

PCR - WHI Implementation



1636 Headland Dr. Fenton, MO 63026
Phone: (314) 200-3040 | Fax (314) 200-3042

CAP: 8855089 CLIA: 26D0953866

PLACE ON SWAB

(1)

GS 076991	
GS 076991	
MM/DD/YY	
Birthdate (Mo. - Day - Yr.)	
JANE DOE	
Patient Name	



PCR MOLECULAR REQUISITION - WOMEN'S HEALTH INFECTION

(2)

DOE	JANE	MM/DD/YY
LAST NAME	FIRST NAME	D.O.B.
1 Patient St.	12345	(314) 200-3040
STREET ADDRESS	ZIP CODE	PHONE NUMBER
WHITE	NON-HISPANIC	M <input type="checkbox"/> F <input checked="" type="checkbox"/>
RACE	ETHNICITY	SEX

Requesting Provider (3)

Date of Collection* (4)

Billing Information (5)

DR. SWAB TESTER

MM/DD/YY

INSURANCE SELF PAY CLIENT BILL

Diagnosis Codes (6)

<input checked="" type="checkbox"/> N76.0 Acute vaginitis	<input type="checkbox"/> B37.3 Candidiasis of vulva and vagina	<input type="checkbox"/> N72 Inflammatory disease of cervix uteri
<input type="checkbox"/> N76.1 Subacute and chronic vaginitis	<input type="checkbox"/> B37.41 Candidal cystitis and urethritis	<input type="checkbox"/> N73.2 Unspecified parametritis & pelvic cellulitis
<input type="checkbox"/> N76.2 Acute vulvitis	<input type="checkbox"/> B37.49 Other urogenital candidiasis	<input type="checkbox"/> N73.5 Female pelvic peritonitis, unspecified
<input type="checkbox"/> N76.3 Subacute and chronic vulvitis	<input type="checkbox"/> N89.8 Other specified noninflammatory disorders of vagina	<input type="checkbox"/> N73.9 Female pelvic inflammatory diseases, unspecified
<input type="checkbox"/> N76.4 Abscess of vulva	<input type="checkbox"/> O99.820 Streptococcus B carrier state complicating pregnancy	<input type="checkbox"/> A54.9 Gonococcal infection, unspecified
<input type="checkbox"/> N76.5 Ulceration of vagina	<input type="checkbox"/> O99.824 Streptococcus B carrier state complicating childbirth	<input type="checkbox"/> A59.00 Urogenital trichomoniasis, unspecified
<input type="checkbox"/> N76.6 Ulceration of vulva	<input type="checkbox"/> B95.1 Streptococcus, group B, as the cause of diseases classified elsewhere	<input type="checkbox"/> A64 Unspecified sexually transmitted disease
<input type="checkbox"/> N76.81 Mucositis(ulcerative) of vagina and vulva	<input type="checkbox"/> Z22.330 Carrier of group B streptococcus	<input type="checkbox"/> A74.9 Chlamydial infection, unspecified
<input type="checkbox"/> N76.89 Other specified inflammation of vagina and vulva	<input type="checkbox"/> N70.91 Salpingitis, unspecified	<input type="checkbox"/> Z11.3 Screening for infections with a predominantly sexual mode of transmission
<input type="checkbox"/> N95.2 Post menopausal atrophic vaginitis	<input type="checkbox"/> N70.92 Oophoritis, unspecified	Other:
<input type="checkbox"/> O23.599 Infection of other part of genital tract in pregnancy, unspecified trimester	<input type="checkbox"/> N71.9 Inflammatory disease of uterus, unspecified	

TEN Women's Health Infection Panel (INCLUDES ALL BACTERIAL, VIRAL, & YEAST PATHOGENS + PARASITE PROTOZOAN) (7)

<input checked="" type="checkbox"/> BACTERIAL PATHOGENS	<input type="checkbox"/> VIRAL PATHOGENS
<input type="checkbox"/> Atopobium vaginae	<input type="checkbox"/> Herpes Simplex Virus 1
<input type="checkbox"/> Bacteroides fragilis	<input type="checkbox"/> Herpes Simplex Virus 2
<input type="checkbox"/> Bacterial Vaginosis-Associated Bacterium 2	<input type="checkbox"/> YEAST PATHOGENS
<input type="checkbox"/> Chlamydia trachomatis	<input type="checkbox"/> Candida albicans
<input type="checkbox"/> Enterococcus faecalis	<input type="checkbox"/> Candida dubliniensis
<input type="checkbox"/> Escherichia coli	<input type="checkbox"/> Candida glabrata
<input type="checkbox"/> Gardnerella vaginalis	<input type="checkbox"/> Candida krusei
<input type="checkbox"/> Haemophilus ducreyi	<input type="checkbox"/> Candida lusitanae
<input type="checkbox"/> Lactobacillus crispatus	<input type="checkbox"/> Candida parapsilosis
<input type="checkbox"/> Lactobacillus gasseri	<input type="checkbox"/> Candida tropicalis
<input type="checkbox"/> Lactobacillus iners	<input type="checkbox"/> PARASITE PROTOZOAN
<input type="checkbox"/> Lactobacillus jensenii	<input type="checkbox"/> Trichomonas vaginalis

TEN Sexually Transmitted Infection Panel

<input type="checkbox"/> Chlamydia trachomatis	<input type="checkbox"/> Neisseria gonorrhoeae
<input type="checkbox"/> Herpes Simplex Virus 1	<input type="checkbox"/> Trichomonas vaginalis
<input type="checkbox"/> Herpes Simplex Virus 2	<input type="checkbox"/> Ureaplasma urealyticum

TEN Pregnancy Panel

<input type="checkbox"/> Chlamydia trachomatis	<input type="checkbox"/> Neisseria gonorrhoeae
<input type="checkbox"/> Herpes Simplex Virus 1	<input type="checkbox"/> Streptococcus agalactiae (group B streptococcus)
<input type="checkbox"/> Herpes Simplex Virus 2	<input type="checkbox"/> Trichomonas vaginalis

TEN Antibiotic Resistance Panel**

<input type="checkbox"/> ACC-4 (AmpC beta-lactamase resistance)	<input type="checkbox"/> ErmB1 (Macrolide Lincosamide Streptogramin resistance)	<input type="checkbox"/> PER-1 (Minor Extended Spectrum beta-lactamases resistance)
<input type="checkbox"/> ACT/MIR (AmpC beta-lactamase resistance)	<input type="checkbox"/> ermC (Macrolide Lincosamide Streptogramin resistance)	<input type="checkbox"/> qnrA2 (Fluoroquinolone resistance)
<input type="checkbox"/> ampC/CMY2 (Ampicillin resistance)	<input type="checkbox"/> FOX (AmpC beta-lactamase resistance)	<input type="checkbox"/> qnrB (Fluoroquinolone resistance)
<input type="checkbox"/> BIL/LAT/CMY (beta-lactamase resistance)	<input type="checkbox"/> GES-1 (Minor Extended Spectrum beta-lactamases resistance)	<input type="checkbox"/> SHV2 (Class A beta Lactamases)
<input type="checkbox"/> blaSHV-5 (Class A beta Lactamases)	<input type="checkbox"/> IMP1 (Class B metallo beta-lactamase resistance)	<input type="checkbox"/> sul1 (Trimethoprim/Sulfamethoxazole resistance)
<input type="checkbox"/> CFR235 (Chloramphenicol-florfenicol resistance)	<input type="checkbox"/> IMP2 (Class B metallo beta-lactamase resistance)	<input type="checkbox"/> sul2 (Trimethoprim/Sulfamethoxazole resistance)
<input type="checkbox"/> CMY/MOX (beta-lactamase resistance)	<input type="checkbox"/> KPC2 (Class A beta-lactamase resistance)	<input type="checkbox"/> TetM1 (Tetracycline resistance)
<input type="checkbox"/> CTX-M1 (Class A beta-lactamase resistance)	<input type="checkbox"/> MCR-1 (mobilized colistin resistance, extended beta-Lactamases)	<input type="checkbox"/> TetS1 (Tetracycline resistance)
<input type="checkbox"/> CTX-M2 (Class A beta-lactamase resistance)	<input type="checkbox"/> MecA1 (Methicillin resistance)	<input type="checkbox"/> VanA1 (Vancomycin resistance)
<input type="checkbox"/> CTX-M8/M25 (Class A beta-lactamase resistance)	<input type="checkbox"/> MecC1 (Methicillin resistance)	<input type="checkbox"/> VanA2 (Vancomycin resistance)
<input type="checkbox"/> CTX-M9a (Class A beta-lactamase resistance)	<input type="checkbox"/> mefA (Macrolide Lincosamide Streptogramin resistance)	<input type="checkbox"/> VanB1 (Vancomycin resistance)
<input type="checkbox"/> dfr A1 (Trimethoprim/Sulfamethoxazole resistance)	<input type="checkbox"/> NDM-1 (Class B metallo beta-lactamase resistance)	<input type="checkbox"/> VEB-1 (Minor Extended Spectrum beta-lactamases resistance)
<input type="checkbox"/> dfr A5 (Trimethoprim/Sulfamethoxazole resistance)	<input type="checkbox"/> OXA-48 (Class D Oxacillinase resistance)	<input type="checkbox"/> VIM-1 (Class B metallo beta-lactamase resistance)
<input type="checkbox"/> ermA (Macrolide Lincosamide Streptogramin resistance)	<input type="checkbox"/> OXA-51 (Class D Oxacillinase resistance)	

PATIENT AUTHORIZATION:

I authorize TEN Healthcare to release the results of this testing to the treating physician or facility. I hereby authorize that payment of authorized benefits be made on my behalf to TEN Healthcare. I acknowledge that TEN Healthcare may be an out-of-network provider with my insurer. If my current policy prohibits direct payment to TEN Healthcare, I agree to receive the funds and relinquish them to TEN Healthcare as payment towards charges for services rendered within 30 days of receipt. I authorize TEN Healthcare and its agents, and/or third party payers any information needed to determine these benefits payable for related services.

(8)

Patient Signature: *Jane Doe*

Date: **MM/DD/YY**

(9)

Physician Signature: *Dr. Swab Tester*

Date: **MM/DD/YY**

**The detection of viral and bacterial nucleic acid is dependent upon proper specimen collection, handling, transportation, storage and preparation. Please follow the manufacturer's guidelines for specimen stability located on the package insert for the specific collection devices. Women's Health samples received past the manufacturer's recommended time frame for stability will be rejected for testing.

**TEN Healthcare Antibiotic Resistance Panel is a reflex test only. If the TEN Healthcare Antibiotic Resistance Panel is chosen, this test will be run if positive for bacterial pathogen that could be susceptible to antibiotic treatment. The TEN Healthcare Antibiotic Resistance Panel will not be run for negative results or viral pathogens.



INSTRUCTION NOTES:

- (1) Place Sticker On Sample Tube
- (2) Patient DEMO Information (Name, DOB, Address, Phone, Race, Ethnicity, Sex)
- (3) Requesting Provider (e.g., “Dr. Swab Tester”)
- (4) Date of Collection
- (5) Select Billing Method (Insurance, self pay, or client bill)
- (6) Select Applicable Diagnosis Codes
- (7) Select Desired Testing for Sample (Individual Pathogens or Comprehensive Panels)
- (8) Patient Signature and Date
- (9) Physician Signature and Date

PLEASE ATTACH

- (A) Patient’s Facesheet / Demographics**
- (B) Patient Insurance Card (if available)**