

Ordering Physician

Patient Information

Account Information

Name: <input type="text"/>		First	Last
Address: <input type="text"/>			
City: <input type="text"/>		State: <input type="text"/>	Zip: <input type="text"/>
Date of Birth: <input type="text"/> Month <input type="text"/> Day <input type="text"/> Year		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone: <input type="text"/>

1. Select Test(s)

Checking box(es) required for testing.

Resolve mdx UTI Panel
PCR detection, ABR genes, ASTX susceptibility testing
Test details on back

Resolve mdx STI Panel
(ADDITIONAL SPECIMEN TUBE REQUIRED)
PCR Identification, ABR genes
Test details on back

2. Specimen Information

Collection Date: Month Day YearCollection Type: Clean catch urine
 Catheter urineIs patient currently on antibiotic? Yes No

3. Required Billing Information (At least (1) ICD-10 is required per panel ordered)

UTI codes:

(Physician must include ICD-10 diagnosis to document medical necessity for UTI test.)

- N30.80 - Other cystitis **without** hematuria
- N30.81 - Other cystitis **with** hematuria
- R30.0 - Dysuria
- R30.9 - Painful micturition, unspecified
- R50.9 - Fever, unspecified
- R10.30 - Lower abdominal pain, unspecified
- B37.42 - Candidal balanitis
- B37.49 - Other urogenital candidiasis

- B37.41 - Candidal cystitis and urethritis
- R10.84 - Generalized abdominal pain
- N34.1 - Nonspecific urethritis
- N34.3 - Urethral syndrome, unspecified
- R82.90 - Unspecified abnormal findings in urine
- R39.16 - Straining to Void
- Other:

STI codes:

(Physician must include ICD-10 diagnosis to document medical necessity for STI test.)

- A64 - Unspd sexually transmitted disease
- Z11.3 - Encounter for screening for infections with a predominantly sexual mode of transmission
- A74.9 - Chlamydial infection, unspecified
- R11.3 - Screen for infections w/ sexual mode of transmission
- Other:

Copy of Insurance card (front and back) required.

Payment Type: Private Insurance Medicare Medicaid Patient Self-Pay Client (contract required)Name of insurance: Member ID: (Medicare only) Was procedure performed in hospital? If yes: hospital outpatient hospital inpatient - discharge date: Month Day Year**Include copies of both sides of insurance card(s). If two cards are submitted, indicate which is primary.**

4. Physician Signature & Attestation

I hereby authorize testing and confirm that an informed consent has been obtained, if required by state law. I confirm that this is medically necessary and the results will be used in the medical management decisions for the patient. I hereby attest that the person listed in the Ordering Physician space above is authorized by law in the relevant jurisdiction to order the test requested herein. I confirm that I have on file the patient's assignment of benefits authorizing insurance benefits to be paid to ancillary healthcare service providers, such as mdxhealth. I further instruct mdxhealth to retain this completed test requisition as part of the patient medical record. I authorize mdxhealth to release the information on this form, and other information provided by me, or on my behalf, necessary to process a claim for this service.

 / /

Ordering Physician Signature (No stamped signatures)

Date

Submitting this form constitutes a Certification of Medical Necessity and a certification that you have obtained consent for mdxhealth to release the test results and relevant medical information to the patient's insurance carrier as part of the coverage and reimbursement process.

Place Patient Label Here

Place Provided Barcode Here

Test Details

Urinary Tract Infection Panel

PATHOGENS TESTED

- Acinetobacter baumannii
- Candida albicans
- Citrobacter freundii
- Citrobacter koseri
- Enterobacter cloacae
- Enterococcus faecalis
- Enterococcus faecium
- Escherichia coli
- Klebsiella aerogenes
- Klebsiella oxytoca
- Klebsiella pneumoniae
- Morganella morganii
- Proteus mirabilis
- Pseudomonas aeruginosa
- Serratia marcescens
- Staphylococcus aureus
- Staphylococcus epidermidis
- Staphylococcus saprophyticus
- Streptococcus pyogenes

ABR PANEL

- Carbapenem
- Extended Spectrum Beta-Lactamase
- Fluoroquinolone
- Methicillin
- Trimethoprim/Sulfamethoxazole
- Vancomycin

Sexually Transmitted Infection Panel

PATHOGENS TESTED

- Mycoplasma genitalium
- Mycoplasma hominis
- Ureaplasma parvum
- Ureaplasma urealyticum
- Chlamydia trachomatis
- Gardnerella vaginalis
- Neisseria gonorrhoeae
- Trichomonas vaginalis

ABR PANEL

- Carbapenem
- Extended Spectrum Beta-Lactamase
- Fluoroquinolone
- Methicillin
- Trimethoprim/Sulfamethoxazole
- Vancomycin