MHSLABS Tel 800.443.2035 | Fax 412.373.0539

Date Collected	Time Collected	Was patient fasting? ☐ YES ☐ NO	VNP Site

PATIENT INFORMATION — REQUIRED

First Name	Last Name	☐ Male ☐ Female
Date of Birth	Social Security Number	
Street Address		
City	State	Zip
Home Phone	E-mail	

FACILITY INFORMATION — REQUIRED

Room Number

PROVIDER SIGNATURE & MEDICAL NECESSITY — REQUIRED

Many payers (including Medicare and Medicaid) have medical necessity requirements. You should only order those tests which are medically necessary for the diagnosis and treatment of the patient.

I certify that (i) this test / (genetic test when applicable) is medically necessary, (ii) the patient (or authorized representative on the patient's behalf) has given informed consent (which includes written informed consent or written authorization when required by law) to have this testing performed, and (iii) the informed consent obtained from the patient meets the requirements of applicable law and MHS Labs' Patient Informed Consent. I agree to provide MHS Labs, or its designee, any and all additional information reasonably required for this testing to be performed and billed.

SIGNATURE REQUIRED

Physician Name NPI:

Signature

ICD 10 DX CODES — REQUIRED

PAYMENT INFORMATION

☐ **INSURANCE** ☐ **CLIENT BILL** ☐ **PATIENT (PRE-PAY)**

Insurance Name		
Policy ID Number	**Group Number**	
Policy Holder Name	Date of Birth	
Policy Holder Social Security Number		
Relationship to Patient	Phone Number	
Policy Holder Address		
City	State	Zip
Secondary Insurance		
Policy ID Number	Group Number	

Pre-Payment ☐ CASH ☐ CHECK ☐ CREDIT CARD (ONLINE)

Amount Collected $ Send Cash or Check in Money Bag Only

I authorize MHS to release information received, including, without limitation, medical information, which includes laboratory test results, to my health plan/insurance carrier and its authorized representatives as necessary for reimbursement. I further authorize my health plan/insurance carrier to directly pay MHS Labs for the services rendered. I understand that I may be responsible for portions of this test not covered by my insurance. **SIGNATURE REQUIRED**

Patient/Guarantor **Date**

Signature

SPECIMEN INFORMATION — REQUIRED

	Urogenital ☐ Urine	Other:
	☐ Clean Catch ☐ Random ☐	
	☐ Straight Cath ☐ Indwelling Cath	
	☐ Other:	

☐ UTI INFECTIOUS DISEASE PATHOGENS PROFILE BY PCR WITH ANTIBIOTOC RESISTANCE - P30000

Bacterial

- ☐ Acinetobacter baumanii
- ☐ Actinobaculum schaalii
- ☐ Aerococcus urinae
- ☐ Alloscardovia omnicolens
- ☐ Citrobacter freundii
- ☐ Citrobacter koseri
- ☐ Coagulase Negative Staph
- ☐ Corynebacterium riegelii
- ☐ Enterobacter aerogenes
- ☐ Enterobacter cloacae
- ☐ Enterococcus faecalis
- ☐ Enterococcus faecium
- ☐ Escherichia coli
- ☐ Klebsiella oxytoca
- ☐ Klebsiella pneumoniae
- ☐ Morganella morganii
- ☐ Mycoplasma hominis
- ☐ Pantoea agglomerans
- ☐ Proteus mirabilis
- ☐ Proteus vulgaris
- ☐ Providencia stuartii
- ☐ Pseudomonas aeruginosa
- ☐ Serratia marcescens
- ☐ Staphylococcus aureus
- ☐ Streptococcus agalactiae
- ☐ Ureaplasma urealyticum
- ☐ Viridans Group Strep

Fungal

- ☐ Candida albicans
- ☐ Candida auris
- ☐ Candida glabrata
- ☐ Candida parapsilosis

Antibiotic Resistance Genes

- ☐ ACC
- ☐ ampC
- ☐ BIL/LAT/CMY
- ☐ CTX-M group 1, CTX-M group 2, CTX-M group 9, CTX-M group 8/25
- ☐ dfrA5, dfrA1
- ☐ DHA
- ☐ FOX
- ☐ IMP-1 group, IMP-16, IMP-7
- ☐ KPC
- ☐ mecA
- ☐ MOX/CMY
- ☐ nfsA
- ☐ OXA-1, GES, PER-1, PER-2
- ☐ OXA-23, OXA-72, OXA-40, blaOXA-48
- ☐ PER-1, PER-2
- ☐ QnrA, QnrS, Qnr B
- ☐ SHV
- ☐ Sul1, Sul2
- ☐ TEM
- ☐ vanA1, vanA2, vanB
- ☐ VEB
- ☐ VIM

☐ STI PATHOGENS PROFILE BY PCR - P30005

Bacterial

- ☐ Atopobium vaginae
- ☐ Bacteroides fragilis
- ☐ BVAB2
- ☐ Chlamydia trachomatis
- ☐ Enterococcus faecalis
- ☐ Escherichia coli
- ☐ Gardnerella vaginalis
- ☐ Haemophilus ducreyi
- ☐ Lactobacillus crispatus
- ☐ Lactobacillus gasseri
- ☐ Lactobacillus iners
- ☐ Lactobacillus jensenii
- ☐ Megasphaera 1
- ☐ Megasphaera 2
- ☐ Mobiluncus curtisii
- ☐ Mobiluncus mulieris
- ☐ Mycoplasma genitalium
- ☐ Neisseria gonorrhoeae
- ☐ Treponema pallidum

Fungal

- ☐ Candida albicans
- ☐ Candida dubliniensis
- ☐ Candida glabrata
- ☐ Candida krusei
- ☐ Candida lusitaniae
- ☐ Candida parapsilosis
- ☐ Candida tropicalis

Viral

- ☐ HSV1
- ☐ HSV2

Protozoa

- ☐ Trichomonas vaginalis

SAMPLE LIST OF DIAGNOSIS CODES

The ICD-10 codes provided are for informational purposes only.

Correct ICD-10 coding is the sole responsibility of the ordering provider.

- ☐ *R21 - Rash and other nonspecific skin eruption*
- ☐ *R30.0 - Dysuria*
- ☐ *R30.9 - Painful micturition, unspecified*
- ☐ *R35.0 - Frequency of micturition*
- ☐ *R36.0 - Urethral discharge without blood*
- ☐ *R36.9 - Urethral discharge, unspecified*
- ☐ *R39.15 - Urgency of Urination*
- ☐ *R39.9 - Unspecified symptoms and signs involving the GU system*
- ☐ *R50.9 - Fever, unspecied*
- ☐ *R82.71 - Bacteriuria*
- ☐ *R82.79 - Other abnormal findings on microbial exam of urine*
- ☐ *R.82.81 - Pyuria*
- ☐ *R82.99 - Other abnormal findings in urine*
- ☐ *B37.41 - Candidal cystitis & urethritis*
- ☐ *B37.49 - Other urogenital candidiasis*
- ☐ *N05.9 - Unspecied nephritic syndrome with unspecied morphologic changes*
- ☐ *N11.90 - Chronic tubulo-interstitial nephritis, unspecified*
- ☐ *N14.0 - Analgesic nephropathy*
- ☐ *N18.6 - End stage renal disease*
- ☐ *N20.0 - Calculus of kidney*
- ☐ *N20.2 - Calculus of kidney with calculus of ureter*
- ☐ *N28.89 - Other specified disorders of kidney and ureter*
- ☐ *N30.1 - Interstitial Cystitis (Chronic)*
- ☐ *N30.4 - Acute Cystitis*
- ☐ *N30.80 - Other cystitis without hematuria*
- ☐ *N30.90 - Cystitis, unspecified without hematuria*
- ☐ *N34.1 - Nonspecific urethritis*
- ☐ *N34.3 - Urethral syndrome, unspecified*
- ☐ *N39.0 - Urinary tract infection, site not specified*
- ☐ *N41.0 - Acute prostatitis*
- ☐ *N41.8 - Other inflammatory disease of prostate*
- ☐ *N41.9 - Inflammatory disease of prostate, unspecified*
- ☐ *N42.9 - Disorder of prostate, unspecied*
- ☐ *N45.1 - Epididymitis*
- ☐ *N45.2 - Orchitis*
- ☐ *N45.3 - Epididymo-orchitis*
- ☐ *N71.1 - Chronic inammatory disease of uterus*
- ☐ *N73.9 - Female pelvic inflammatory disease, unspecified*
- ☐ *N76.2 - Acute vulvitis*
- ☐ *N76.3 - Subacute & chronic vulvitis*
- ☐ *N76.89 - Other specified inflammation of vagina and vulva*
- ☐ *N77.1 - Vaginitis, vulvitis & vulvovaginitis in disease classified elsewhere*
- ☐ *N94.89 - Other specified conditions associated with female genital organs & menstrual cycle*
- ☐ *N97.0–N97.9 - Female Infertility*
- ☐ *A41.9 - Sepsis, unspecified organism*
- ☐ *A56.01 - Chlamydial cystitis and urethritis*
- ☐ *A56.11 - Chlamydial female pelvic inflammatory disease*
- ☐ *Z11.51 — Encounter for screening of Human Pappillomavirus (HPV)*
- ☐ *Z20.2 — Exposure to disease that is predominantly sexually transmitted*
- ☐ *Z16.30 — Resistance to unspecified anti-microbial drugs*

ADDITIONAL TESTS/PROFILES

SEND COPY OF REPORT TO

Physician Fax