

# PCR - UTI Implementation



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CAP: 8855089 CLIA: 26D0953866

PLACE ON SWAB

GS 076991

MM / DD / YY

Birthdate (Mo - Day - Yr.)

**JANE DOE**

Patient Name

GS 076991

GS 076991

## PCR MOLECULAR REQUISITION - URINARY TRACT INFECTION

<b>(2)</b>	<b>DOE</b>	<b>JANE</b>	<b>MM/DD/YY</b>
	LAST NAME	FIRST NAME	D.O.B.
	<b>1 Patient St.</b>	<b>12345</b>	<b>(314) 200-3040</b>
	STREET ADDRESS	ZIP CODE	PHONE NUMBER
	<b>WHITE</b>	<b>NON-HISPANIC</b>	M <input type="checkbox"/> F <input checked="" type="checkbox"/>
	RACE	ETHNICITY	SEX

<b>Requesting Provider (3)</b>	<b>Date of Collection* (4)</b>	<b>Billing Information (5)</b>
<b>DR. URINE TESTER</b>	<b>MM/DD/YY</b>	<input checked="" type="checkbox"/> INSURANCE <input type="checkbox"/> SELF PAY <input type="checkbox"/> CLIENT BILL

Tested positive for leukocytes, nitrite or low pH reading indicative of a Urinary Tract Infection.

Diagnosis Codes (7)			
<input checked="" type="checkbox"/> N30.10 Interstitial Cystitis (Chronic) without hematuria	<input type="checkbox"/> R35.0 Frequency of micturition	<input type="checkbox"/> Z16.30 Resistance to unspecified antimicrobial drugs	
<input type="checkbox"/> N30.11 Interstitial Cystitis (Chronic) with hematuria	<input type="checkbox"/> R39.15 Urgency of Urination	<input type="checkbox"/> Z20.2 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transportation	
<input type="checkbox"/> N30.00 Acute Cystitis without hematuria	<input type="checkbox"/> R21 Rash and other nonspecific skin eruption	<input type="checkbox"/> Z11.51 Encounter for screening for human papillomavirus (HPV)	
<input type="checkbox"/> N30.01 Acute Cystitis with hematuria	<input type="checkbox"/> R30.9 Painful micturition, Unspecified	<input type="checkbox"/> Z34.00 Encounter for supervision of normal first pregnancy	
<input type="checkbox"/> N39.0 Urinary Tract Infection, site not specified	<input type="checkbox"/> R31.9 Hematuria, Unspecified	Other:	
<input type="checkbox"/> N97.9 Female Infertility, Unspecified	<input type="checkbox"/> R39.9 Unspecified symptoms and signs involving the GU system		
<input type="checkbox"/> R30.0 Dysuria			

## TEN Urinary Tract Infection Panel (INCLUDES ALL BACTERIAL, VIRAL, & YEAST PATHOGENS + PARASITE PROTOZOAN) (8)

<input checked="" type="checkbox"/> <b>BACTERIAL PATHOGENS</b>		<input type="checkbox"/> <b>VIRAL PATHOGENS</b>
<input type="checkbox"/> Acinetobacter baumannii	<input type="checkbox"/> Morganella morganii	<input type="checkbox"/> Herpes Simplex Virus 1
<input type="checkbox"/> Actinobaculum schaalii	<input type="checkbox"/> Mycobacterium tuberculosis	<input type="checkbox"/> Herpes Simplex Virus 2
<input type="checkbox"/> Aerococcus urinae	<input type="checkbox"/> Mycoplasma genitalium	<input type="checkbox"/> <b>YEAST PATHOGENS</b>
<input type="checkbox"/> Alloscardovia omnicolens	<input type="checkbox"/> Mycoplasma hominis	<input type="checkbox"/> Candida albicans
<input type="checkbox"/> Chlamydia trachomatis	<input type="checkbox"/> Neisseria gonorrhoeae	<input type="checkbox"/> Candida glabrata
<input type="checkbox"/> Citrobacter freundii	<input type="checkbox"/> Pantoea agglomerans	<input type="checkbox"/> Candida parapsilosis
<input type="checkbox"/> Citrobacter koseri	<input type="checkbox"/> Proteus mirabilis	<input type="checkbox"/> <b>PARASITE PROTOZOAN</b>
<input type="checkbox"/> Corynebacterium riegelii	<input type="checkbox"/> Proteus vulgaris	<input type="checkbox"/> Trichomonas vaginalis
<input type="checkbox"/> Corynebacterium urealyticum	<input type="checkbox"/> Providencia stuartii	
<input type="checkbox"/> Enterobacter aerogenes	<input type="checkbox"/> Pseudomonas aeruginosa	
<input type="checkbox"/> Enterobacter cloacae	<input type="checkbox"/> Serratia marcescens	
<input type="checkbox"/> Enterococcus faecalis	<input type="checkbox"/> Staphylococcus aureus	
<input type="checkbox"/> Enterococcus faecium	<input type="checkbox"/> Staphylococcus epidermidis	
<input type="checkbox"/> Escherichia coli	<input type="checkbox"/> Staphylococcus saprophyticus	
<input type="checkbox"/> Klebsiella oxytoca	<input type="checkbox"/> Streptococcus agalactiae	
<input type="checkbox"/> Klebsiella pneumoniae	<input type="checkbox"/> Ureaplasma urealyticum	

<input type="checkbox"/> <b>TEN Sexually Transmitted Infection Panel</b>	
<input type="checkbox"/> Chlamydia trachomatis	<input type="checkbox"/> Neisseria gonorrhoeae
<input type="checkbox"/> Herpes Simplex Virus 1	<input type="checkbox"/> Ureaplasma urealyticum
<input type="checkbox"/> Herpes Simplex Virus 2	<input type="checkbox"/> Trichomonas vaginalis

## 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"/> CFR23S (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.

<b>(9)</b> Patient Signature: <i>Jane Doe</i>	<b>MM/DD/YY</b>
Date:	

<b>(10)</b> Physician Signature: <i>Dr. Urine Tester</i>	<b>MM/DD/YY</b>
Date:	

\*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 sample collection devices. Urine 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.

URINARY TRACT INFECTION

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### **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. Urine Tester”)
- (4) Date of Collection
- (5) Select Billing Method (Insurance, self pay, or client bill)
- (6) Check "Tested positive for leukocytes..." if applicable
- (7) Select Applicable Diagnosis Codes
- (8) Select Desired Testing for Sample (Individual Pathogens or Comprehensive Panels)
- (9) Patient Signature and Date
- (10) Physician Signature and Date

### **PLEASE ATTACH**

**(A) Patient’s Facesheet / Demographics**

**(B) Patient Insurance Card (if available)**