



CLIA # 45D222222 | NPI # 1740886449
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COMPREHENSIVE INFECTIOUS DISEASE REQUISITION FORM Please see Reverse side to Complete Form

PATIENT INFORMATION

IMPORTANT - Include a current medication list AND a patient face sheet OR complete next two sections below and include photocopy of insurance card (front and back).

First Name		Last Name		Gender F <input type="checkbox"/> M <input type="checkbox"/>	
Date of Birth (MM/DD/YYYY)		Phone		Email	
Address			City		State
					Zip

Ethnicity: African American Asian Caucasian Hispanic Jewish(Ashkenazi) Portuguese Other

PATIENT INSURANCE INFORMATION

- Attach patient demographics and copy of insurance card

Insurance Self-Pay Client Bill

Primary Insurance		Social Security Number	
Primary Insurance ID#		Primary Insurance Group	

SPECIMEN INFORMATION*

PRACTICE INFORMATION

Urinary Tract

Urine clean catch

Respiratory

Nasopharynx Swab

Wound

Location of the area of interest Swabbed :.....

TEST ORDER: PLEASE MAKE A PANEL SELECTION FROM THE FOLLOWING LIST:

SARS COV2 ONLY

Influenza A
 Influenza B
 and RSV A/B

**SARS - COV2 + RSV
 + INFLUENZA A & B**

RPP

Influenza A virus
 Influenza B virus
 Respiratory Syncytial Virus A (RSV A)
 Respiratory Syncytial Virus B (RSV B)
 Flu A-H1
 Flu A-H1pdm09
 Flu A-H3
 Adenovirus (AdV)
 Enterovirus (HEV)
 Parainfluenza Virus 1 (PIV 1)
 Parainfluenza Virus 2 (PIV 2)
 Parainfluenza Virus 3 (PIV 3)
 Parainfluenza Virus 4 (PIV 4)

RPP (Continued)

Metapneumovirus (MPV)
 Bocavirus (HBoV)
 Rhinovirus (HRV)
 Coronavirus NL63 (CoV NL63)
 Coronavirus 229E (CoV 229E)
 Coronavirus OC43 (CoV OC43)
 Streptococcus Pneumoniae
 Mycoplasma Pneumoniae
 Chlamydomphila Pneumoniae
 Legionella Pneumophila
 Haemophilus Influenzae
 Bordetella Pertussis
 Bordetella Parapertussis

ANTIBIOTIC RESISTANCE PANEL (COMMON FOR ALL)

Carbapenem-resistant Enterobacteriaceae (CRE)

Klebsiella Pneumoniae Carbapenemase (KPC)
 Verona Integron-Mediated Metallo Beta Lactamase (VIM)
 New Delhi Metallo Beta Lactamase (NDM)
 Imipenem Resistant Pseudomonas (IMP)
 Oxacillinase (OXA-48)

Vancomycin Resistant Enterococci (VRE).

Vancomycin Resistant Gene A (VAN A)
 Vancomycin Resistant Gene B (VAN B)

Extended Spectrum Beta Lactamase (ESBL)

Cefotaxime Resistant Munich (CTX-M)

PROVIDER INFORMATION

As part of my antibiotic stewardship policy, I find it medically necessary to rapidly determine and differentiate a viral and/or bacterial infection in order to treat with or without appropriate antibiotics. Having the most accurate and timely data available to me directly guides my treatment and patient management. Empiric treatment and management leads to inappropriate and unnecessary antibiotic use (50% according to the CDC) and delayed diagnosis which can lead to severe consequences. Standard antibody/antigen detection is only available to detect few pathogens and comes with a high false negative rate, relatively lower sensitivity (60-70%) and specificity (80-90%). In addition, standard antibody/antigen detection requires the infection to be present for days allowing the body to make ample antibodies in order to detect. Qualitative Nucleic Acid Amplification Testing (NAAT) is far superior with sensitivities and specificities > 98% and available to detect many pathogens. In addition, NAAT has built in controls to determine if an adequate patient sample was collected and processed, therefore greatly reducing false negative results. NAAT also includes controls to easily determine a contaminated sample, therefore reducing false positive results.

Provider Name	NPI#
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DIAGNOSIS (ICD-10) CODES Select or write-in one or more codes from the spaces/selections below (REQUIRED)

RESPIRATORY / ENT/ CNS

- A37.90** Whooping cough
- A37.91** Whooping cough with pneumonia
- A37.80** Whooping cough with pneumonia
- A37.81** Whooping cough due to Bordetella, bronchiseptica, with pneumonia
- A37.10** Whooping cough due to bordetella, parapertussis
- A37.11** Whooping cough due to Bordetella, parapertussis, with pneumonia
- A37.00** Whooping cough due to bordetella, pertussis
- J01.90** Acute sinusitis, unspecified
- J02.8** Acute pharyngitis due to other specified organisms
- J02.9** Acute pharyngitis, unspecified
- J03.80** Tonsillitis, acute due to other specified organism
- J03.81** Tonsillitis, acute recurrent due to other specified organism
- J03.90** Tonsillitis, acute unspecified
- J03.91** Tonsillitis, acute recurrent unspecified
- J04.0** Laryngitis, acute
- J04.2** Laryngotracheitis, acute
- J06.9** Upper respiratory tract infection NOS, acute or subacute
- J06.9** Upper respiratory disease, acute
- J06.9** infection, infected respiratory tract, viral NOS

RESPIRATORY / ENT/ CNS (CONTINUED)

- J11.00** influenza, unidentified virus with pneumonia
- J11.1** Influenza, unidentified virus with other respiratory manifestations
- J11.2** Influenza, unidentified virus with gastrointestinal manifestations
- J11.83** Influenza, unidentified virus with otitis media
- J11.89** Influenza, unidentified virus, with other manifestations
- R53.81** Other malaise
- J12-J12.9** Viral pneumonia
- J13-J17** Bacterial pneumonia
- J18.0** Bronchopneumonia, unspecified organism
- J18.1** Labor pneumonia, unspecified organism
- J18.9** Pneumonia, unspecified organism
- J20.9** Acute bronchitis, unspecified
- J31.1** Chronic nasopharyngitis
- J32.9** Chronic sinusitis, unspecified
- J37.0** Laryngitis, chronic
- J37.1** Laryngotracheitis, chronic
- J39.9** Disease, diseased, upper respiratory tract
- R05** Cough
- R06.00** Dyspnea, unspec.
- R06.02** Shortness of breath
- R06.09** Other forms of dyspnea
- R06.1** Stridor

RESPIRATORY / ENT/ CNS (CONTINUED)

- R06.2** Wheezing
- R06.3** Periodic breathing
- R06.6** Hiccough
- R06.9** Abnormalities of breathing, unspec.
- R06.89** Other abnormalities of breathing
- R07.81** Pleurodynia
- R07.89** Other chest pain
- R07.9** Chest pain, unspec.
- R09.3** Abnormal sputum
- R09.89** Other specified symptoms involving the circulatory & respiratory system
- R50.9** Fever, unspecified
- R06.00** Dyspnea, Unspecified
- J02.9** Acute Pharyngitis
- J01.90** Acute Sinusitis, Unspecified
- J00** Acute Nasopharyngitis
- J32.9** Unspecified Sinusitis, Chronic
- R09.3** Abnormal Sputum
- J44.9** Asthma w. chron.pulmonary disease (COPD)(HCC)
- J03.90** Acute Tonsillitis
- R07.81** Pleurodynia
- R53.82** Chronic Fatigue, Unspecified

WRITE - IN CODES

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PATIENT SIGNATURE

I hereby assign all rights and benefits under my health plan and all rights and obligations that I and my dependents have under my health plan to **Medex Laboratories Inc.** its assigned affiliates and authorized representatives for laboratory services furnished to me by **Medex Laboratories Inc.** I irrevocably designate, authorize and appoint **Medex Laboratories Inc.** or its assigned affiliates and their authorized representatives as my true and lawful attorney-in-fact for the purpose of submitting my claims, obtain a copy of my health plan document, Summary Plan Description, disclosure, appeal, litigation or other remedies in accordance with the benefits and rights under my health plan and in accordance with federal or state laws. If my health plan fails to abide by my authorization and makes payment directly to me, I agree to endorse the insurance check and forward it to **Medex Laboratories Inc.** immediately upon receipt. I hereby authorize **Medex Laboratories Inc.** its assigned affiliates and authorized representatives to contact me or my health Plan/administrator for billing or payment purposes by phone, text message, or email with the contact information that I have provided to **Medex Laboratories Inc.,** in compliance with federal and state laws. **Medex Laboratories Inc.,** its assigned affiliates and their authorized representatives may release to my health plan administrator, my employer, and my authorized representative my personal health information for the purpose of procuring payment of **Medex Laboratories Inc.** and for all the laboratory services. I understand the acceptance of insurance does not relieve me from any responsibility concerning payment for laboratory services and that I am financially responsible for all charges whether or not they are covered by my insurance.

Signature of Patient or Patient Representative / Relationship to Patient

Date: