATITIS	<div><div>SAMPLE TYPE:<div>☐ Semen</div></div><div>ICD CODE(S):<div>*SELECT ALL THAT APPLY</div><div><div>☐ N41.0 - Acute prostatitis☐ N41.1 - Chronic prostatitis☐ N41.3 - Prostatocystitis☐ N41.8 - Other inflammatory diseases of prostate☐ N49.0 - Inflammatory disorders of seminal vesicle☐ R10.20 – Pelvic and perineal pain unspecified side☐ N34.1 - Nonspecific urethritis☐ N30.80 - Other cystitis without hematuria☐ N30.81 - Other cystitis with hematuria☐ R30.0 - Dysuria☐ R30.9 - Painful micturition, unspecified☐ R39.16 - Straining to void☐ R10.30 - Lower abdominal pain, unspecified☐ R10.84 - Generalized abdominal pain☐ R39.15 - Urgency of urination☐ Z87.440 - Personal history of urinary (tract) infections☐ Other: </div></div></div></div>		<div><div>MOLECULAR PATHOGEN PANEL ORDERED</div><div>Molecular Semen/Prostatitis with Antibiotic Resistance Genes & Reflex Phenotypic Molecular Antimicrobial Susceptibility</div><div>*REQUIRED: SELECT ONE</div><div><div>☐ All organisms and resistance genes listed below☐ Individual organisms and/or genes selected below</div><div>Organisms:<div><div><div>☐ Acinetobacter baumannii☐ Candida albicans☐ Candida glabrata☐ Candida parapsilosis☐ Chlamydia trachomatis☐ Citrobacter freundii☐ Citrobacter koseri☐ Enterobacter cloacae</div><div>☐ Enterococcus faecalis☐ Enterococcus faecium☐ Escherichia coli☐ Gardnerella vaginalis☐ Klebsiella aerogenes☐ Klebsiella oxytoca☐ Klebsiella pneumoniae☐ Morganella morganii</div><div>☐ Mycoplasma genitalium☐ Mycoplasma hominis☐ Neisseria gonorrhoeae☐ Pantoea agglomerans☐ Proteus mirabilis☐ Proteus vulgaris☐ Providencia stuartii☐ Pseudomonas aeruginosa</div></div></div><div>Resistance Genes:<div><div><div>☐ blaACC/blaACT☐ CTX-M Group I☐ CTX-M Group II☐ dfrA5/A1☐ DHA/MIR</div><div>☐ ErmA/ErmB☐ Erm C☐ FOX/MOX☐ KPC☐ mecA</div><div>☐ NDM/IMP☐ QnrA/QnrB/QnrS☐ OXA-1/OXA-48☐ OXA-23</div><div>☐ PER☐ SHV/VEB☐ Sul2☐ TEM/GES</div><div>☐ tet(M)☐ VanA/VanC☐ VanB☐ VIM</div></div></div></div><div><div>INDICATION FOR MEDICAL NECESSITY</div><div>*REQUIRED: SELECT ALL THAT APPLY</div><div><div>☐ Concern for acute bacterial prostatitis☐ Chronic prostatitis☐ Prior negative urine culture with ongoing prostatitis symptoms☐ Need for semen infectious testing with no available testing options at local or hospital lab☐ Chronic pelvic pain with prior negative work up</div><div>☐ Prostatitis symptoms despite prior empiric treatment☐ Prior negative semen culture with ongoing prostatitis</div></div></div></div></div></div>	
RECTAL	<div><div>SAMPLE TYPE:<div>☐ Rectal Swab</div></div><div>ICD CODE(S):<div>*SELECT ALL THAT APPLY</div><div><div>☐ R97.20 - Elevated PSA☐ R36.1 - Hematospermia☐ C61 - Malignant neoplasm of prostate☐ D40.0 - Neoplasm of uncertain behavior of prostate☐ R97.21 - Rising PSA following treatment for malignant neoplasm of prostate☐ Z85.46 - Personal history of malignant neoplasm of prostate☐ Other: </div></div></div></div>		<div><div>MOLECULAR PATHOGEN PANEL ORDERED</div><div>Molecular Pre-Prostate Biopsy Rectal Swab and Reflex Phenotypic Molecular Antimicrobial Susceptibility</div><div>*REQUIRED: SELECT ONE</div><div><div>☐ All organisms listed below☐ Individual organisms selected below</div><div>Organisms:<div><div><div>☐ Acinetobacter baumannii☐ Enterobacter aerogenes☐ Enterobacter cloacae</div><div>☐ Enterococcus faecalis☐ Escherichia coli☐ Klebsiella pneumoniae</div><div>☐ Morganella morganii☐ Pseudomonas aeruginosa☐ Proteus mirabilis☐ Proteus vulgaris☐ Staphylococcus aureus</div></div></div><div>Resistance Genes:<div><div>☐ CTX-M Group 1/2</div><div>☐ TEM☐ SHV☐ QnrA/QnrB</div></div></div></div><div><div>INDICATION FOR MEDICAL NECESSITY</div><div>*REQUIRED: SELECT ALL THAT APPLY</div><div><div>☐ High risk for post-prostate biopsy sepsis or infection☐ Prior post-prostate biopsy sepsis☐ Recent antibiotic exposure☐ Urinary catheter or self catheterization dependent☐ History of lymphoma, leukemia, prior bone marrow transplant, chronic immunosuppression, or an autoimmune disorder/disease☐ Other: </div><div>☐ Prostate biopsy within the last 12 months☐ Joint replacement within the past 2 years☐ Recent catheter placement for urinary retention☐ Healthcare worker with direct patient contact</div></div></div></div></div>	
GENTAL LESION	<div><div>SAMPLE TYPE:<div><div>☐ Lesion Swab☐ Genital Swab☐ Anal Swab☐ Oral Swab</div></div><div>ICD CODE(S):<div>*SELECT ALL THAT APPLY</div><div><div>☐ N76.6 – Ulceration of vulva☐ N76.5 – Ulceration of the vagina☐ N48.5 - Ulcer of penis☐ A51.0 – Primary genital syphilis☐ A51.1 – Primary anal syphilis☐ A57 – Chancroid☐ A60.01 – Herpesviral infection of penis☐ A60.04 – Herpesviral infection of vulva and vagina☐ B02.9 – Zoster without complications☐ Z20.2 – Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission☐ Other: </div></div></div></div></div>		<div><div>MOLECULAR PATHOGEN PANEL ORDERED</div><div>Molecular Genital Lesion with Antibiotic Resistance Genes</div><div>*REQUIRED: SELECT ONE</div><div><div>☐ All organisms and resistance genes listed below☐ Individual organisms and/or genes selected below</div><div>Organisms:<div><div><div>☐ Chlamydia trachomatis☐ Herpes simplex virus 1 (HSV-1)</div><div>☐ Herpes simplex virus 2 (HSV-2)☐ Haemophilus ducreyi</div><div>☐ Treponema pallidum☐ Varicella-zoster virus (VZV)</div></div></div><div>Resistance Genes:<div><div><div>☐ DfrA1☐ Sul1</div><div>☐ DfraA5☐ Sul2</div><div>☐ ErmA/ErmC☐ TetB</div><div>☐ ErmB☐ TetM</div><div>☐ mefA</div></div></div></div><div><div>INDICATION FOR MEDICAL NECESSITY</div><div>*REQUIRED: SELECT ALL THAT APPLY</div><div><div>☐ Current genital lesion☐ Current symptoms of STI☐ Other: </div><div>☐ Unprotected intercourse☐ Exposure to partner with STI</div><div>☐ New or multiple sexual partners</div></div></div></div></div></div>	