OMNIHEALTH DIAGNOSTICS

OmniHealth Diagnostics
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MOLECULAR

PATIENT - PLEASE PRINT LEGIBLY — REQUIRED

First Name | **Last Name**

Date of Birth | **Sex** ☐ Male ☐ Female | **Ethnicity** ☐African American ☐Asian ☐Caucasian ☐Jewish (Ashkenazi) ☐Hispanic ☐Portugese ☐Other:_____

Street Address | **Apt/Suite #**

City | **State** | **Postal Code**

ORDERING PHYSICIAN — REQUIRED

Office/Practice/Institution Name

Physician Name(s)

Street Address | **Apt/Suite #**

City | **State** | **Postal Code**

SPECIMEN INFORMATION — REQUIRED

Specimen Type | **Date of Collection** | **Time of Collection** : ☐ AM ☐ PM | **Collectors Initials**

Diagnosis (ICD-10) Codes

PATIENT INSURANCE — REQUIRED: ATTACH PATIENTS FACESHEET & COPY OF INSURANCE CARD

☐ **Private** ☐ **Self Pay** ☐ **Workers Comp** ☐ **Medicare** ☐ **Medicaid**

Insurance Company | **Policy Number**

TEST REQUESTED — SELECT ONE (REQUIRED)

☐ UTI ☐ WOUND

- Acinetobacter baumannii
- Bacteroides fragilis
- Citrobacter braakii/freundii
- Citrobacter koseri
- Enterobacter cloacae
- Enterococcus spp.
- Escherichia coli
- Klebsiella aerogenes
- Klebsiella oxytoca/michiganensis
- Klebsiella pneumoniae
- Morganella morganii
- Proteus mirabilis
- Pseudomonas aeruginosa
- Serratia marcescens
- Staphylococcus aureus
- Staphylococcus epidermidis
- Staphylococcus saprophyticus
- Streptococcus pyogenes (Group A)

☐ ABX RESISTANCE MARKERS

- Class A -β-lactamase (blaKPC)
- Class A -β-lactamase (CTX-M-Grp 1)
- Class B metallo- β-lactamase (blaNDM)
- Vancomycin vanA
- Vancomycin vanB
- Methicillin/Oxacillin (mecA)
- Sulfonamides
- Fluoroquinolones
- Trimethoprim

☐ VAGINITIS

- Atopobium vaginae
- Bacteroides fragilis
- BVAB-2
- Candida albicans
- Candida dubliniensis
- Candida glabrata
- Candida krusei
- Candida lusitaniae
- Candida parapsilosis
- Candida tropicalis
- Chlamydia trachomatis
- Enterococcus spp.
- Escherichia coli
- Gardnerella vaginalis
- Haemophilus ducreyi
- Human Herpes Virus 1&2
- Lactobacillus crispatus
- Lactobacillus gasseri
- Lactobacillus iners
- Lactobacillus jensenii
- Megasphaera Type 1
- Megasphaera Type 2
- Mobiluncus curtisii
- Mobiluncus mulieris
- Mycoplasma genitalium
- Mycoplasma hominis
- Neisseria gonorrhoeae
- Prevotella bivis
- Staphylococcus aureus
- Streptococcus agalactiae (Grp B)
- Treponema pallidum
- Trichomonas vaginalis
- Ureaplasma urealyticum

☐ STI

- Atopobium vaginae
- Chlamydia trachomatis
- Gardnerella vaginalis
- Haemophilus ducreyi
- Human Herpes Virus 1&2
- Neisseria gonorrhoeae
- Treponema pallidum
- Trichomonas vaginalis

☐ NAIL FUNGAL

- Alternaria spp.
- Aspergillus flavus
- Curvularia lunata
- C. albicans
- C. glabrata
- C. kruseii
- C. parapsilosis
- C. tropicalis
- Trichophyton rubrum
- Trichosporon mucoides
- Malassezia globosa
- Trichophyton interdigitale/mentagrophyte
- Microsporum canis/audouinii/ferrugineum
- Epidermophyton floccosum
- Microsporum gypseum

RPP PLUS

☐ VIRAL PATHOGENS

- Adenovirus
- Bocavirus
- COVID-19
- Coronavirus 229E
- Coronavirus HKU1
- Coronavirus NL63
- Coronavirus OC43
- EBV (mononucleosis)
- Human Metapneumovirus A & B
- Influenza A
- Influenza B
- Parainfluenza Virus 1
- Parainfluenza Virus 2
- Parainfluenza Virus 3
- Parainfluenza Virus 4
- Rhinovirus
- Respiratory Syncytial Virus A&B

☐ BACTERIAL PATHOGENS

- Acinetobacter baumannii
- Chlamydophila pneumoniae
- Enterobacter cloacae
- Haemophilus influenzae
- Klebsiella aerogenes
- Klebsiella pneumoniae
- Legionella pneumophila
- Moraxella catarrhalis
- Mycoplasma pneumoniae
- Proteus mirabilis
- Staphylococcus aureus
- Staphylococcus epidermidis
- Streptococcus pyogenes (Grp A)

☐ COVID-19 RESPIRATORY LITE

- COVID19
- Influenza A
- Influenza B
- Respiratory Syncytial Virus A&B
- Streptococcus pyogenes, Group A

☐ COVID-19

- 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:** _____