



IS THIS TEST FOR A STAFF MEMBER? YES NO
 ***Indicate if testing is ordered for a member of your staff

MOBILE COLLECTION? *YES NO

* SELECT ONE: RESIDENCE HOMEBOUND FACILITY

FACILITY NAME: _____

FACILITY BILL INSURANCE BILL

ADD-ON (NEW REQUEST) RE-COLLECT (PREVIOUS REQUEST)

CLIENT INFO: _____

PROVIDER/NPI: _____

PROVIDER/NPI: _____

***Laboratory must confirm all STAT orders 470-355-0481. Selecting STAT without prior confirmation will result in delays.

PATIENT INFORMATION

FIRST NAME _____ LAST NAME _____ MIDDLE NAME/INITIAL _____ COLLECTION DATE _____ COLLECTION TIME AM PM

DATE OF BIRTH _____ SEX M F FASTING YES NO CATHETER PATIENT? YES NO

PATIENT ADDRESS _____ CITY / STATE / ZIP CODE _____ PATIENT PHONE NUMBER _____

INSURANCE CARRIER NAME _____ POLICY # / GROUP# _____ PATIENT SOCIAL SECURITY NUMBER _____ PATIENT EMAIL ADDRESS _____

DIAGNOSIS (ICD) CODES: _____ **ETHNICITY / RACE** American Indian / Alaska Native Multi-Racial Asian / Pacific Islander White Hispanic/Latino Black or African American Not Hispanic/Latino Other: _____

PATIENT AUTHORIZATION STATEMENT: I hereby authorize the release of medical information related to the service described herein and authorize payment directly to ID Tech Molecular. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

PATIENT SIGNATURE _____ DATE _____ WRITE-IN ADDITIONAL DATA _____

| SEE PAGE 2 FOR ADDITIONAL PANEL AND TESTING DETAILS | § Indicates STAT Ordering Available |

RESPIRATORY §

TUBE TYPE(S): SWAB (VTM, Refrigerated)

Strep A Antigen (Dry Throat Swab)
 ** Specimen Source Required

NP OP Saliva Other

ID-ONE (COVID-19 | FLU A/B | RSV A/B) **
 COVID-19 FLUA/B RSV A/B

SARS-CoV-2 (COVID-19) **

URINALYSIS

TUBE TYPE(S): STERILE CUP/TUBE (Refrigerated)

Urinalysis w/ Rfx Microscopy §
 ** Additional Gray C&S Tube Required

Urinalysis w/ Rfx C&S **

Urinalysis w/ Rfx RT-PCR **
 ** Please ensure that Gray C&S Tubes are completely filled

MICROBIOLOGY and MOLECULAR DIAGNOSTICS

(12-24 Hours Preliminary) GRAY CS

UTI RT-PCR only UTI Plus RT-PCR only

UTI Complete (RT-PCR + Culture & Sensitivity + ID-RESIST™ ABx)

UTI Plus Complete (RT-PCR + Culture & Sensitivity + ID-RESIST™ ABx)

Urine Culture and Susceptibility (UC&S) (48-72 Hours) GRAY CS

Ct/Ng/Tv *
 Chlamydia Gonorrhea Trichomonas

Basic Bacterial Vaginosis *
 Expanded Bacterial Vaginosis*
 Candidiasis (Fungal)*
 Basic STI (Low-Mod. Risk)*
 STI Lesion*
 Comprehensive STI (High Risk)*
 *Individual target selection available on Page 2

COAGULATION §

TUBE TYPE(S): LIGHT BLUE CITRATE PLASMA

Prothrombin Time (PT/INR)

Partial Thromboplastin Time, Activated (aPTT)

D-Dimer

*Please ensure tubes are completely filled and properly mixed

URINE CHEMISTRY §

TUBE TYPE(S): STERILE CUP/TUBE (Refrigerated)

Random and 24-Hour testing available for some analytes

Albumin, Urine (Microalbumin)*

BUN, Urine*

Chloride, Urine*

Creatinine, Urine*

Potassium, Urine*

Protein, Urine (MicroTotal Protein)*

Sodium, Urine*

Microalbumin/Creatinine Panel

Protein/Creatinine Panel

Urine Electrolyte Panel

Creatinine Clearance (SST and 24Hr Urine)*

Normalized Creatinine Clearance (SST and 24Hr Urine)*

*For 24-Hour testing please select analyte(s) above and check here. Additional data below required:

*24-HOUR TESTING (Additional Data Required)

Weight (lbs) _____

Height (in) _____

Total Volume (mL) _____

Total Time (hrs) _____

INDIVIDUAL TESTS (A-Z)

TUBE TYPE(S): S = SST, SERUM; L = LAVENDER, EDTA; O = PURPLE FOBT TUBE; U = URINE

<input type="checkbox"/> Alanine Aminotransferase (ALT/SGPT) [S]	<input type="checkbox"/> HDL Cholesterol [S]	<input type="checkbox"/> HIV 1/2 Ab/Ag § [S]	<input type="checkbox"/> HIV 1/0/2, Enhanced [S]	<input type="checkbox"/> Homocyst(e)ine [S]	<input type="checkbox"/> Insulin [S]	<input type="checkbox"/> Iron [S]	<input type="checkbox"/> LDL Cholesterol [S]	<input type="checkbox"/> Luteinizing Hormone (LH) [S]	<input type="checkbox"/> Magnesium (Mg) § [S]	<input type="checkbox"/> Mononucleosis, Qual [S]	<input type="checkbox"/> PTH, Intact [S]	<input type="checkbox"/> Phosphorus § [S]	<input type="checkbox"/> Platelet Count (PLT) [L]	<input type="checkbox"/> Potassium (K) § [S]	<input type="checkbox"/> Preactalbumin [S]	<input type="checkbox"/> Procalcitonin § [S]	<input type="checkbox"/> Prolactin [S]	<input type="checkbox"/> PSA [S]	<input type="checkbox"/> RPR Titer [S]	<input type="checkbox"/> Rubella Antibodies, IgG [S]	<input type="checkbox"/> Rubella Antibodies, IgM [S]	<input type="checkbox"/> SHBG [S]	<input type="checkbox"/> Sodium (Na) § [S]	<input type="checkbox"/> Syphilis (SYPH) w/ Rfx [S]	<input type="checkbox"/> T3 Uptake [S]	<input type="checkbox"/> Testosterone [S]	<input type="checkbox"/> Thyroglobulin Abs (aTG) [S]	<input type="checkbox"/> Thyr. Peroxid. Abs (aTPO) [S]	<input type="checkbox"/> Thyroxine (T4) [S]	<input type="checkbox"/> Total Bilirubin [S]	<input type="checkbox"/> Total Protein [S]	<input type="checkbox"/> Triglycerides [S]	<input type="checkbox"/> Triiodothyronine (T3) [S]	<input type="checkbox"/> Troponin I, (hsTnI) § [S]	<input type="checkbox"/> TSH [S]	<input type="checkbox"/> TSH w/Rfx Free T4 [S]	<input type="checkbox"/> UIBC [S]	<input type="checkbox"/> Uric Acid (Urate) [S]	<input type="checkbox"/> Vitamin B-12 [S]	<input type="checkbox"/> Vitamin D, 25-OH, Total (D3 approx.) [S]				
<input type="checkbox"/> Albumin [S]	<input type="checkbox"/> Alkaline Phosphatase (ALP) [S]	<input type="checkbox"/> Ammonia § (Refrigerate or freeze plasma) [L]	<input type="checkbox"/> Aspartate Aminotransferase (AST/SGOT) [S]	<input type="checkbox"/> B-Type Natriuretic Peptide (BNP) § [L]	<input type="checkbox"/> β-hCG, Quant [S]	<input type="checkbox"/> Blood Urea Nitrogen (BUN) § [S]	<input type="checkbox"/> Calcium (Ca) § [S]	<input type="checkbox"/> Carbon Dioxide (CO2) § [S]	<input type="checkbox"/> Cardiac CRP (hsCRP) [S]	<input type="checkbox"/> Chloride (Cl) § [S]	<input type="checkbox"/> Cholesterol, Total [S]	<input type="checkbox"/> CK-MB [S]	<input type="checkbox"/> Cortisol [S]	<input type="checkbox"/> C-Peptide [S]	<input type="checkbox"/> C-Reactive Protein (CRP) [S]	<input type="checkbox"/> Creatine Kinase (CK, CPK), Total [S]	<input type="checkbox"/> Creatinine, Serum § [S]	<input type="checkbox"/> Creatinine, Urine § [S]	<input type="checkbox"/> Dehydroepiandrosterone (DHEA) Sulfate [S]	<input type="checkbox"/> Direct Bilirubin [S]	<input type="checkbox"/> Erythrocyte Sedimentation Rate (ESR) § [L]	<input type="checkbox"/> Est. Average Glucose (w/ HbA1c) [L]	<input type="checkbox"/> Est. Glomerular Filtration Rate (eGFR) [S]	<input type="checkbox"/> Estradiol [S]	<input type="checkbox"/> Fecal Occult Blood (iFOBT) § [O]	<input type="checkbox"/> Ferritin [S]	<input type="checkbox"/> Folate (Folic Acid) [S]	<input type="checkbox"/> Follicle-stimulating Hormone (FSH) [S]	<input type="checkbox"/> Free T3 [S]	<input type="checkbox"/> Free T4 [S]	<input type="checkbox"/> Glucose § [S]	<input type="checkbox"/> hCG, Qualitative (Pregnancy) [S,U]	<input type="checkbox"/> Hematocrit (HCT) § [L]	<input type="checkbox"/> Hemoglobin (Hb) A1c [L]	<input type="checkbox"/> Hemoglobin (HGB) § [L]	<input type="checkbox"/> Hep A Antibody, IgM (HAVM) [S]	<input type="checkbox"/> Hep A Virus (HAVT) Antibody, Total [S]	<input type="checkbox"/> Hep B Core Antibody, IgM (HBcM) [S]	<input type="checkbox"/> Hep B Core Antibody, Total (HBcT) [S]	<input type="checkbox"/> Hep B Surface Antibody (HBsAb), Qual [S]	<input type="checkbox"/> Hep B Surface Antibody (HBsAb), Quant [S]	<input type="checkbox"/> Hep B Surface Antigen (HBsAg) [S]	<input type="checkbox"/> Hep C Virus (HCV) Antibody [S]	<input type="checkbox"/> Herpes-1 IgG (HSV1) [S]

THERAPEUTIC DRUG MONITORING (TDM) §

TUBE TYPE(S): RED-TOP SERUM

** Please select Peak or Trough as applicable

Amikacin, Random Peak Trough

Digoxin Carbamazepine (Tegretol) [S]

Gentamicin, Random Peak Trough

Levetiracetam (Keppra) [S]

Lidocaine [S]

Lithium [S]

Phenobarbital [S]

Phenytoin (Dilantin) [S]

Procainamide [S]

Theophylline [S]

Tobramycin, Random Peak Trough

Valproic Acid (Depakote) [S]

Vancomycin, Random Peak Trough

CHEMISTRY

TUBE TYPE(S): SST, SERUM

Anemia Panel (SST and LAV) §

Basic Metabolic Panel (BMP) §

Comprehensive Metabolic Panel (CMP) §

Electrolyte Panel (ELP) §

Hepatic Function Panel (LFT) §

Hepatitis (Acute) Panel

HBV Screening Panel

Iron Panel §

Lipid Panel §

Liver Fibrosis Panel (SST and Lav) §

Renal Function Panel §

Thyroid Panel

VB12 & Folate Panel

HEMATOLOGY §

TUBE TYPE(S): LAVENDER, WHOLE BLOOD

CBC + Diff CBC + Diff w/o PLT

CBC w/o Diff CBC w/o Diff w/o PLT

ESR H & H Panel

Hemogram

*Please ensure proper mixing by gently inverting

ID-WOUND (RT-PCR+ID-RESIST™ ABx)

TUBE TYPE(S): ESAB (AMIES)

Wound Complete

Skin Lesion

Lesion+HSV

Surgical

Specify Wound/Lesion Site(s): _____

PROVIDER AUTHORIZATION | I HEREBY AUTHORIZE ID TECH MOLECULAR LABS to perform the testing indicated above.

I acknowledge that I have provided the appropriate diagnosis codes (ICD-10) to support medical necessity and have documentation to support medical necessity recorded in the patient's medical chart. I understand the Office of the Inspector General requires such documentation in the patient's medical record including date of service, test ordered and documentation to support medical necessity.

PROVIDER'S AUTHORIZATION SIGNATURE: _____ **DATE:** _____

TEST PANELS

CHEMISTRY PANELS

ANEMIA PANEL (SST and LAV)

Ferritin, Iron, UIBC, Vitamin B12, Folate, CBC

BASIC METABOLIC PANEL (BMP)-8

BUN (Urea Nitrogen), Calcium, Carbon Dioxide (CO₂), Chloride, Creatinine, Glucose, Potassium, Sodium, B/C Ratio, eGFR

COMPREHENSIVE METABOLIC PANEL (CMP)

Albumin, ALP, ALT (SGPT), AST (SGOT), Bilirubin, BUN (Urea Nitrogen), Calcium, Carbon Dioxide (CO₂), Chloride, Creatinine, Globulin, Glucose, Potassium, Protein, Sodium, A/G Ratio, Anion Gap, B/C Ratio, eGFR

ELECTROLYTE PANEL (ELP)

Carbon Dioxide (CO₂), Chloride, Potassium, Sodium

HBV SCREENING PANEL

Hepatitis B Core Antibody, IgM (HBcM), Hepatitis B Surface Antibody (HBsAb), Hepatitis B Surface Antigen (HBsAg)

HEPATIC FUNCTION PANEL (LFT)-7

Albumin, ALP, ALT (SGPT), AST (SGOT), Direct Bilirubin, Total Bilirubin, Globulin, Protein, A/G Ratio, Indirect Bilirubin

HEPATITIS (ACUTE) PANEL-4

Hepatitis A Antibody, IgM (HAV), Hepatitis B Surface Antigen (HBsAg), Hepatitis B Core Antibody, IgM (HBc Ab), Hepatitis C Virus (HCV) Antibody

IRON PANEL

Iron, UIBC, TIBC, % IRON (%TRANSFERRIN) SATURATION

LIPID PANEL

Cholesterol, HDL Cholesterol, LDL Cholesterol, Triglycerides, H/C Ratio, L/H Ratio, VLDL

LIVER FIBROSIS PANEL (SST and LAV)

AST, ALT, PLT, FIB-4 Index

RENAL FUNCTION PANEL-10

Albumin, BUN (Urea Nitrogen), Calcium, Carbon Dioxide (CO₂), Chloride, Creatinine, Glucose, Phosphorus, Potassium, Sodium, B/C Ratio

THYROID PANEL

TSH, T4, Free T4, T3, Free T3

THYROID CASCADE PANEL

TSH w/ Reflex to Free T4 w/ Reflex to Free T3

VB12 & FOLATE

Vitamin B12, Folate

HEMATOLOGY PANELS

COMPLETE BLOOD COUNT (CBC) w/o Diff

WBC, RBC, HGB, HCT, MCV, MCH, MCHC, RDW, PLT, MPV

CBC w/ Differential

WBC, RBC, HGB, HCT, MCV, MCH, MCHC, RDW, PLT, MPV, NEUT%, NEUT#, LYMPH%, LYMPH#, MONO%, MONO#, EOS%, EOS#, BASO%, BASO#

H & H PANEL

Hematocrit (HCT), Hemoglobin (HGB)

HEMOGRAM PANEL

CBC w/o Diff, ESR

URINE CHEMISTRY PANELS (Preservative-free Urine)

MICROALBUMIN/CREATININE PANEL

Microalbumin, random, Urine Creatinine, random, Microalbumin/Creatinine Ratio

URINE ELECTROLYTE PANEL

Urine Sodium, Random, Urine Potassium, Random, Urine Chloride, Random

PROTEIN/CREATININE PANEL

Urine Protein, random, Urine Creatinine, random, Protein/Creatinine Ratio

24HR URINE ANALYTE

(Available for Albumin, BUN, Creatinine, Chloride, Potassium, Protein, Sodium)

URINE ANALYTE, Total Volume (mL), Total Time (hrs), 24-hr URINE ANALYTE

CREATININE CLEARANCE (SST and Urine Cup)

Total Volume (mL), Total Time (hrs), Urine Creatinine, random, Creatinine, Serum, Creatinine Clearance

NORMALIZED CREATININE CLEARANCE (SST and Urine Cup)

Total Volume (mL), Total Time (hrs), Patient Weight (lbs), Patient Height (in), Body Surface Area (BSA), Urine Creatinine, random, Creatinine, Serum, Creatinine Clearance, Normalized Creatinine Clearance

MOLECULAR/INFECTIOUS PANELS (COMPONENTS AVAILABLE FOR INDIVIDUAL ORDER)

ID-WOUND Dx (Swab in Amies Medium) (RT-PCR)

*Specify Wound/Lesion Site(s)

WOUND COMPLETE (RT-PCR + ID-RESIST™ ABx)

- Actinomyces israelii/Nocardia asteroides
- Bacteroides fragilis
- Bartonella henselae/Francisella tularensis/ Pasteurella multocida
- Citrobacter freundii/koseri
- Clostridium perfringens/septicum
- Coagulase Negative Staphylococcus Group
- Corynebacterium striatum
- Enterobacter species/Klebsiella species
- Enterococcus faecalis/faecium
- Escherichia coli
- Finegoldia magna/ Malassezia furfur
- Fusobacterium necrophorum/nucleatum
- Klebsiella oxytoca/pneumoniae
- Morganella morganii
- Peptinophilus hareii/ivorii
- Proteus mirabilis/vulgaris
- Providencia stuartii
- Pseudomonas aeruginosa
- Serratia marescens/Stenotrophomonas maltophilia
- Staphylococcus aureus
- Staphylococcus saprophyticus
- Streptococcus agalactiae
- Streptococcus pneumoniae
- Streptococcus pyogenes
- Candida albicans
- Candida parapsilosis/tropicalis/lusitaniae
- Candida species
- ID-RESIST™ ABx (Genotypical)

ID-RESIST™ ABx (Genotypical)

- ACC, ACT, FOX, MIR
- dfrA, dfrA1, dfrA5, sul1, sul2
- IMP, NDM, VIM1
- mecA
- tetB/M/S
- CTX-M, GES, OXA, PER1
- ermA, ermB, ermC, mefA
- KPC, OHIO, OKP-C, SHV, TEM
- qnr A/B/S
- vanA/B/C

SKIN LESION

- Staphylococcus aureus
- Streptococcus pyogenes
- MeCA

SKIN LESION+HSV

- Skin Lesion Panel
- HSV1 /HSV2

SURGICAL

- Skin Lesion Panel
- Coagulase Negative Staphylococcus Group

ID-STI Panel (RT-PCR)

*Specify Specimen Source: Anal/Rectal Swab, Cytology Liquid, Throat Swab, Urethral Swab, Urine (Gray-Top), Vaginal Swab

- Atopobium vaginae
- Gardnerella vaginalis
- Lactobacillus crispatus/gasseri/jensenii
- Megasphera
- Mobiluncus curtisii/mulieris/Prevotella bivia
- Mycoplasma genitalum/hominis
- Neisseria gonorrhoeae
- Treponema pallidum
- Ureaplasma parvum/urealyticum
- Trichomonas vaginalis
- HPV 16, 18, 45
- HSV1 /HSV2

ID-UTIDx (Gray-Top C&S Tube) (12-24 Hours Preliminary) rt-PCR + Culture & Sensitivity + ID-RESIST™ ABx (Genotypical)

*Urinalysis must be ordered separately

UTI COMPLETE (rt-PCR + Culture & Sensitivity + ID-RESIST™ ABx)

- Acinetobacter baumannii
- Aerococcus urinae
- Bacteroides fragilis
- Citrobacter freundii/koseri
- Coagulase Negative Staphylococcus Group Corynebacterium
- striatum
- Enterobacter species/Klebsiella species
- Enterococcus faecalis/faecium
- Escherichia coli
- Klebsiella oxytoca/pneumoniae
- Morganella morganii
- Proteus mirabilis/vulgaris
- Providencia stuartii
- Pseudomonas aeruginosa
- Serratia marescens/Stenotrophomonas maltophilia
- Staphylococcus aureus
- Staphylococcus saprophyticus
- Streptococcus agalactiae
- Streptococcus pneumoniae
- Streptococcus pyogenes
- Ureaplasma parvum/urealyticum
- Candida albicans
- Candida parapsilosis/tropicalis/lusitaniae
- Candida species
- ID-RESIST™ ABx (Genotypical)
- Microbiology Culture and Sensitivity

MOLECULAR/INFECTIOUS PANELS (COMPONENTS AVAILABLE FOR INDIVIDUAL ORDER)

*Specify Specimen Source: Anal/Rectal Swab, Cytology Liquid, Throat Swab, Urethral Swab, Urine (Gray-Top), Vaginal Swab

BASIC BACTERIAL VAGINOSIS (BV) PANEL

- Atopobium vaginae
- Gardnerella vaginalis
- Lactobacillus crispatus/gasseri/jensenii
- Megasphera

EXPANDED BACTERIAL VAGINOSIS (BV) PANEL

- Basic BV Panel
- Mycoplasma genitalum/hominis
- Ureaplasma parvum/urealyticum

CT/NG/TV PANEL

- Chlamydia trachomatis
- Neisseria gonorrhoeae
- Trichomonas vaginalis

CANDIDIASIS (FUNGAL) PANEL

- Candida species

BASIC STI PANEL (Moderate Risk)

- Atopobium vaginae
- Chlamydia trachomatis
- Gardnerella vaginalis
- Mycoplasma genitalum/hominis
- Neisseria gonorrhoeae
- Treponema pallidum
- Trichomonas vaginalis
- Ureaplasma parvum/urealyticum

STI LESION PANEL

- HSV1 /HSV2
- Neisseria gonorrhoeae
- Treponema pallidum
- Trichomonas vaginalis

COMPREHENSIVE STI PANEL (High Risk Exposure) (2 SST and 1 Specified Source Specimen: e.g., Anal/Rectal Swab, Cytology Liquid, Throat Swab, Urethral Swab, Urine (Gray-Top), Vaginal Swab)

- Basic STI Panel
- HBV Screening Panel
- HCV Ab
- HIV 1 /O/2
- HSV 1 /2 Panel
- Syphilis w/ Reflex to RPR Titer

ID-UTIDx (Gray-Top C&S Tube) (12-24 Hours Preliminary) rt-PCR + Culture & Sensitivity + ID-RESIST™ ABx (Genotypical)

*Urinalysis must be ordered separately

UTI PLUS COMPLETE (rt-PCR + Culture & Sensitivity + ID-RESIST™ ABx)

- UTI Complete Panel
- ID-STI Panel
- Microbiology Culture and Sensitivity