

# PCR - WHI Implementation



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 v3

PLACE ON SWAB

(1)



## PCR MOLECULAR REQUISITION - WOMEN'S HEALTH INFECTION

PRACTICE INFORMATION	PATIENT INFORMATION	*SPECIMEN INFORMATION
	<b>DOE</b> <b>JANE</b> LAST NAME FIRST NAME	<b>MM/DD/YY</b> DATE COLLECTED
	<b>SSN</b> <b>MM/DD/YY</b> SSN DATE OF BIRTH	<b>HH:MM AM</b> TIME COLLECTED

(2)

REQUESTING PHYSICIAN: **DR. SWAB TESTER (3)** Sex: F  M

### (4) Diagnosis Codes

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

TEN Women's Health Infection Panel (5)  TEN Pregnancy Panel  TEN Antibiotic Resistance Panel\*\*

BACTERIAL PATHOGENS	BACTERIAL PATHOGENS	ANTIBIOTIC RESISTANT GENES
Atopobium vaginae	Chlamydia trachomatis	VanA1, A2 (Vancomycin resistance)
Bacteroides fragilis	Neisseria gonorrhoeae	VanB (Vancomycin resistance)
Bacterial Vaginosis-Associated Bacterium 2	Streptococcus agalactiae (group B streptococcus)	meaA, mecC (Methicillin resistance)
Chlamydia trachomatis		ermA, ermB, ermC (Macrolide Lincosamide Streptogramin resistance)
Enterococcus faecalis		mefA (Macrolide Lincosamide Streptogramin resistance)
Escherichia coli		qnrA2, B (Fluoroquinolone resistance)
Gardnerella vaginalis		tetM, TetS (Tetracycline resistance)
Haemophilus ducreyi		SHV2/5 (Class A beta-lactamase resistance)
Lactobacillus crispatus		KPC2 (Class A beta-lactamase resistance)
Lactobacillus gasseri		IMP 1,2 (Class B metallo beta-lactamase resistance)
Lactobacillus iners		NDM-1 (Class B metallo beta-lactamase resistance)
Lactobacillus jensenii		VIM-1 (Class B metallo beta-lactamase resistance)
Megasphaera 1		CMY/MOX (beta-lactamase resistance)
Megasphaera 2		BIL/LAT/CMY (beta-lactamase resistance)
Mobiluncus curtisii		ACT/MIR/FOX (AmpC beta-lactamase resistance)
Mobiluncus mulieris		ACC-4 (AmpC beta-lactamase resistance)
Mycoplasma genitalium		OXA-48, 51 (Class D Oxacillinase resistance)
Mycoplasma hominis		PER-1 (Minor Extended Spectrum beta-lactamases resistance)
Neisseria gonorrhoeae		VEB-1 (Minor Extended Spectrum beta-lactamases resistance)
Prevotella bivia		GES-1 (Minor Extended Spectrum beta-lactamases resistance)
Staphylococcus aureus		dfr A1, A5 (Trimethoprim/Sulfamethoxazole resistance)
Streptococcus agalactiae (group B streptococcus)		su1, 2 (Trimethoprim/Sulfamethoxazole resistance)
Treponema pallidum (syphilis)		CTX-M1/M9a/M2/M8/M25 (Class A beta-lactamase resistance)
Ureaplasma urealyticum		ampC/blaCMY2 (Ampicillin resistance)
		mcr-1 (mobilized colistin resistance, extended beta-Lactamases)
		Cfr23S (phenicol, lincosamide, oxazolidinone, pleuromutilin, streptogramin A classes and some large macrolide antibiotics resistance)
VIRAL PATHOGENS	VIRAL PATHOGENS	
Herpes simplex virus 1	Herpes simplex virus 1	
Herpes simplex virus 2	Herpes simplex virus 2	
PARASITE PROTOZOAN	PARASITE PROTOZOAN	
Trichomonas vaginalis	Trichomonas vaginalis	

### 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.

(6) Patient Signature: *Jane Doe* Date: **MM/DD/YY**

(7) Physician Signature: *Dr. Swab Tester* Date: **MM/DD/YY**

### SPECIAL INSTRUCTIONS:

\*The detection of viral and bacterial nucleic acid is dependent upon proper specimen collection, handling, transportation, storage and preparation. According to the manufacturer's guidelines for specimen stability, the liquid Amies transport medium keeps vaginal e-swab specimens stable for up to 48 hours from the time of collection. Vaginal samples received past the 48 hour time frame will be rejected.  
 \*\*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.

WOMEN'S HEALTH INFECTION

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### **INSTRUCTION NOTES:**

- (1) Place Sticker On Swab
- (2) Patient Name (Last, First) and D.O.B., Date of Collection, Time of Collection and patient sex.
- (3) Requesting Practitioner (e.g., “Dr. Swab Tester”)
- (4) Select or write in applicable diagnosis codes
- (5) Check the panel(s) that the doctor is requesting be run
- (6) Patient signature and date of signature
- (7) Physician signature and date of signature

### **PLEASE ATTACH**

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