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| PRACTICE INFORMATION | REQUIRED | PHYSICIAN INFORMATION | REQUIRED |
|--|----------|-----------------------|------------|
| Practice Name: _____ | | Physician Name: _____ | NPI: _____ |
| Address: _____ | | Physician Name: _____ | NPI: _____ |
| City: _____ State: _____ Zip Code: _____ | | Physician Name: _____ | NPI: _____ |

URINARY TRACT INFECTION > RT-PCR LABORATORY REQUISITION FORM

1 PATIENT INFORMATION REQUIRED

Last Name: _____
 First Name: _____
 Date of Birth: _____ Gender: M F
 Bill Type: Insurance Self-Pay Client Bill

ATTACH A COPY OF THE PATIENT DEMOGRAPHICS AND INSURANCE INFORMATION

2 DIAGNOSIS (ICD-10) CODES (MEDICALLY NECESSARY) REQUIRED

Select ICD-10 code associated with the required test panel. Additional ICD-10 codes are available on the back side of this form and can be entered in the (Other) field below.

| | |
|---|---|
| <input type="checkbox"/> R50.9 Fever, unspecified | <input type="checkbox"/> R39.9 Unspecified symptoms and signs involving the genitourinary system |
| <input type="checkbox"/> R53.82 Chronic fatigue, unspecified | <input type="checkbox"/> R21 Rash and other non specified skin eruption |
| <input type="checkbox"/> R68.83 Chills (without fever) | <input type="checkbox"/> Z11.51 Encounter for screening of human papillomavirus (HPV) |
| <input type="checkbox"/> R30.9 Painful micturition, unspecified | <input type="checkbox"/> Z20.2 Exposure to disease that is predominantly sexually transmitted |
| <input type="checkbox"/> R39.15 Urgency of urination | <input type="checkbox"/> Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmutation |
| <input type="checkbox"/> R35.0 Frequency of micturition | <input type="checkbox"/> Z79.899 Other long term (current) drug therapy |
| <input type="checkbox"/> R30.0 Dysuria | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> R31.0 Gross hematuria | |
| <input type="checkbox"/> R31.29 Other microscopic hematuria | |
| <input type="checkbox"/> N39.0 UTI, site not specified | |
| <input type="checkbox"/> N30.0 Acute cystitis | |
| <input type="checkbox"/> N30.1 Interstitial cystitis (chronic) | |
| <input type="checkbox"/> N40.1 BHP with lower UTI symptoms | |
| <input type="checkbox"/> N97.0 - N97.9 Female infertility | |

3 COLLECTION INFO REQUIRED

Collection Method: Urine

Collection Date/Time: Date: _____ Time: _____

Collectors Initials: _____ AM PM

4 TEST ORDER SELECT ONE OR MORE (REQUIRED)

Urinalysis Reflex to Culture If you chose this option proceed to STEP 5 (Patient Acknowledgement)

Urinalysis Reflex to PCR Panel (Extended Panel) If you want to test specific pathogens select them below. (ABR PCR Panel add on Available)

| | | | |
|---|--|---|---|
| <input type="checkbox"/> Acinetobacter baumannii | <input type="checkbox"/> Citrobacter freundii | <input type="checkbox"/> Herpes simplex virus 2 | <input type="checkbox"/> Proteus vulgaris |
| <input type="checkbox"/> Actinotignum schaalii | <input type="checkbox"/> Citrobacter koseri | <input type="checkbox"/> Klebsiella oxytoca | <input type="checkbox"/> Providencia stuartii |
| <input type="checkbox"/> Aerococcus urinae | <input type="checkbox"/> Corynebacterium rieglieii | <input type="checkbox"/> Klebsiella pneumoniae | <input type="checkbox"/> Pseudomonas aeruginosa |
| <input type="checkbox"/> Alloscardovia omnicolens | <input type="checkbox"/> Corynebacterium urealyticum | <input type="checkbox"/> Morganella morganii | <input type="checkbox"/> Serratia marcescens |
| <input type="checkbox"/> Candida albicans | <input type="checkbox"/> Enterobacter aerogenes | <input type="checkbox"/> Mycobacterium tuberculosis | <input type="checkbox"/> Staphylococcus aureus |
| <input type="checkbox"/> Candida glabrata | <input type="checkbox"/> Enterobacter cloacae | <input type="checkbox"/> Mycoplasma genitalium | <input type="checkbox"/> Staphylococcus epidermis |
| <input type="checkbox"/> Candida krusei (Pichia kudriavzevii) | <input type="checkbox"/> Enterococcus faecalis | <input type="checkbox"/> Mycoplasma hominis | <input type="checkbox"/> Staphylococcus saprophyticus |
| <input type="checkbox"/> Candida parapsilosis | <input type="checkbox"/> Enterococcus faecium | <input type="checkbox"/> Neisseria gonorrhoeae | <input type="checkbox"/> Streptococcus agalactiae |
| <input type="checkbox"/> Candida tropicalis | <input type="checkbox"/> Escherichia coli | <input type="checkbox"/> Pantoea agglomerans | <input type="checkbox"/> Trichomonas vaginalis |
| <input type="checkbox"/> Chlamydia trachomatis | <input type="checkbox"/> Herpes simplex virus 1 | <input type="checkbox"/> Proteus mirabilis | <input type="checkbox"/> Ureaplasma urealyticum |

Urinalysis Reflex to PCR Panel (Basic Panel) If you want to test specific pathogens select them below. (ABR PCR Panel add on Available)

| | | | |
|--|---|---|---|
| <input type="checkbox"/> Acinetobacter baumannii | <input type="checkbox"/> Enterobacter aerogenes | <input type="checkbox"/> Klebsiella pneumoniae | <input type="checkbox"/> Serratia marcescens |
| <input type="checkbox"/> Candida albicans | <input type="checkbox"/> Enterobacter cloacae | <input type="checkbox"/> Morganella morganii | <input type="checkbox"/> Staphylococcus aureus |
| <input type="checkbox"/> Candida glabrata | <input type="checkbox"/> Enterococcus faecalis | <input type="checkbox"/> Proteus mirabilis | <input type="checkbox"/> Staphylococcus saprophyticus |
| <input type="checkbox"/> Candida parapsilosis | <input type="checkbox"/> Enterococcus faecium | <input type="checkbox"/> Proteus vulgaris | <input type="checkbox"/> Streptococcus agalactiae |
| <input type="checkbox"/> Candida tropicalis | <input type="checkbox"/> Escherichia coli | <input type="checkbox"/> Providencia stuartii | |
| <input type="checkbox"/> Citrobacter freundii | <input type="checkbox"/> Klebsiella oxytoca | <input type="checkbox"/> Pseudomonas aeruginosa | |

Sexually Transmitted Disease PCR Panel (STD Panel) If you want to test specific pathogens select them below. (ABR PCR Panel add on Available)

| | | | |
|--|---|--|--|
| <input type="checkbox"/> Candida albicans | <input type="checkbox"/> Herpes simplex virus 1 | <input type="checkbox"/> Mycoplasma genitalium | <input type="checkbox"/> Trichomonas vaginalis |
| <input type="checkbox"/> Chlamydia trachomatis | <input type="checkbox"/> Herpes simplex virus 2 | <input type="checkbox"/> Neisseria gonorrhoeae | |

Antibiotic Resistance (ABR) PCR Panel ABR PCR Panel can be ordered with the Basic or Extended UTI Pathogen Panel and STD Panel

| | | |
|--|---|--|
| <ul style="list-style-type: none"> ampC, ACC, ACT/MIR (Ampicillin Resistance) BlaNDM-1, GES, CTX-M 1, 2, 8/25, 9, PER 1, VEB, blaFOX, CMY/LAT/MOX (Extended-Spectrum-Betalactamase Resistance) Sul 1, 2 (Sulfonamide Resistance:) dfrA1, 5 (Trimethoprim Resistance) | <ul style="list-style-type: none"> blaOXA-48, Imp 1, Imp2, KPC, NDM, OXA-48, OXA-51, VIM (Carbanpenem Resistance) Cfr (Phenicol and Lincosamide Resistance) ermA, ermB, ermC (Macrolide Resistance) tetM, tetS (Tetracycline Resistance) QnrA, QnrB1, QnrB2, QnrB3, QnrB4 (Quinolone Resistance) | <ul style="list-style-type: none"> Mcr-1 (Polymyxin Resistance) VanA1, VanB (Vancomycin Resistance) mecA, mecC (femA for MRSA detection) (Methicillin Resistance) |
|--|---|--|

7 PATIENT ACKNOWLEDGEMENT REQUIRED

This specimen was provided voluntarily for analysis and I authorize AIM Laboratories to process, bill and provide results. I agree to the declarations and terms in the patient acknowledgment and irrevocable assignment of benefits on the back of this form.

Patient Signature: _____ x _____ Date: _____ Patient Name: _____ Date of Birth: _____

BARCODE - FOR POSITION ONLY
 B A R C O D E

8 AUTHORIZED HEALTHCARE PROVIDER ACKNOWLEDGMENT REQUIRED

I acknowledge that documentation to support medical necessity for all tests ordered is recorded in the patient's chart. If not signed, Authorized Healthcare Provider affirms that test orders are placed in patient file with provider signature and will be available upon request. The Office of the Inspector General requires documentation in patient medical chart including date of service, tests ordered and documentation to support medical necessity.

Provider Signature: _____ x _____ Date: _____ Patient Name (Label 1): _____ Date of Birth: _____ Patient Name (Label 2): _____ Date of Birth: _____

BARCODE - FOR POSITION ONLY
 B A R C O D E

DIAGNOSIS (ICD-10) CODES

The ICD-10 codes provided below are based on AMA guidelines and are for information purposes only. ICD-10 coding is the sole responsibility of the ordering provider.

URINARY

- () A60.00 HSV of urogenital system, unspecified
- () A60.1 HSV infection, perianal skin/rectum
- () A60.9 Anogenital herpes viral infection, unspecified
- () A63.0 Anogenital (venereal) warts
- () A64 Unspecified sexually transmitted disease
- () B00.9 Herpes viral infection, unspecified
- () B37.3 Candidiasis, vulva/vagina
- () B37.49 Candidiasis, other urogenital
- () B37.9 Candidiasis, unspecified
- () C53.9 Malignant neoplasm of cervix uteri, unspecified
- () Carcinoma in situ of cervix (D06.9) or vulva (D07.1) or vagina (D07.2)
- () D07.30 Carcinoma in situ of unspecified female genital organs
- () D07.39 Carcinoma in situ of other female genital organs
- () D07.60 Carcinoma in situ of unspecified male genital organs
- () D07.61 Carcinoma in situ of scrotum
- () D07.69 Carcinoma in situ of other male genital organs
- () N30.00 Acute cystitis without hematuria
- () N30.10 Interstitial cystitis (chronic) without hematuria
- () N30.40 Irradiation cystitis without hematuria
- () N30.90 Cystitis, NOS without hematuria
- () N70.93 Salpingitis and oophoritis, NOS
- () N71.9 Inflammatory disease of uterus, NOS
- () N73.9 Female pelvic inflammatory disease, NOS
- () N72 Inflammatory disease of cervix uteri (with or without ulcer or erosion)
- () N76.0 Acute vaginitis
- () N76.1 Subacute/chronic vaginitis
- () Ulceration of vagina (N76.5) or vulva (N76.6)
- () N82.0 Vesicovaginal fistula
- () N82.9 Female genital tract fistula, NOS
- () N82.1 Other female urinary-genital tract fistulae
- () N82.4 Other female intestinal-genital tract fistulae
- () N86 Erosion, ectropion of cervix uteri
- () N87.9 Dysplasia of cervix uteri
- () N88.0 Leukoplakia of cervix uteri
- () N89.3 Dysplasia of vagina
- () N90.3 Dysplasia of vulva
- () N90.4 Leukoplakia of vulva
- () N41.0 Acute prostatitis
- () N41.1 Chronic prostatitis
- () N41.9 Inflammatory disease of prostate, unspecified
- () N34.1 Nonspecific urethritis
- () N34.3 Urethral syndrome, NOS
- () N39.0 Urinary tract infection, site not specified
- () N49.9 Inflammatory disorder of unspecified male genital organ
- () R10.2 Pelvic/perineal pain
- () R30.0 Dysuria
- () R30.9 Painful micturition, unspecified
- () R31.9 Hematuria, unspecified
- () R35.8 Polyuria, NOS
- () R36.9 Urethral discharge, unspecified
- () R35.0 Frequency of micturition
- () R39.15 Urgency of Urination
- () R39.198 Other difficulties with micturition
- () R39.89 Other and unspecified symptoms and signs involving the urinary system
- () R39.9 Unspecified symptoms and signs involving the GU system
- () R50.9 Fever, unspecified
- () R80.0 Isolated proteinuria
- () R82.3 Hemoglobinuria
- () R82.90 Other unspecified abnormal findings in urine (positive nitrite or leukocyte esterase)
- () Cytologic evidence malignancy, cervix (R87.614) or vagina (R87.624)
- () Atypical squamous cells of undetermined significance (ASCUS), cytologic smear of cervix (R87.610) or vagina (R87.620)
- () ASC-US, can't exclude high grade squamous intraepithelial lesion (ASC-H), cervix (R87.611) or vagina (R87.621)
- () Low grade squamous intraepithelial lesion (LGSIL), cytologic smear of cervix (R87.612) or vagina (R87.622)
- () High grade squamous intraepithelial lesion (HGSIL), cytologic smear of cervix (R87.613) or vagina (R87.623)
- () R87.810 Cervical high risk human papillomavirus (HPV) DNA test positive
- () R87.811 Vaginal high risk human papillomavirus (HPV) DNA test positive

ANTIBIOTIC RESISTANCE

- () Z16.30 Resistance to unspecified antimicrobial drugs
- () Z16.31 Resistance to antiparasitic drug(s)
- () Z16.32 Resistance to antifungal drug(s)
- () Z16.33 Resistance to antiviral drug(s)
- () Z16.35 Resistance to multiple antimicrobial drugs
- () Z16.39 Resistance to other specified antimicrobial drugs
- () Z16.341 Resistance to single antimycobacterial drug
- () Z16.342 Resistance to multiple antimycobacterial drugs

PATIENT ACKNOWLEDGMENT AND IRREVOCABLE ASSIGNMENT OF BENEFITS

The information provided on this form and on the label affixed to the specimen cup is accurate. The specimen identified on this form is my own. I have not adulterated it in any way. I am voluntarily submitting this specimen for analysis by my healthcare provider and/or third party lab. I authorize the lab to release the results of this test to the ordering healthcare provider. The lab is authorized to bill my insurance provider, or any payer, whether fully insured or self-insured, and I will irrevocably assign any payment of benefits, claims, rights, and interests related to the services my healthcare provider performed against any payer. I further authorize the lab and my healthcare provider to release to my insurance provider any medical information necessary to process this claim.

I acknowledge that AIM Laboratories may be an out-of-network facility/provider with my insurance provider. I am also aware that in some circumstances my insurance provider may send the payment directly to me. I agree to endorse the insurance check and forward it to AIM Laboratories within 15 days of receipt as payment towards the lab services provided by AIM. I acknowledge that I am responsible for any amounts not covered by my insurer including any deductibles and co-payments/co-insurance. I understand that AIM Laboratories may use my specimen and any testing performed on that specimen for research and development so long as the information has been de-identified pursuant to law. I am aware that all AIM Laboratories Privacy Practices can be found at www.aimlaboratories.com.