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OFFICE #: 470-355-0481 **FAX #:** 1-678-623-3950

CLIA: 11D2187599

Lab Director: Dr. Kevin S. Goudy

MOBILE COLLECTION? YES NO

IF YES, SELECT ONE: HOME RESIDENCE AT FACILITY

CLIENT NAME: _____
PHYSICIAN: _____
PHYSICIAN NPI: _____

FOR NURSING HOME INSTITUTIONS: MEDICARE A MEDICARE B

PLEASE PROVIDE COPY OF PATIENT INSURANCE CARD (BOTH FRONT AND BACK REQUIRED)

FACILITY NAME: _____

PATIENT INFORMATION

FIRST NAME	LAST NAME	MIDDLE	COLLECTION DATE / /	COLLECTION TIME :
DATE OF BIRTH / /	SEX <input type="checkbox"/> M <input type="checkbox"/> F	CATHETER PATIENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	COLLECTOR'S NAME	
PATIENT ADDRESS	CITY / STATE	PATIENT PHONE NUMBER		
INSURANCE CARRIER NAME	GROUP/POLICY #	PATIENT SOCIAL SECURITY NUMBER		
DIAGNOSIS CODES:				

IN-OFFICE DIPSTICK RESULTS **POSITIVE (R82.90)** BLOOD LEUKOCYTES NITRITE PROTEIN **ALL NEGATIVE** **PATIENT SIGNATURE** _____ **DATE** _____

EMPIRICAL ANTIMICROBIAL THERAPY

Beta-lactam (cephalexin and cefpodoxime) Macrobid (Nitrofurantoin) Fosfomycin

Fluoroquinolone (ciprofloxacin and levofloxacin) Trimethoprim-sulfamethoxazole

WRITE IN IF NOT LISTED ABOVE: _____

ID UTI DX

USE GRAY-TOP C&S TUBE

UTI COMPLETE (qPCR + Culture & Sensitivity)

UTI PATHOGENS

- Acinetobacter baumannii
- Candida albicans
- Citrobacter freundii
- Enterobacter aerogenes
- Enterobacter cloacae
- Enterococcus faecalis
- Enterococcus faecium
- Escherichia coli
- Klebsiella oxytoca
- Klebsiella pneumoniae
- Morganella morganii
- Mycoplasma genitalium
- Proteus mirabilis
- Providencia stuartii
- Pseudomonas aeruginosa
- Staphylococcus saprophyticus
- Streptococcus agalactiae
- Ureaplasma parvum
- Ureaplasma urealyticum

ID RESPIRATORY DX

USE NASOPHARYNGEAL SWAB

RESPIRATORY COMPLETE (qPCR)

RESPIRATORY VIRAL PATHOGENS (Swab)

- Adenovirus 1
- Adenovirus 2
- Human bocavirus
- Human coronavirus 229E
- Human coronavirus HKU1
- Human coronavirus NL63
- Human coronavirus OC43
- Human Enterovirus (PAN)
- Human Enterovirus D68
- Human herpesvirus 3 (Varicella zoster Virus)
- Human herpesvirus 4 (Epstein-Barr Virus)
- Human herpesvirus 5 (Cytomegalovirus)
- Human herpesvirus 6 (HHV6)
- Human Metapneumovirus (hMPV)
- Human parainfluenza virus type 1 (PIV1)
- Human parainfluenza virus type 2 (PIV-2)
- Human parainfluenza virus type 3 (PIV3)
- Human parainfluenza virus type 4 (PIV4)
- Human Respiratory Syncytial Virus A (RSVA)
- Human Respiratory Syncytial Virus B (RSVB)
- Human Rhinovirus (PAN 1)
- Human Rhinovirus (PAN 2)
- Influenza A virus subtype H1N1
- Influenza A virus subtype H1N2
- Influenza A virus subtype H2N2
- Influenza A virus subtype H3N2
- SARS-CoV-2 (COVID-19)

RESPIRATORY VIRAL PATHOGENS (Swab)

- Bordetella (PAN)
- Bordetella pertussis
- Chlamydomphila pneumoniae
- Haemophilus influenzae
- Klebsiella pneumoniae
- Legionella pneumophila
- Mycoplasma pneumoniae
- Staphylococcus aureus
- Streptococcus pneumoniae

ID STI DX

USE GREEN E-SWAB or YELLOW TUBE

STI COMPLETE (qPCR)

STI PATHOGENS (Urine or Swab)

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

STI PATHOGENS (Swab Only)

- Haemophilus ducreyi
- Herpes simplex virus 1
- Herpes simplex virus 2
- Human Papillomavirus 16
- Human Papillomavirus 18
- Human Papillomavirus 45

ID GASTROINTESTINAL DX

USE FECAL SWAB

GASTROINTESTINAL COMPLETE

BACTERIAL GASTROENTERITIS

- Campylobacter
- Plesiomonas shigelloides
- Salmonella
- Yersinia enterocolitica
- Vibrio
- Diarrheagenic E. coli/Shigella
- Enteropathogenic E. coli (EPEC)
- Enterotoxigenic E. coli (ETEC) lt/st
- Shiga-like toxin-producing E. coli (STEC) stx1/stx2
- E. coli 0157, Shigella/Enteroinvasive E. coli (EIEC)

STOOL PARASITES

- Cryptosporidium
- Cyclospora cayetanensis
- Entamoeba Histolytica
- Giardia lamblia

VIRAL GASTROENTERITIS

- Adenovirus F40/41
- Astrovirus
- Norovirus GI/GII
- Rotavirus A
- Sapovirus (I, II, IV and V)

URINALYSIS & MICROSCOPIC

USE TIGER-TOP TUBE (RED/YELLOW)

UA COMPLETE

Microscopic Testing will be performed if indicated on account form.

COVID-19 (CORONAVIRUS)

USE NASOPHARYNGEAL SWAB

SARS-CoV-2 (COVID-19) (qPCR)

USE TIGER-TOP SST TUBE

IgG IgM Covid Antibody

ID WOUND DX

USE GREEN E-SWAB

WOUND ID (with resistance testing)

- Acinetobacter baumannii
- Candida albicans
- Citrobacter freundii
- Enterobacter aerogenes
- Enterobacter cloacae
- Enterococcus faecalis
- Enterococcus faecium
- Escherichia coli
- Klebsiella pneumoniae
- Morganella morganii
- Pseudomonas aeruginosa
- Proteus mirabilis
- Staphylococcus saprophyticus
- Streptococcus agalactiae

Indicate Wound Site: _____

ID INTERPRET DX

Interpretation of Results

Easy to read interpretations and recommendations provided by infectious disease physicians.

Interpretations help promote the optimization of antibiotic stewardship.

PROVIDER AUTHORIZATION | I HEREBY AUTHORIZE ID TECH MOLECULAR LABS to perform the testing indicated above.

I acknowledge that I have provided the appropriate diagnosis codes (ICD-10) to support medical necessity and have documentation to support medical necessity recorded in the patient's medical chart. I understand the Office of the Inspector General requires such documentation in the patient's medical record including date of service, test ordered and documentation to support medical necessity.

PROVIDER'S AUTHORIZATION SIGNATURE: _____ **DATE:** _____