



1 PATIENT INFORMATION

Last Name / First Name / M.I.

Address / APT#

City / State / Zip / County

Phone #

Email

DOB

SSN

Insurance

Subscriber ID

Group #

Bill to:

Insurance

Facility

Male

Female

Race:

Asian

Black

Caucasian

Hispanic

Native American

Other

N/A

Ethnicity:

Hispanic

Non-Hispanic

N/A

2 PROVIDER INFORMATION

Client Name / Account #

Address / APT#

City / State / Zip

Phone #

Fax #

Ordering Provider

Collection Date

Specimen Collected By

Collection Time

AM

PM

State Collected

3 MEDICAL NECESSITY

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.

Provider Signature: _____

Patient Signature: _____ Date: _____

5 PANEL LIST: Please check appropriate panels that address your patients needs. Tests can be ordered individually.

☐ UTI+

Enterococcus spp.

Escherichia coli

Klebsiella pneumoniae

Proteus mirabilis

Staphylococcus aureus

Staphylococcus saprophyticus

Methicillin/Oxacillin(mecA)

Vancomycin(vanA & vanB)

Candida albicans

Candida parapsilosis

Candida tropicalis

Citrobacter braakii/freundii

Enterobacter cloacae

Klebsiella aerogenes

Klebsiella oxytoca/michiganensis

Proteus vulgaris

Streptococcus agalactiae (Group B)

Ureaplasma urealyticum

Acinetobacter baumannii

Candida dubliniensis

Candida glabrata

Candida krusei

Morganella morganii

Providencia stuartii

Serratia marcescens

Staphylococcus epidermidis

Strep. pyogenes (Group A)

Fluoroquinolones Resistance Genes (qnr genes)

Macrolides, Lincosamides, and Streptogramins Resistance (erm genes)

Penicillins, Cephalosporins, Aztreonam Resistance (blaAmpC genes)

Penicillins, Cephalosporins, Aztreonam Resistance (blaCTX-M genes)

Penicillins, Cephalosporins, Aztreonam Resistance (blaSHV genes)

Penicillins, Cephalosporins, Aztreonam Resistance (blaTEM genes)

Penicillins, Cephalosporins, Carbapenems Resistance (blaNDM genes)

Penicillins, Cephalosporins, Carbapenems, and Aztreonam Resistance (blaKPC genes)

Staphylococcus spp. with Beta-Lactams Resistance (mecA gene)

Sulfonamides Resistance (sul genes)

Tetracycline Resistance(tet genes)

Trimethoprim Resistance (dfr genes)

SPECIMEN SOURCE:

☐ Clean catch urine

☐ Urethral swab

☐ Other:

(Specify the panel with antibiotic resistance occurrence)

ICD 10 CODES

SPECIMEN SOURCE: