VAGINITIS REQUISITION FORM

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MOKAN

ACCOUNT INFORMATION

_____
Ordering Facility

_____
Address

_____
City, State, Zip

_____ _____
Phone Collection Date & Time

Source of Collection
☒ Vaginal Swab

PATIENT & BILLING INFORMATION

Name: _____
Last First MI

Address: _____

_____
City State Zip Code

Date of Birth: _____ Sex: ☐ M ☐ F

Social Security #: _____ Phone #: _____

☐ Insurance ☐ Medicare ☐ Medicaid
☐ Client Bill ☐ Self-Pay ☐ Workers Comp
☐ Skilled Nursing Facility ☐ Uninsured

Insurance Plan: _____

Policy #: _____ Group #: _____

Relationship to Insured: _____

**Attach Copy of Front & Back of Current Insurance Card*

PROVIDER AUTHORIZATION

Ordering Provider (please print)

X _____
Provider Signature

_____
Date

MOLECULAR PATHOGEN PANEL ORDERED

Molecular Vaginitis Panel (VGN)

***REQUIRED: SELECT ONE**

☐ All organisms listed below
☐ Individual organisms selected below

Organisms:

☐ *Atopium vaginae*	☐ *BVAB2*	☐ *Candida albicans*
☐ *Candida glabrata*	☐ *Candida krusei*	☐ *Candida parapsilosis*
☐ *Candida tropicalis*	☐ *Chlamydia trachomatis*	☐ *Enterococcus faecalis*
☐ *Escherichia coli*	☐ *Gardnerella vaginalis*	☐ *Lactobacillus crispatus*
☐ *Lactobacillus gasseri*	☐ *Lactobacillus iners*	☐ *Lactobacillus jensenii*
☐ *Megaspherae 1*	☐ *Megaspherae 2*	☐ *Mobiluncus curtisii*
☐ *Mobiluncus mulieris*	☐ *Mycoplasma genitalium*	☐ *Mycoplasma hominis*
☐ *Neisseria gonorrhoea*	☐ *Prevotella bivia*	☐ *Staphylococcus aureus*
☐*Streptococcus agalactiae*	☐ *Trichomonas vaginalis*	☐ *Ureaplasma parvum*
☐ *Ureaplasma urealyticum*		

INDICATION FOR MEDICAL NECESSITY

***REQUIRED: SELECT ALL THAT APPLY**

☐ Persistent symptoms despite prior treatment
☐ Recurrent vaginitis
☐ Chronic vaginitis
☐ Unusual vaginal discharge
☐ Atypical vaginal symptoms
☐ Poor response to empiric treatment
☐ Other: _____

ICD 10 CODE(S)

***REQUIRED: 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, vulvitis 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: _____

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.