

My DNA My Medicine

## **INFECTIOUS DISEASE TEST REQUISITION**

FAILURE TO COMPLETE ALL FIELDS MAY DELAY PATIENT RESULTS.

4115 Medical Drive STE#210, San Antonio, Texas, 78229 Phone: (210) 257 - 6973 || Fax: (210) 519 - 0340 CLIA # 45D2116443

Lab Director: Manoj Tyagi, PhD, NRCC

	Pny	Sician in	formation		Sample Inform							
Practice Name,	Provider(s) Name,		Collection Date & Time:				$\label{eq:completed By:} \textbf{For } i \textbf{GenomeDx} \ use$					
					Sample Collected By:				Accession Number:  for iGenomeDx use			
testing, and the par patients records. I	tient has given consent attest that these tests a	for testing to be e medically nec	Signature: I hereby authorize performed. I attest that the IC essary. I hereby authorize iGer	D-10 Diagnosis Codes prov nomeDx Laboratories to se	vided are accura and these patien	ate records and su it's test results to t	pported by		DD OV	IDEDIC CIC	NAMINE	
third party payer, i	if needed, to appeal a d	nial of reimburs	ement prior to attempts to obt						PROVI	DER'S SIGI	NATURE	
			T		ent Infor							
Patient Last Name		Patient First, Middle Name	itient First, Middle Name			Date of Birth: (MM/DD/YYYY)				Patient Phone		
Patient Gender Patient Race Patient Ethnicity P			Patient Address	itient Address					I authorize iGenomeDx to analyze the specimen provided by me and report the results of such analysis to the ordering			
□ Female □ Male □ Undisclosed □ Undisclosed □ American Indian/Native Alaskan □ American Indian/Pacific Islander □ Undisclosed		☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Undisclosed	City, ST Zip							og such analysis to the order ing rmance with his/her order		
Patient Email:										PATIENT'S SIGNATURE		
			Diagnosis (I	CD-10 Codes)						Specime	n Tvne	
Plea	se state why this test co	stitutes medical	necessity for the patient. Reimb		noses to be code	ed to a higher degre	ee of specificity.		□ Nasonhai	ryngeal Swab		
									□ Wound S □ Nail Clipp	Swab	☐ Vaginal Swab☐ Urine	
Billing Information			Insurance		Primary Insurance				Secondary Insurance			
A photocopy of both sides of Patient's insurance card(s) must be included		e In	surance Company Na	me								
П М. Л.			Member ID									
For the patient paid test's facility is advised to collect payment before specimen collection			Group Number									
			Relationship to Insu									
			Claims Addre									
		v	GAST	DΩ	1	UTI		Woun	od 0	NYCHOMYCOSIS		
RESPIRATORY (Performed with nasopharyngeal I				-swab) (Performed with I					rmed with Wo	ound E-swab) (I	Performed with Nail Clipping)	
VIRUS TARGETS  SARS-CoV-2 (COVID-19)  Influenza Influenza (A, H1-2009) Influenza B Influenza C Parainfluenza (1, 2, 3 & 4)  Common Cold Adenovirus Human bocavirus Human rhinovirus Human cronavirus (NL63/229E/0C43/HKU1) Enterovirus Human parechovirus Respiratory Syncytial viruses A/B		BACTEI  Property  4)  Will  sees FUNGAL	eumonia Chlamydia pneumoniae Mycoplasma pneumonia Staphylococcus aureus Streptococcus pneumoni Haemophilus influenzae, Type B Klebsiella pneumoniae	ae   Rotavirus   Sapovirus	GETS cter sp. difficile sp. consitive E. cterocolitica idium sp. histolytica bblia	Strepto saprop   Strepto saprop   Entero-   Ureaple   Candid   Proteus   Klebsie   Morgan   Strepto   Entero-   Provide   Pseudo   Strepto   Resis	lococcus aureu coccus hyticus coccus faecalis asma urealytic	as	Acinetobacte. Bacteroides E Bacteroides E Enterobacter f Enterobacter Enterococcus	spp reundii reundii - aerogenes - cloacae - faecalis - faecalis - s pyogenes - faecium - voli - votoca - eumoniae - eumoniae - eumoniae - euroganii - bilis - s aeruginosa - cus aureus - novy - septicum - perfringens - ae	Acremonium strictum   Alternaria   Alternaria   Aspergillus niger   Aspergillus terreus   Candida albicans   Candida glabrata   Candida krusei   Candida parapsilosis   Candida tropicalis   Epidermophyton   floccosum   Microsporum canis   Neofusicoccum mangiferae   Trichophyton interdigitale   Trichophyton rubrum	
☐ Metapneumovirus A/B				STI				STI				
For additional respiratory pathogen testing (besides COIVD-19 only), providers must include evidence of <b>Medical Necessity</b> in the form of following documents:  Daily treatment or progress notes Record of the providers findings Record of the treating providers preliminary & final diagnosis Records of the patient's primary complaint			(Performed with Vaginal E-Swab or Urethral E- swab)	□ Chlamydia trachomatis □ Gardnerella vaginalis □ Mycoplasma genitalium □ Meisseria gonorrhoeae □ Treponema pallidum □ Trichomonas vaginalis □ Herpes simplex virus 1 □ Herpes simplex virus 2 □ Ureaplasma parvum / urealyticum				(Performed   Chlamydia trachomatis   with Urine)   Gardnerella vaginalis   Mycoplasma genitalium   Neisseria gonorrhoeae   Trichomonas vaginalis   Ureaplasma parvum / urealyticum				

## **Informed Consent Information**

Submission of a requisition for any test listed on this iGenomeDx Requisition form constitutes acknowledgement by the ordering Physician and Patient:

- 1. This Ordering physician has obtained written informed consent for each test ordered, as required by applicable state and federal laws. A copy of the informed consent is not required by iGenomeDx in order to process a sample, but a copy must be available in the ordering physician's record.
- 2. The patient has provided written authorization for iGenomeDx to report the results of each test directly to the ordering physician.
- 3. DNA testing usually provides precise information, however, several sources of error are possible. These include, but are not limited to, clinical misdiagnosis of the condition, and sample misidentification.
- 4. All test results will be released directly to the ordering physician, or on their behalf, as state and local laws allow.
- 5. iGenomeDx is authorized to perform high complexity testing under the Clinical Laboratory Improvement Amendments (CLIA). The results are not intended to be used as the sole means for clinical diagnosis or patient care decisions.
- 6. The Patient acknowledges their right to obtain a copy of their written report as required by state and federal laws.

Patient Signature:	Date: