

### Ordering Physician

### Patient Information

Name:		
First	Last	
Address:		
City:	State:	Zip:
Email Address:		Phone:
Date of Birth:		Sex:
Month	Day	Year
M	F	Other
MRN/Patient ID:		

### 1. Test Ordered:

### Custom Testing

#### Resolve mdx UTI Testing

(Comprehensive UTI testing, unless Custom Testing indicated, at right)

Add STI 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

N30.80 - Other cystitis w/o hematuria

N30.00 - Acute cystitis w/o hematuria

N30.81 - Other cystitis with hematuria

N30.01 - Acute cystitis with hematuria

Other:

N30.20 - Other chronic cystitis w/o hematuria

#### 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**

## 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-sulfamethoxazole (PO/IV), and Vancomycin (IV).

#### STI Testing

Pathogens and Resistance Genes are detected through real time multiplex PCR. Pathogens are reported as "Detected" or "Not Detected" based on a limit of detection to  $10^3$ . Resistance genes are reported as "detected" or "not detected" when applicable pathogens are detected.