

AccountXXXX (XXXXX-MDTXXXXX)

XXXXX AddresshereXXXXX

XXXXX ProviderhereXXXXX XXXXX ProviderhereXXXXX

Tel: (xxx)

Fax: (xxx)

(800) 820-8803
cs@ihdlab.com



Testing performed at MD Tox Laboratory
1565 McGaw Ave #B, Irvine CA, 92614
NPI No. 1174882948. CLIA No. 05D2040304.
FDA No. FEI: 3011213917
Laboratory Director: A. Baca, M.D. PhD

C?YearMonthDay

Cytopathology Requisition

ICD-10 Codes

Dx1	Dx2	Dx3	Dx4
Dx5	Dx6	Dx7	Dx8

BILLING INFORMATION

Bill Type: * Client Insurance Medicare
 Patient TOS Patient Direct Medi-Cal

Attach Copy of Insurance Card or Faxesheet

Insurance Name: _____

Policy/Subscriber ID: _____

Group No: _____

PATIENT INFORMATION

Last Name: * _____

First Name: * _____ Middle: _____

DOB: * _____

Sex: * Male Female **Body: HT: WT:** _____

Address: * _____

City/ST/Zip * _____

Phone: _____ Email: _____

SOURCE

- Cervix
- Endocervix
- Vagina
- LMP ____/____/____
- Postmenopausal, yr ____
- Pregnant, ____ wks
- Postpartum, ____ wks
- IUD

Previous Pap/Biopsy _____

Case # & result: _____

CLINICAL HISTORY

- as applicable for Pap screening:
- No Pap within last 7 yrs
 - HR HPV or abnormal Pap Hx/Rx
 - Abnormal bleeding (postcoital, postmenopausal)
 - Hormones (HRT, BCP, Depo ...)
 - Personal/family Hx GYN CA
 - Pelvic radiation
 - Other high risk factor

Specify: _____

ThinPrep and Aptima' HPV mRNA

- Image-Guided ThinPrep - Individual Codes
- Pap Only 4102 Pap Smear, ThinPrep
- Age 21-30 4108 Pap Smear, ThinPrep w/ rfx HPV (ASCUS or greater)
- Age 30+ SG202 Pap Smear, ThinPrep w/ HPV
- Image-Guided ThinPrep - Combo Codes
- 23245 Pap (rflix) + CT/NG
- 23244 Pap (rflix) + CT/NG + T. vaginalis
- 23247 Pap + HPV + CT/NG
- 23246 Pap + HPV + CT/NG + T. vaginalis

STI Add-Ons (ThinPrep)

- 4421 Chlamydia trachomatis, NAT
- 4422 Neisseria gonorrhoea, NAT
- 4402 CT/NG (NAT)
- 4266 Trichomonas vaginalis

MOLECULAR TESTING

Sexual Health (Eswab or ThinPrep)

- 4194 Vaginitis Panel, Basic (AssureSwab)
- 4199 Vaginitis Panel, Basic + CT/NG (AssureSwab)
- 4195 Vaginitis Panel, Comprehensive (AssureSwab)
- 4193 Vaginitis Panel, Comprehensive Plus (AssureSwab)
- 4196 Aerobic Vaginitis Panel (AssureSwab)
- 4197 Leukorrhea Panel (AssureSwab)
- 4198 Genital Ulcer Panel (AssureSwab)
- 4258 Mycoplasma/Ureaplasma, PCR

Urinary Tract Health (Urine Cup or C&S Tube)

- 4191 Molecular UTI, Basic (AssureCup) **
- 4192 Molecular UTI, Comprehensive (AssureCup) **

** Positive E. faecalis / E. faecium / S. aureus will reflex to ABRs for VanA1/A2/B (vancomycin) and mecA (methicillin) with additional charge.

Pathology

10010 Biopsy

Site 1: _____ Details: _____

Site 2: _____

Site 3: _____

Site 4: _____

PATIENT CONSENT

I hereby authorize MDTox/IHD to release my test results to the ordering provider and have been informed of my privacy rights regarding the tests performed. (Read full consent on backside.)

Patient Signature

Date

PHYSICIAN ACKNOWLEDGEMENT

By signing below, I certify that each of the tests selected on this requisition is medically necessary and appropriate to treat this patient on this day of service. Required for Medicare/Medi-Cal/Medicaid.

Provider Signature

Date

Orders and diagnosis must be established by an Authorized Provider under civil, criminal, and administrative law.
Any and all tests to bill federal payers must be medically necessary (CPT codes available at <https://www.ihdlab.com>)

Vaginitis Panel, Basic 4194 Atopobium Vaginae BVAB2 Candida Albicans Candida Glabrata Candida Krusei Candida Parapsilosis Candida Tropicalis Gardnerella Vaginalis Megasphaera 1 Megasphaera 2 Trichomoniasis Vaginalis	Genital Ulcer Panel 4198 Haemophilus Ducreyi Treponema Pallidum HSV-1 HSV-2 Vaginitis Panel, Comprehensive Plus 4193 Atopobium Vaginae Bacteroides Fragilis BVAB2 Candida Albicans Candida Dubliniensis Candida Glabrata Candida Krusei Candida Lusitaniae Candida Parapsilosis Candida Tropicalis Chlamydia Trachomatis Enterococcus Faecalis Escherichia coli Gardnerella Vaginalis Haemophilus Ducreyi HSV-1 HSV-2 Lactobacillus Crispatus Lactobacillus Gasseri Lactobacillus Iners Lactobacillus Jenseii Megasphaera 1 Megasphaera 2 Mobiluncus Curtisi Mobiluncus Mulieris Mycoplasma Genitalium Mycoplasma Hominis Neisseria Gonorrhoeae Prevotella Bivia Staphylococcus aureus Streptococcus agalactiae (GBS) Treponema Pallidum Trichomoniasis Vaginalis Ureaplasma Urealyticum Ureaplasma Parvum	Molecular UTI, Basic 4191 Acinetobacter baumannii Actinobaculum schaalii Aerococcus urinae Alloscardovia omnicolens Citrobacter freundii Citrobacter koseri Coagulase-negative staph Corynebacterium riegliei Enterobacter aerogenes Enterobacter cloacae Enterococcus faecium Escherichia coli Klebsiella oxytoca Klebsiella pneumoniae Morganella morganii Pantoea agglomerans Proteus mirabilis Proteus vulgaris Providencia stuartii Pseudomonas aeruginosa Serratia marcescens Viridans group strep Staphylococcus aureus Streptococcus agalactiae (GBS) Enterococcus Faecalis
Vaginitis Panel, Comprehensive 4195 Atopobium Vaginae BVAB2 Candida Albicans Candida Glabrata Candida Krusei Candida Parapsilosis Candida Tropicalis Chlamydia Trachomatis Gardnerella Vaginalis Megasphaera 1 Megasphaera 2 Mycoplasma Genitalium Mycoplasma Hominis Neisseria Gonorrhoeae Trichomoniasis Vaginalis Ureaplasma Urealyticum Ureaplasma Parvum	Aerobic Vaginitis Panel 4196 Staphylococcus aureus Streptococcus agalactiae (GBS) Enterococcus faecalis Escherichia coli	Molecular UTI, Comprehensive 4192 Acinetobacter baumannii Actinobaculum schaalii Aerococcus urinae Alloscardovia omnicolens Citrobacter freundii Citrobacter koseri Coagulase-negative staph Corynebacterium riegliei Enterobacter aerogenes Enterobacter cloacae Enterococcus faecium Escherichia coli Klebsiella oxytoca Klebsiella pneumoniae Morganella morganii Pantoea agglomerans Proteus mirabilis Proteus vulgaris Providencia stuartii Pseudomonas aeruginosa Serratia marcescens Viridans group strep Candida auris Staphylococcus aureus Candida Albicans Candida Parapsilosis Enterococcus Faecalis Mycoplasma Hominis Streptococcus Agalactiae (GBS) Ureaplasma Urealyticum Candida Glabrata
Leukorrhea/STI Panel 4197 Chlamydia Trachomatis Neisseria Gonorrhoeae Trichomoniasis Vaginalis	Vaginitis Panel, Basic + CT/NG 4199 Atopobium Vaginae BVAB2 Candida Albicans Candida Glabrata Candida Krusei Candida Parapsilosis Candida Tropicalis Gardnerella Vaginalis Megasphaera 1 Megasphaera 2 Trichomoniasis Vaginalis Chlamydia Trachomatis Neisseria Gonorrhoeae	* Reflex to Antibiotic Sensitivity (AST) 10008 Any positive Molecular UTI target will reflex to [10008] Antibiotic Sensitivity (AST) via disk diffusion with additional charge Amoxicillin/Clav Ampicillin Bactrim/Septra Carbenicillin Cefoxitin Ceftazidime Cephalothin Ciprofloxacin Clindamycin Erythromycin Gentamicin Levofloxacin Nalidixic Acid Nitrofurantoin Penicillin Tetracycline Vancomycin

SPECIMEN COLLECTION GUIDE			
A	Aptima Urine Tube (Yellow)	Lg	Lithium Green Top Tube
Ali	Aliquot	LgR	Lg Refrigerated (Required)
As	Aptima Swab (orange)	Ng	Sodium Green Top Tube
CS	Gray C&S Tube (urine)	R	Red Top Tube
Es	eSwab	RBR	Royal Blue (Red Line)
FC	Formalin Cup	RBL	Royal Blue (Lavender)
Frz	Frozen	S	Serum Separator Tube
Gy	Gray Top Tube	Sw	Swab
L	Lavender Top Tube	TP	ThinPrep
LB	Light Blue Top Tube	U	Urine Cup

I hereby authorize Innovative Health Diagnostics (IHD) to release my test results to the ordering provider and have been informed of my privacy rights regarding the tests performed. Additionally, I authorize insurance payments to be made to IHD for the laboratory services provided. I acknowledge that IHD may be an out-of-network provider with my insurer. I agree that I am financially responsible for sending IHD any funds received from my insurer for the performance of the tests, and that if my insurer sends payments for the testing directly to me I will endorse the back of the check, write "Made Payable to IHD", and forward it to IHD within 20 days.

I authorize my physician and/or staff to release IHD and its agents, any information needed to determine insurance coverage for the laboratory services. I agree that a photocopy or PDF copy of this form shall be valid as the original. I further agree that this authorization will cover all laboratory testing performed by IHD until such authorization is revoked by me. I understand that I am responsible for payment of any deductible, co-insurance or certain non-covered service charges. I am voluntarily providing the lab specimen for analysis by IHD. I certify that the lab specimen I have provided is my own and has not been altered in any way.