

PCR - URI Implementation



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CAP: 8855089 CLIA: 26D0953866

PLACE ON SWAB

(1)

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

GS 076991

GS 076991

PCR MOLECULAR REQUISITION - UPPER RESPIRATORY 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	<input checked="" type="checkbox"/> INSURANCE <input type="checkbox"/> SELF PAY <input type="checkbox"/> CLIENT BILL

Diagnosis Codes (6)

<input checked="" type="checkbox"/> R50.9 Fever, Unspecified	<input type="checkbox"/> J00 Acute Nasopharyngitis	<input type="checkbox"/> R19.7 Diarrhea, Unspecified
<input type="checkbox"/> R06.00 Dyspnea, Unspecified	<input type="checkbox"/> R09.3 Abnormal Sputum	<input type="checkbox"/> R51.9 Headache Unspecified
<input type="checkbox"/> J01.90 Acute Sinusitis, Unspecified	<input checked="" type="checkbox"/> R07.81 Pleurodynia	<input type="checkbox"/> Z16.30 Resistance to unspecified antimicrobial drugs
<input type="checkbox"/> J32.9 Chronic Sinusitis, Unspecified	<input type="checkbox"/> R05 Cough	<input type="checkbox"/> Z11.52 Contact with and [suspected] exposure to COVID-19
<input type="checkbox"/> J03.90 Acute Tonsillitis, Unspecified	<input type="checkbox"/> R07.82 Intercostal pain	<input type="checkbox"/> M35.81 Multisystem inflammatory syndrome (MIS)
<input type="checkbox"/> J31.0 Chronic Rhinitis	<input type="checkbox"/> R04.2 Hemoptysis	<input type="checkbox"/> Z86.16 Personal history of COVID-19
<input type="checkbox"/> R06.9 Unspecified Abnormalities of Breathing	<input type="checkbox"/> R53.82 Chronic Fatigue, Unspecified	<input type="checkbox"/> J12.82 Pneumonia due to coronavirus disease 2019
<input type="checkbox"/> J44.9 COPD, Unspecified	<input type="checkbox"/> R68.83 Chills (without fever)	<input type="checkbox"/> M35.89 Other specified systemic involvement of connective tissue
<input type="checkbox"/> R06.02 Shortness of Breath	<input type="checkbox"/> J40 Bronchitis, Unspecified	Other:
<input type="checkbox"/> J02.9 Acute Pharyngitis, Unspecified	<input type="checkbox"/> J43.9 Emphysema, Unspecified	
<input type="checkbox"/> R06.01 Orthopnea	<input type="checkbox"/> J06.9 Acute Upper Respiratory Infection, Unspecified	

TEN Upper Respiratory Infection Panel (Includes all VIRAL, BACTERIAL, & FUNGAL PATHOGENS) (7)

<input checked="" type="checkbox"/> VIRAL PATHOGENS	<input checked="" type="checkbox"/> BACTERIAL PATHOGENS
<input type="checkbox"/> Adenoviruses #1	<input type="checkbox"/> Bordetella Panel (B.pertussis+B.bronchiseptica+B.parapertussis)
<input type="checkbox"/> Adenoviruses #2	<input type="checkbox"/> Bordetella holmesii
<input type="checkbox"/> Cytomegalovirus (CMV/HHV5)	<input type="checkbox"/> Bordetella pertussis
<input type="checkbox"/> Epstein-Barr virus (EBV/HHV4)	<input type="checkbox"/> Chlamydia pneumoniae
<input type="checkbox"/> Human Bocavirus	<input type="checkbox"/> Coxiella burnetii
<input type="checkbox"/> Human Coronavirus 229E	<input type="checkbox"/> Haemophilus influenzae
<input type="checkbox"/> Human Coronavirus HKU1	<input type="checkbox"/> Klebsiella pneumoniae
<input type="checkbox"/> Human Coronavirus NL63	<input type="checkbox"/> Legionella pneumophila
<input type="checkbox"/> Human Coronavirus OC43	<input type="checkbox"/> Moraxella catarrhalis
<input type="checkbox"/> Human Enteroviruses Panel (all human viruses, except EV_D68)	<input type="checkbox"/> Mycoplasma pneumoniae
<input type="checkbox"/> Human Enteroviruses_D68	<input type="checkbox"/> Staphylococcus aureus
<input type="checkbox"/> Human herpesvirus 6 (HHV-6)	<input type="checkbox"/> Streptococcus pneumoniae
<input type="checkbox"/> Human metapneumovirus	<input type="checkbox"/> Streptococcus pyogenes
<input type="checkbox"/> Human Parainfluenza virus 1	<input type="checkbox"/> FUNGAL PATHOGEN
<input type="checkbox"/> Human Parainfluenza virus 2	<input type="checkbox"/> Pneumocystis jirovecii
<input type="checkbox"/> Human Parainfluenza virus 3	
<input type="checkbox"/> Human Parainfluenza virus 4	
<input type="checkbox"/> Human Parvovirus	
<input type="checkbox"/> Human Respiratory syncytial virus A	
<input type="checkbox"/> Human Respiratory syncytial virus B	
<input type="checkbox"/> Human Rhinoviruses #1	
<input type="checkbox"/> Human Rhinoviruses #2	
<input type="checkbox"/> Influenza A virus Panel (H1 and H3)	
<input type="checkbox"/> Influenza A virus H1-2009	
<input type="checkbox"/> Influenza A virus H3	
<input type="checkbox"/> Influenza B virus	
<input type="checkbox"/> Measles Virus	
<input type="checkbox"/> Middle Eastern Respiratory Syndrome (MERS)	
<input type="checkbox"/> Mumps virus	
<input type="checkbox"/> Severe Acute Respiratory Syndrome Coronavirus (SARS)	
<input type="checkbox"/> Varicella zoster virus (VZV/HHV3)	

TEN COVID-19

SARS-COV-2 (COVID-19)

TEN Antibiotic Resistance Panel**

ANTIBIOTIC RESISTANT GENES

<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 Upper Respiratory sample collection devices. Upper respiratory 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)**