Resolve mdx
for UTI, Prostatitis, and STI

Test Requisition Form

Ordering Physician

Patient Information

Name: First Last

Address:

City: State: Zip:

Email Address: Phone:

Date of Birth: Month Day Year Sex: M F Other

MRN/Patient ID:

1. Test Ordered:

☑ **Resolve mdx UTI Testing**
(Comprehensive UTI testing, unless Custom Testing indicated, at right)

☐ Add STI Testing

Custom Testing

☐ STI Testing only

☐ Selected Testing
(See back page for pathogen and resistance gene options)

2. Specimen Information (Only urine specimens accepted):

Collection Date: Month Day Year

Is patient currently on antibiotic? ☐ Yes ☐ No

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

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

- ☐ Z87.440 - Personal history of urinary (tract) infections
- ☐ N30.00 - Acute cystitis **w/o** hematuria
- ☐ N30.01 - Acute cystitis **with** hematuria
- ☐ N30.20 - Other chronic cystitis **w/o** hematuria
- ☐ N30.80 - Other cystitis **w/o** hematuria
- ☐ N30.81 - Other cystitis **with** hematuria
- ☐ Other:

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

- ☐ A54.9 - Gonococcal infection, unspecified
- ☐ A64 - Unspecified sexually transmitted disease
- ☐ A74.9 - Chlamydial infection, unspecified
- ☐ 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:

Include copies of both sides of insurance card(s). If two cards are submitted, indicate which is primary.

4. Authorization and Statement of Medical Necessity:

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 Month Day Year

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

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Test Details

Urinary Tract Infection (UTI)

PATHOGENS

- Acinetobacter baumannii
- 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
- Candida albicans

RESISTANCE GENE GROUPS

- Carbapenem-Resistant Enterobacterales (CRE)
- Extended Spectrum Beta-Lactamase (ESBL)
- Fluoroquinolone
- Methicillin Resistance (mecA)
- Trimethoprim/Sulfamethoxazole
- Vancomycin Resistance

Sexually Transmitted Infection (STI)

PATHOGENS

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

RESISTANCE GENE GROUPS

- Carbapenem-Resistant Enterobacterales (CRE)
- Extended Spectrum Beta-Lactamase (ESBL)
- Fluoroquinolone
- Methicillin Resistance (mecA)
- Trimethoprim/Sulfamethoxazole
- Vancomycin Resistance

Methodology and Clinical Significance:

UTI Testing

Pathogens and Resistance Genes are detected through real time multiplex PCR. All pathogens are quantified based on cells per milliliter of urine based on a limit of detection to 10^3. Resistance genes are reported as “detected” or “not detected” when applicable pathogens are detected. Antimicrobial susceptibility is determined by testing the whole urine polymicrobial population against a panel of antimicrobial agents. The antimicrobials include: Amoxicillin-clavulanate (PO), Ampicillin (PO/IM/IV), Ampicillin-sulbactam (IV), Aztreonam (IV), Cefazolin (IM/IV), Cefdinir (PO), Cefepime (IM/IV), Cefoxitin (IM/IV), Ceftriaxone (IM/IV), Cephalexin (PO), Ciprofloxacin (PO/IV), Doxycycline (PO/IV), Fosfomycin (PO), Gentamicin (IM/IV), Levofloxacin (PO/IV), Linezolid (PO/IV), Meropenem (IV), Minocycline (PO/IV), Moxifloxacin (PO/IV), Nitrofurantoin (PO), Ofloxacin (PO/IM/IV), Piperacillin-tazobactam (IV), Tetracycline (PO/IV), Tobramycin (IM/IV), Trimethoprim-sulfamethozazole (PO/IV), and Vancomycin (IV).

STI Testing

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