

MOLECULAR

PATIENT - PLEASE PRINT LEGIBLY			REQUIRED	ORDERING PHYSICIAN			REQUIRED
First Name		Last Name		Office/Practice/Institution Name			
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Jewish (Ashkenazi) <input type="checkbox"/> Hispanic <input type="checkbox"/> Portugese <input type="checkbox"/> Other:_____		Physician Name(s)			
Street Address		Apt/Suite #		Street Address		Apt/Suite #	
City	State	Postal Code		City	State	Postal Code	

SPECIMEN INFORMATION				REQUIRED
Specimen Type	Date of Collection	Time of Collection : <input type="checkbox"/> AM <input type="checkbox"/> PM	Collectors Initials	
Diagnosis (ICD-10) Codes				

PATIENT INSURANCE		REQUIRED: ATTACH PATIENTS FACESHEET & COPY OF INSURANCE CARD	
<input type="checkbox"/> Private	<input type="checkbox"/> Self Pay	<input type="checkbox"/> Workers Comp	<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid
Insurance Company		Policy Number	

TEST REQUESTED	SELECT ONE (REQUIRED)
----------------	-----------------------

<input type="checkbox"/> UTI <ul style="list-style-type: none">C. TROPICALISCTX-M G1CTX-M G2E. CLOACAEE. COLIE. FAECALISE. FAECIUMERMAERMBFEMAK. AEROGENESK. OXYTOCAK. PNEUMONIAEKPCM. HOMINISM. MORGANIIMECAMEFANDMOXA-48P. AERUGINOSAP. MIRABILISP. STUARTIIP. VULGARISQNRAQNRBS. AGALACTIAES. AUREUSS. MARCESCENSS.SAPROPHYTICUSSHVTEMU. UREALYTICUMVANA1/2VANBVIM/IMP-7	<input type="checkbox"/> WOUND <ul style="list-style-type: none">ACINETOBACTER BAUMANNIIAMPCBACTEROIDES FRAGILISCITROBACTER FREUNDIICLOSTRIDIUM NOVVICLOSTRIDIUM PERFRINGENSCLOSTRIDIUM SEPTICUMCTX-M GROUP 1CTX-M GROUP 2ENTEROBACTER CLOACAEENTEROCOCCUS FAECALISENTEROCOCCUS FAECIUMERMAERMBESCHERICHIA COLIFEMAKINGELLA KINGAEKLEBSIELLA AEROGENESKLEBSIELLA OXYTOCAKLEBSIELLA PNEUMONIAEKPCMECAMEFAMORGANELLA MORGNAIINDMOXA-48PROTEUS MIRABILISPROTEUS VULGARISPSEUDOMONAS AERUGINOSAQNRAQNRBSHVSTAPHYLOCOCCUS AURESSTREPTOCOCCUS PYOGENESTEMVANA1, VANA2VANBVIM, IMP-7	<input type="checkbox"/> WOMENS HEALTH <ul style="list-style-type: none">A. VAGINAEBVAB2C. ALBICANSC. AURISC. GLABRATAC. KRUSEIC. LUSITANIAEC. PARAPSILOSISC. TRACHOMATISC. TROPICALISE. COLIE. FAECALISG. VAGINALISH. DUCREYIHSV1HSV2L. CRISPATUSL. GASSERIL. INERSL. JENSENIIM. CURTISIIM. GENITALIUMM. HOMINISM. MULIERISMECAMEGASPHERAE 1MEGASPHERAE 2N. GONORRHOEAP. BIVIAPVLS. AGALACTIAES. AUREUST. PALLIDUMT. VAGINALISU. PARVUMU. UREALYTICUMVANA/B	<input type="checkbox"/> STI <ul style="list-style-type: none">CHLAMYDIA TRACHOMATISHAEMOPHILUS DUCREYIHERPES SIMPLEX VIRUS 1HERPES SIMPLEX VIRUS 2MYCOPLASMA GENITALIUMMYCOPLASMA HOMINISNEISSERIA GONORRHEATREPONEMA PALLIDUMTRICHOMONAS VAGINALISUREAPLASMAUREALYTICUM <input type="checkbox"/> NAIL FUNGAL <ul style="list-style-type: none">ACREMONIUM STRICTUMALTERNARIA ALTERNATAASPERGILLUS NIGERASPERGILLUS TERREUSCANDIDA ALBICANSCANDIDA AURISCANDIDA GLABRATACANDIDA KRUSEICANDIDA LUSITANIAECANDIDA PARAPSILOSISCANDIDA TROPICALISEPIDERMOPHYTON FLOCOSSUMFUSARIUM SOLANIMICROSPORUMAUDOUINII/MICROSPORUM CANISNEOFUSICOCUM MANGIFERAEETRICHOPHYTON INTERDIGITALETRICHOPHYTON SPP.	<input type="checkbox"/> RPP <ul style="list-style-type: none">B. HOLMESIIB. PARAPERTUSSISB. PERTUSSISC. PNEUMONIAE GENEFLU A/H1-2009GROUP A STREPH. INFLUENZAH. INFUENZA BH5N1HU ADENOVIRUSHU BOCAVIRUSHU COVID 229EHU COVID NL63HU COVID OC43HU COVIDHKU1HU ENTEROHU METAPNEUMOHU PARAFU 1HU PARAFU 2HU PARAFU 3HU PARAFU 4HU PARECHOVIRUSHU RHINOVIRUSINFLUENZA AINFLUENZA A/H3INFLUENZA BINFLUENZA CK.PNEUMONIAEL. LONGBEACHAEL. PNEUMONIAM.CATARRHALISMECAMERSMYCO PNEUMONIAN GENEORF1ABRES SYN VIRUS ARES SYN VIRUS BS. AUREUSSARSSTRP PNEUMONIAESARS-COV <input type="checkbox"/> MINI RPP <ul style="list-style-type: none">E GENEINFLUENZ AINFLUENZA BN GENEORFLABRES SYN VIRUS ARES SYN VIRUS BSARS-COV-2 <input type="checkbox"/> COVID-19 <ul style="list-style-type: none">COVID-19
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PHYSICIAN CONSENT & MEDICAL NECESSITY FOR TESTING	REQUIRED
---------------------------------------------------	----------

I authorize **OmniHealth Diagnostics** and its affiliated labs to perform testing as directed by this test requisition form. I understand and hereby acknowledge that: When ordering test for which Medicare or Medicaid reimbursement will be sought, physicians should only order tests that are medically necessary for the diagnosis of the patient. Components may be billed separately per carrier policy. NOTE: The Office of Inspector General (OIG) takes the position that a physician who orders medically unnecessary test(s) for which Medicare reimbursement is claimed, maybe subject to civil penalties.

Physician Signature: _____ Date: _____

PATIENT ACKNOWLEDGEMENT & CONSENT	REQUIRED
-----------------------------------	----------

I voluntarily consent to the collection and testing of my specimen and certify that the specimen identified on this form is my own and has not been adulterated in any manner. I certify that the information provided on this phone and on the specimen is accurate. I further authorize the laboratory to release the result of this testing to the ordering facility and/or my insurance company. I authorize my insurance company to pay in mail directly to **OmniHealth Diagnostics** and it's affiliated laboratories all benefits for payment of services rendered. I also authorize **OmniHealth Diagnostics** and it's affiliated laboratories to endorse any checks received on my behalf for payments of services provided. I hereby irrevocably assign to **OmniHealth Diagnostics** and it's affiliated laboratories all benefits under any policy of insurance indemnity agreement, or any collateral source as defined by statute for services provided. This assignment includes all rights to collect benefits directly from my insurance company and all rights to proceed against my insurance company in any action including legal suit, if for any reason my insurance company fails to make payment. This assignment also includes all rights to recover attorney fees and costs for such actions brought by the provider as my assignee.

Patient Signature: _____ Date: _____

MOLECULAR - ICD 10 CODES

UTI

Code Description

N17.8	Other acute kidney failure
N20.0	Calculus of kidney
N20.1	Calculus of ureter
N20.2	Calculus of kidney with calculus of ureter
N20.9	Urinary calculus, unspecified
N30.00	Acute cystitis without hematuria
N39.0	Urinary tract infection, site not specified
N76.0	Acute vaginitis
R30.0	Dysuria
R30.9	Painful micturition, unspecified
R31.0	Gross hematuria
R32	Unspecified urinary incontinence
R31.9	Hematuria, unspecified
R33.9	Retention of urine, unspecified
R35.0	Frequency of micturition
R39.15	Urgency of urination
R41.82	Altered mental status, unspecified
R42	Dizziness and giddiness
N32.81	Overactive bladder

WOMAN PANEL

Code Description

Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission

NAIL

Code Description

B35.1	Tinea unguium
B35.2	Tinea manuum
B35.8	Other dermatophytoses
B35.9	Dermatophytosis, unspecified

RPP/MINI RPP

Code Description

B97.29	Other coronavirus as the cause of diseases classified elsewhere
I27.0	Primary pulmonary hypertension
J02.9	Acute pharyngitis, unspecified
J12.89	Other viral pneumonia
J18.9	Pneumonia, unspecified organism
J22	Unspecified acute lower respiratory infection
R05.1	Acute cough
R05.2	Subacute cough
R06.02	Shortness of breath
R06.03	Acute respiratory distress
R06.2	Wheezing
R50.9	Fever, unspecified
R53.1	Weakness
R55	Syncope and collapse
R68.83	Chills (without fever)
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
Z20.822	Contact with and (suspected) exposure to COVID-19
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
U07.1	COVID-19

WOUND

Code Description

A06.81	Amebic cystitis
B35.0	Tinea barbae and tinea capitis
B35.1	Tinea unguium
B35.2	Tinea manuum
B35.3	Tinea pedis
B35.4	Tinea corporis
B35.5	Tinea imbricata
B35.6	Tinea cruris
B35.8	Other dermatophytoses
B35.9	Dermatophytosis, unspecified
B36.1	Tinea nigra
B36.2	White piedra
B36.3	Black piedra
L02.411	Cutaneous abscess of right axilla
L02.412	Cutaneous abscess of left axilla
L02.413	Cutaneous abscess of right upper limb
L02.414	Cutaneous abscess of left upper limb
L02.415	Cutaneous abscess of right lower limb
L02.416	Cutaneous abscess of left lower limb
L02.419	Cutaneous abscess of limb, unspecified
L03.111	Cellulitis of right axilla
L03.112	Cellulitis of left axilla
L03.113	Cellulitis of right upper limb
L03.114	Cellulitis of left upper limb
L03.115	Cellulitis of right lower limb
L03.116	Cellulitis of left lower limb
L03.119	Cellulitis of unspecified part of limb
L02.91	Cutaneous abscess, unspecified
L03.90	Cellulitis, unspecified
L08.9	Local infection of the skin and subcutaneous tissue, unspecified
L08.89	Other specified local infections of the skin and subcutaneous tissue
L30.9	Dermatitis, unspecified
B87.1	Wound myiasis
B49	Unspecified mycosis
T81.30XA	Disruption of wound, unspecified, initial encounter
T81.31XA	Disruption of external operation (surgical) wound, not elsewhere classified, initial encounter
T81.33XA	Disruption of traumatic injury wound repair, initial encounter
S01.20XA	Unspecified open wound of nose, initial encounter
S01.301A	Unspecified open wound of right ear, initial encounter
S01.302A	Unspecified open wound of left ear, initial encounter
S01.309A	Unspecified open wound of unspecified ear, initial encounter
S01.90XA	Unspecified open wound of unspecified part of head, initial encounter
S61.409A	Unspecified open wound of unspecified hand, initial encounter
S61.509A	Unspecified open wound of unspecified wrist, initial encounter
S91.309A	Unspecified open wound, unspecified foot, initial encounter