

# LABORATORY REQUISITION

Phone: (985) 580-9703 • Fax: (985) 580-9704  
or labfax@physiciansgrouplaboratories.com

PATIENT INFORMATION								*Denotes Required Field									
Last Name*		First Name*		SSN		DOB*		Gender <input type="checkbox"/> M <input type="checkbox"/> F									
Street Address*			APT#	City*		State*	ZIP*	Phone*									
▼ RESPONSIBLE PARTY ▼																	
Last Name		First Name		Relation*		DOB		Gender <input type="checkbox"/> M <input type="checkbox"/> F									
Street Address			APT#	City		State	ZIP	Phone									
INSURANCE INFORMATION				ORDERING INFORMATION													
Primary Insurance*		Secondary Insurance		Ordering Facility*			Ordering Physician*										
Primary Insurance ID #*		Secondary Insurance ID #		Billing Type* <input type="checkbox"/> Skilled (Client) <input type="checkbox"/> Client Bill <input type="checkbox"/> Third Party <input type="checkbox"/> Bill Patient			Fax Results/Dupl. Copy										
Primary Insurance Group #*		Secondary Insurance Group #		Collection Date*			Collection Time*	Fasting? <input type="checkbox"/> Y <input type="checkbox"/> N									
DX CODES*																	
<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>																	
MULTIPLEX PANELS																	
It is the ordering party's responsibility to order only those tests/examinations medically necessary for the diagnosis and treatment of the patient.																	

**RESPIRATORY PANEL** (BD Viral Transport Nasal Swab)  
*\*Please see the reverse side of the requisition for Respiratory Panel Targets*

**WOUND PANEL** (Nylon Swab with Liquid Amies Media)  
*\*Please see the reverse side of the requisition for Wound Panel Targets*

**GASTROINTESTINAL PANEL** (Copan Fecal Swab OR Stool in Cary Blair transport media)  
*\*Please see the reverse side of the requisition for Gastrointestinal Panel Targets*

**BACTERIAL VAGINOSIS PANEL** (Nylon Swab with Liquid Amies Media or Yellow/Black Top Vacuette (Boric Acid))  
*\*Please see the reverse side of the requisition for Bacterial Vaginosis Panel Targets*

<b>UTI/STI Combo</b>  <input type="checkbox"/>	<input type="checkbox"/> <b>UTI PANEL</b> (Yellow/Black Top Vacuette (Boric Acid)) <i>*Please see the reverse side of the requisition for UTI Panel Targets</i>
	<input type="checkbox"/> <b>STI PANEL</b> (Yellow/Black Top Vacuette (Boric Acid)) <i>*Please see the reverse side of the requisition for STI Panel Targets</i>

**Special Instructions/Comments:**

---



---



---

**I HEREBY ATTEST TO THE FOLLOWING:** I am the licensed medical professional treating the patient listed above. Based on my examination of the patient and assessment of the patient's symptoms and condition, I have determined each component listed on the back page of this laboratory requisition for the test ordered above to be medically necessary in order to obtain diagnostic information necessary for the management and treatment of the patient's specific medical condition. I am responsible for documenting the medical necessity of the ordered test and will provide such documentation upon request of performing laboratory or appropriate third-party payor. I understand that tests ordered by someone other than the treating provider are not reimbursable and that Medicare does not generally cover routine tests.

**Provider's Signature\*** \_\_\_\_\_ **Date\*** \_\_\_\_\_

**Receipt by Laboratory (Date and Time):** \_\_\_\_\_

<p style="font-size: x-small; text-align: center;">Label 1</p> <p>Patient Name: _____</p> <p>Date of Birth: _____</p>	<p style="font-size: x-small; text-align: center;">Label 2</p> <p>Patient Name: _____</p> <p>Date of Birth: _____</p>	<p style="font-size: x-small; text-align: center;">Label 3</p> <p>Patient Name: _____</p> <p>Date of Birth: _____</p>	<p style="font-size: x-small; text-align: center;">Label 4</p> <p>Patient Name: _____</p> <p>Date of Birth: _____</p>
---	---	---	---

**MULTIPLEX PANELS**

**It is the ordering party's responsibility to order only those tests/examinations medically necessary for the diagnosis and treatment of the patient.**

**RESPIRATORY PANEL (BD Viral Transport Nasal Swab)**

<b>Viral Targets</b>	Influenza A/H1-2009	<i>Candida Albicans</i>	<b>Antibiotic Resistance</b>
Adenovirus 1	Influenza A/H3	<i>Chlamydomphila pneuemoniae</i>	ACT, MIR, FOX
Adenovirus 2	Influenza B	<i>Haemophilus influenzae</i>	CTX-M1 (15), M2 (2), M9 (9), M8/25
Coronavirus 229E	Parainfluenza 1	<i>Klebsiella pneumoniae</i>	Dfr (A1, A5), sul (1,2)
Coronavirus HKU1	Parainfluenza 2	<i>Legionella pneumophilia</i>	ermB, C; mefA
Coronavirus NL63	Parainfluenza 3	<i>Moraxella catarrhalis</i>	IMP, NDM, VIM Groups
Coronavuris OC43	Parainfluenza 4	<i>MRSA (indirect)</i>	mecA
COVID-19	Respiratory Syncytial Virus	<i>Mycobacterium avium</i>	OXA-48,-51
Cytomegalovirus	Rhinovirus 1	<i>Mycoplasma Pneumoniae</i>	qnrA1, qnrA2, qnrB2
Enterovirus A/B/C	Rhinovirus 2	<i>Streptococcus agalactiae</i>	SHV, KPC Groups
Enterovirus D68		<i>Streptococcus pneumoniae</i>	Tet B, Tet M
Human Metapneumovirus	<b>Bacterial Targets</b>	<i>Streptococcus pyogenes (Strep A)</i>	VanA, VanB
Influenza A	<i>Bordatella pertussis</i>		

**WOUND PANEL (Nylon Swab with Liquid Amies Media)**

<b>Bacterial &amp; Fungal Targets</b>	<i>Escherichia coli</i>	<i>Streptococcus pyogenes (Strep A)</i>	mefA
<i>Acinetobacter baumannii</i>	<i>Haemophilus influenzae</i>	<i>Trichophyton rubrum</i>	OXA-48,-51
<i>Bacteroides fragilis</i>	<i>Klebsiella pneumoniae</i>		PER-1/VEB-1/GES1 Groups
<i>Candida albicans</i>	<i>Proteus mirabilis</i>	<b>Antibiotic Resistance</b>	qnrA1, qnrA2, qnrB2
<i>Candida parapsilosis</i>	<i>Proteus vulgaris</i>	ACT, MIR	SHV, KPC
<i>Citrobacter freundii</i>	<i>Pseudomonas aeruginosa</i>	CTX-M1 (15), M2 (2), M9 (9), M8/25	Tet M, Tet B
<i>Enterobacter aerogenes</i>	<i>Staphylococcus aureus</i>	ermB, ermC , mecA	VanA, VanB
<i>Enterococcus faecalis</i>	<i>Staphylococcus epidermidis</i>	FOX	
<i>Enterococcus faecium</i>	<i>Streptococcus agalactiae</i>	IMP, NDM, VIM Groups	

**GASTROINTESTINAL PANEL (Copan Fecal Swab OR Stool in Cary Blair transport media)**

<b>Bacteria, Parasites, &amp; Viruses</b>	<i>E. coli O157</i>	<i>Rotavirus A</i>
<i>Adenovirus F40/41</i>	<i>Entamoeba histolytica</i>	<i>Salmonella</i>
<i>Astrovirus</i>	<i>Enteroggregative E. coli (EAEC)</i>	<i>Sapovirus</i>
<i>C. Difficile (toxin A/B)</i>	<i>Enteropathogenic E. coli (EPEC)</i>	<i>Shiga-like toxin-producing E. coli (STEC) stx1/stx2</i>
<i>Campylobacter (jejuni, coli, &amp; upsaliensis)</i>	<i>Enterotoxigenic E. coli (ETEC) lt/st</i>	<i>Shigella/Enteroinvasive E. coli (EIEC)</i>
<i>Cryptosporidium</i>	<i>Giardia lamblia</i>	<i>Vibrio (paraheamolyticus, vulnificus &amp; cholerae)</i>
<i>Cyclospora Cayetanensis</i>	<i>Norovirus GI/GII</i>	<i>Vibrio cholerae</i>
<i>Diarrheagenic S. Coli/Shigella</i>	<i>Plesiomonas shigelloides</i>	<i>Yersinia enterocolitica</i>

**BACTERIA VAGINOSIS PANEL (Nylon Swab with Liquid Amies Media or Yellow/Black Top Vacuette (Boric Acid))**

<b>Bacterial &amp; Fungal Targets</b>	<i>Candida glabrata</i>	<i>Lactobacillus gasseri</i>	<i>Streptococcus agalactiae</i>
<i>Atopobium vaginae</i>	<i>Gardnerella vaginali</i>	<i>Megashaera 1</i>	<i>Trichomonas vaginalis</i>
<i>BVAB-2</i>	<i>Lactobacillus jensenii</i>	<i>Mobiluncus curtisii</i>	<i>Ureaplasma Urelyticum</i>
<i>Candida albicans</i>	<i>Lactobacillus crispatus</i>	<i>Mycoplasma genitalium</i>	

**STI PANEL (Yellow/Black Top Vacuette (Boric Acid))**

<b>Bacterial &amp; Viral Targets</b>	<i>Gardnerella vaginalis</i>	Human Herpes Virus 6	Varicella zoster virus
<i>Chlamydia trachomatis</i>	HPV 16	<i>Neisseria gonorrhoeae</i>	
Cytomegalovirus (Herpes Virus 5)	HPV 18	<i>Streptococcus pyogenes (Strep A)</i>	
Epstein-Barr virus	HSV-1 & HSV-2	<i>Trichomonas vaginalis</i>	

**UTI PANEL (Yellow/Black Top Vacuette (Boric Acid))**

<b>Bacterial &amp; Fungal Targets</b>	<i>Escherichia coli</i>	<i>Streptococcus agalactiae</i>	PER-1/VEB-1/GES1 Groups
<i>Acinetobacter baumannii</i>	<i>Klebsiella pneumoniae</i>		qnrA1, qnrA2, qnrB2
<i>Bacteroides fragilis</i>	<i>Mycobacterium avium</i>	<b>Antibiotic Resistance</b>	SHV, KPC
<i>Candida albicans</i>	<i>Mycoplasma genitalium</i>	ACT, MIR	Tet M, Tet B
<i>Candida glabrataqnr</i>	<i>Proteus mirabilis</i>	CTX-M1 (15), M2 (2), M9 (9), M8/25	VanA, VanB
<i>Candida parapsilosis</i>	<i>Proteus vulgaris</i>	ermB, ermC , mecA	
<i>Candida tropicalis</i>	<i>Pseudomonas aeruginosa</i>	FOX	
<i>Citrobacter freundii</i>	<i>Serratia marcescens</i>	IMP, NDM, VIM Groups	
<i>Enterobacter aerogenes</i>	<i>Staphylococcus aureus</i>	mefA	
<i>Enterococcus faecalis</i>	<i>Staphylococcus saprophyticus</i>	OXA-48,-51	