AccountXXXX (XXXXX-MDTXXXXX)

XXXXX ❑ AddresshereXXXXX

XXXXX ❑ ProviderhereXXXXX XXXXX ❑ ProviderhereXXXXX

Tel: (xxx) Fax: (xxx)

(800) 820-8803
cs@ihdlab.com

IHD Internal QC Initials

IHDLAB
Innovative Health Diagnostics

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

COLLECTION INFORMATION (* is required)

Date of Collection: * / / Time: ❑ am ❑ pm

Fasting: ❑ YES _____ HOURS ❑ NO FASTING

STAT: ❑ **YES (Additional Fees Apply)**

Collector Initials: *

Copy Results To: Include Provider name, telephone & fax

PATIENT INFORMATION

Last Name: *

First Name: * Middle:

DOB: *

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

Address: *

City/ST/Zip *

Phone: Email:

BILLING INFORMATION

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

Attach Copy of Insurance Card or Facesheet

Insurance Name:

Policy/Subscriber ID:

Group No:

ICD-10 Codes

Dx1	Dx2	Dx3	Dx4
Dx5	Dx6	Dx7	Dx8

LIQUID-BASED PAP SMEARS

Pap Only	4102 ❑	Pap Smear, ThinPrep
Age 21-30	4108 ❑	Pap Smear, ThinPrep w/ rflx HPV (ASCUS or greater)
Age 30+	SG202 ❑	Pap Smear, ThinPrep w/ HPV
STI Screening Add-On	4402 ❑	CT/NG (NAT) 4266 ❑ Trichomonas Vaginalis

BIOPSY

Procedure ❑ E.M.B. ❑ L.E.E.P. ❑ Endocervical ❑ E.C.C. ❑ Vaginal ❑ Other:_____ ❑ Cervical ❑ Cervical Cone

Site 1:	**Site 3:**
Site 2:	**Site 4:**

HISTORY

❑ Pregnancy ____wks ❑ IUD ❑ Post-menopausal
❑ Post-partum ❑ BC Pills ❑ HRT _____
❑ Abnrml Bleeding ❑ Hysterectomy:_____
❑ Other_____

LMP:_____Prior Pap + Date: _____

Additional Comments:

CUSTOM PHYSICIAN PANELS AND TEST

RESPIRATORY PATHOGEN PANELS

4188 ❑ Es Respiratory Pathogen Panel, COVID + Flu
4189 ❑ Es Respiratory Pathogen Panel, COVID + Flu + RSV
4190 ❑ Es Respiratory Pathogen Panel, Comprehensive

MOLECULAR TESTING

4191 ❑ CS Molecular UTI, Basic (AssureCup) **
4192 ❑ CS Molecular UTI, Comprehensive (AssureCup) **
4194 ❑ Es/TP Vaginitis Panel, Basic (AssureSwab)
4199 ❑ Es/TP Vaginitis Panel, Basic + CT/NG (AssureSwab)
4195 ❑ Es/TP Vaginitis Panel, Comprehensive (AssureSwab)
4193 ❑ Es/TP Vaginitis Panel, Comprehensive Plus (AssureSwab)
4196 ❑ Es/TP Aerobic Vaginitis Panel (AssureSwab)
4197 ❑ Es/TP Leukorrhea Panel (AssureSwab)
4198 ❑ Es/TP Genital Ulcer Panel (AssureSwab)
4402 ❑ A/Es CT/NG (NAT)
4258 ❑ Es/TP Mycoplasma/Ureaplasma, PCR

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

8017 ❑	L	ABO and RH Type	7600 ❑	3Gy	GTT 2hr/75g (ADA)
7132 ❑	S	Albumin	4416 ❑	S	HBsAb Qual
730 ❑	2S	Allergen Profile, Food	4407 ❑	S	HBsAg
721 ❑	2S	Allergen Profile, Respiratory	4411 ❑	S	HBcAb Total w/ reflex to IgM
7135 ❑	S	ALP	7359 ❑	S	hCG, Total w/ rflx Dil.
7136 ❑	S	ALT	4405 ❑	S	HCV Ab
7354 ❑	S	AMH	7116 ❑	L	Hemoglobin A1c
7123 ❑	S	Amylase	BM072 ❑	L	Hgb Electrophoresis
B7219 ❑	S	ANA Screen	4414 ❑	S	HIV Ag/Ab, 4thGen
8030 ❑	L	Antibody Screen	7119 ❑	S	hs-CRP
7107 ❑	S	Apolipoprotein A1	8512 ❑	S	HSV-1, IgG
7108 ❑	S	Apolipoprotein B	8513 ❑	S	HSV-2, IgG
7137 ❑	S	AST	4408 ❑	S	HTLV I/II, Ab
7184 ❑	S	Bile Acids	B831 ❑	S	Insulin, Fasting
7139 ❑	S	Bilirubin, Direct	7234 ❑	S	Iron, Serum
7138 ❑	S	Bilirubin, Total	7230 ❑	S	LDH
7317 ❑	L	B-natriuretic Peptide (BNP)	7102 ❑	S	LDL, Direct
7129 ❑	S	BUN	7327 ❑	S	LH
7349 ❑	S	CA 125 Antigen	7227 ❑	S	Lipase
7124 ❑	S	Calcium	7229 ❑	S	Magnesium, Serum
8000 ❑	L	CBC w/ diff	8525 ❑	S	MMR
8002 ❑	L	CBC w/o diff	8517 ❑	S	Measles, IgG
7121 ❑	S	Creatine Kinase (CK/CPK), Total	8518 ❑	S	Mumps, IgG
6558 ❑	S	COVID-19, IgG	8508 ❑	S	Rubella, IgG
6547 ❑	Sw	COVID-19, PCR, Nasal	7142 ❑	S	Phosphate
7168 ❑	S	C-Reactive Protein (CRP)	7127 ❑	S	Potassium
4420 ❑	S,L	CMV, Total w/ rflx IgG/M	7329 ❑	S	Progesterone
7114 ❑	L	Creatinine, Serum	7330 ❑	S	Prolactin
1500 ❑	U	Creatinine, Urine	7592 ❑	S	PSA, Total w/ reflex to PSA, Free
7324 ❑	S	DHEA-S	8003 ❑	LB	PT/INR
7325 ❑	S	Estradiol (E2)	8004 ❑	LB	PTT
7304 ❑	S	Ferritin	8535 ❑	S	RPR w/ reflex titer + T.Pall IgG
7305 ❑	S	Folate, Serum	BW039 ❑	S	Rheumatoid (RF) Titer
7326 ❑	S	FSH	8016 ❑	L	Eryth. Sed Rate (ESR)
7120 ❑	Gy	Glucose, Serum	7336 ❑	S	T3, Free
7561 ❑	Gy	GluScrn 1hr/50g (ACOG)	7351 ❑	S	T3, Total
7563 ❑	4Gy	GTT 3hr/100g (ACOG)	7337 ❑	S	T4, Free

INDIVIDUAL TESTS

7352 ❑	S	T4, Total
8550 ❑	LgR	TB-GOLD QuantiFERON®
7353 ❑	S	Testosterone, F + T, IA
7332 ❑	S	Testosterone, Total
7339 ❑	S	Thyroglobulin, Ab
7215 ❑	S	TIBC
7341 ❑	S	TPO Ab
8507 ❑	S	Toxoplasma, IgG
7335 ❑	S	TSH
7401 ❑	S	TSH w/ rflx T4, Free
7214 ❑	S	Uric Acid
7552 ❑	U	Urinalysis w/ rflx to Culture
7554 ❑	U	Urinalysis w/Microscopy
8515 ❑	S	Varicella (VZV), IgG
7309 ❑	S	Vitamin B12
8500 ❑	S	Vitamin D, 25-OH

MICROBIOLOGY

B093 ❑	Sw	Culture, Anaerobic
B745 ❑	Sw	Culture, Nose
B714 ❑	Sw	Culture, Throat
10005 ❑	U	Culture, Urine w/ Rflx Sens
10001 ❑	Es	Culture, Vaginal
B717 ❑	Sw	Culture, Wound

Source:

AMA PANELS

7002 ❑	S	Basic Metabolic Panel
7003 ❑	S	Comp. Metabolic Panel
7006 ❑	S	Hepatic Function Pnl
22811 ❑	S	Hepatitis, Acute w/ Reflex
7001 ❑	S	Lipid Panel
4424 ❑	S, L	Obstetric Panel

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

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

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

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 Jensenii
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

*** Relex 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

Molecular UTI, Basic 4191

Acinetobacter baumannii
Actinobaculum schaalii
Aerococcus urinae
Alloscardovia omnicolens
Citrobacter freundii
Citrobacter koseri
Coagulase-negative staph
Corynebacterium riegelii
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

Molecular UTI, Comprehensive 4192

Acinetobacter baumannii
Actinobaculum schaalii
Aerococcus urinae
Alloscardovia omnicolens
Citrobacter freundii
Citrobacter koseri
Coagulase-negative staph
Corynebacterium riegelii
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

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.