# COMBINATION INFECTIOUS DISEASE REQUISITION

CABOT LAB

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☐ Dr._____ ☐ Dr._____ ☐ Dr._____
☐ Dr._____ ☐ Dr._____ ☐ Dr._____
☐ Dr._____ ☐ Dr._____ ☐ Dr._____

REQUIRED

PRACTICE NAME
PROVIDER NAME
ADDRESS
CITY STATE ZIP
PHONE NUMBER **FAX:**
COLLECTION DATE: COLLECTION TIME:
COLLECTOR NAME:

**FOR CABOT LAB USE ONLY**

## A PATIENT INFORMATION - PLEASE PRINT LEGIBLY *ATTACH PATIENT DEMO SHEET * REQUIRED

LAST NAME M.I
FIRST NAME ☐MALE ☐FEMALE ☐OTHER
ADDRESS
CITY STATE ZIP COUNTY
PHONE NUMBER DOB RACE ETHNICITY

## B BILLING INFORMATION REQUIRED

☐Medicare MB#_____ ☐Uninsured SS#_____
☐Bill Insurance **(Attach copy of both sides of insurance)** Insurance Id_____
☐Self-Pay (Uninsured) Driver's Licence/ID#_____State____

## DIAGNOSIS (ICD-10) CODES MINUMUM OF 3 CODES

_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

## C CLINICAL INFORMATION REQUIRED WHEN APPLICABLE

- ☐ History of recent abnormal Pap smear/cervical biopsy
- ☐ Elevated sexual history risk
- ☐ History of recent chemotherapy for cancer
- ☐ Hematologic neoplasm (leukemia, lymphoma)
- ☐ Immunocompromised patient
- ☐ Malnutrition (low protein/albumin/prealbumin, low immunoglobulins, vitamin deficiencies, etc.)
- ☐ Corticosteroids
- ☐ History of solid organ or marrow transplant
- ☐ History of collagen-vascular or autoimmune disorder
- ☐ History of diabetes mellitus
- ☐ Current history of chronic opioid therapy
- ☐ Recent first-order contact with known infectious
- ☐ Other_____

## D INFECTIOUS DISEASE TEST ORDERS SELECT ONE OR MORE (REQUIRED)

**SAMPLE TYPE:** ☐ Hair Clipping ☐ Tissue Description and Location: ☐ Nail Clipping/Swab ☐ Left ☐ Right ☐ Other: Collection Date: Collector Initials:

☐ **ALL HAIR, NAIL/PARONYCHIA INFECTIOUS DISEASE PATHOGENS****

**Bacterial**
- ☐ Bacteroides fragilis, vulgatus
- ☐ Enterobacter aerogenes, cloacae
- ☐ Enterococcus faecalis, faecium
- ☐ Escherichia coli
- ☐ Klebsiella pneumoniae, oxytoca
- ☐ Peptostreptococcus anaerobius, asaccharolyticus, magnus, prevotii
- ☐ Proteus mirabilis, vulgaris
- ☐ Pseudomonas aeruginosa
- ☐ Serratia marcescens
- ☐ Staphylococcus aureus
- ☐ Staphylococcus spp.[11]
- ☐ Streptococcus agalactiae[9]
- ☐ Streptococcus pyogenes[10]

**Fungal**
- ☐ Aspergillus flavus, fumigatus, niger, terreus
- ☐ Blastomyces dermatitidis
- ☐ Candida albicans, glabrata, parapsilosis, tropicalis
- ☐ Candida auris
- ☐ Epidermophyton floccosum
- ☐ Fusarium oxysporum, solani
- ☐ Malassezia furfur, restricta, sympodialis, globosa
- ☐ Microsporum audouinii, canis, gypseum
- ☐ Trichophyton mentagraphophytes/interdigitale, rubrum, soudanense, terrestre, tonsurans, verrucosum, violaceum
- ☐ Trichosporon mucoides, asahii
- ☐ **Antibiotic Resistance Genes***

*Individual Genes Listed Below

**SAMPLE TYPE:** ☐ Rectal Swab ☐ Stool Swab ☐ Other: Collection Date: Collector Initials:

☐ **ALL GASTROINTESTINAL INFECTIOUS DISEASE PATHOGENS****
- ☐ Adenovirus - HAdV-F, HAdV-G
- ☐ Astrovirus, Sapovirus G1, G2
- ☐ Bacteroides fragilis
- ☐ Campylobacter jejuni, coli
- ☐ Chlamydia trachomatis
- ☐ Citrobacter freundii
- ☐ Clostridium difficile (toxins A, B)
- ☐ Clostridium perfringens, novyi, septicum
- ☐ Cryptosporidium hominis, parvum, felis
- ☐ Cyclospora cayetanensis, Cystoisospora belli
- ☐ Dientamoeba fragilis, Entamoeba histolytica
- ☐ Enteroaggregative E. coli (EAEC)
- ☐ Enteroinvasive E. coli (EIEC) / Shigella spp.
- ☐ Enteropathogenic E. coli (EPEC)
- ☐ Shiga toxin-producing E. coli (STEC)
- ☐ Shiga toxin-producing E. coli O157 (STEC 0157)
- ☐ Enterotoxigenic E. coli (ETEC)
- ☐ Enterovirus A, B, C
- ☐ Enterovirus D68
- ☐ Giardia intestinalis
- ☐ Helicobacter pylori
- ☐ Listeria monocytogenes
- ☐ Microsporidium (Enterocytozoon bieneusi, Encephalitozoon intestinalis probes)
- ☐ Norovirus (Genogroup 1, 2)
- ☐ Pseudomonas aeruginosa
- ☐ Rotavirus A, B
- ☐ Salmonella enterica
- ☐ Staphylococcus aureus
- ☐ Streptococcus agalactiae[9]
- ☐ Vibrio parahaemolyticus, vulnificus and cholerae
- ☐ Yersinia enterocolitica
- ☐ **Antibiotic Resistance Genes***

*Individual Genes Listed Below

**SAMPLE TYPE:** ☐ Wound Swab ☐ Joint Aspiration ☐ Other:
*Provide location of wound or joint swabbed:* Collection Date: Collector Initials:

☐ **ALL WOUND INFECTIOUS DISEASE PATHOGENS****

**Bacterial/Viral**
- ☐ Acinetobacter baumanii
- ☐ Bacteroides fragilis, vulgatus
- ☐ Burkholderia cepacia, pseudomallei
- ☐ Citrobacter freundii
- ☐ Clostridium perfringens, novyi, septicum Corynebacterium jeikeium, striatum, tuberculostearicum
- ☐ Cutibacterium (Propionibacterium) acnes
- ☐ Enterobacter aerogenes, cloacae
- ☐ Enterococcus faecalis, faecium
- ☐ Escherichia coli
- ☐ Finegoldia magna
- ☐ Haemophilus influenzae
- ☐ Herpes simplex virus 1 & 2[7]
- ☐ Klebsiella pneumoniae, oxytoca
- ☐ Mycobacterium abscessus, chelonae, fortuitum
- ☐ Mycobacterium avium-intracellulare, kansasii
- ☐ Mycobacterium marinum, ulcerans
- ☐ Mycoplasma genitalium, hominis
- ☐ Peptostreptococcus anaerobius, asaccharolyticus, magnus, prevotii Proteus mirabilis, vulgaris
- ☐ Pseudomonas aeruginosa
- ☐ Salmonella enterica
- ☐ Serratia marcescens
- ☐ Staphylococcus aureus
- ☐ Staphylococcus spp.[11]
- ☐ Stenotrophomonas maltophilia
- ☐ Streptococcus agalactiae[9]
- ☐ Streptococcus pneumoniae
- ☐ Streptococcus pyogenes[10]
- ☐ Vibrio cholerae, parahaemolyticus, vulnificus
- ☐ Varicella zoster virus[8]

**Fungal**
- ☐ Aspergillus flavus, fumigatus,niger, terreus
- ☐ Blastomyces dermatitidis
- ☐ Candida albicans, glabrata, parapsilosis, tropicalis
- ☐ Candida auris
- ☐ Epidermophyton floccosum
- ☐ Fusarium oxysporum, solani
- ☐ Malassezia furfur, restricta, sympodialis, globosa
- ☐ Microsporum audouinii, canis, gypseum
- ☐ Sporothrix schenckii
- ☐ Trichophyton mentagraphophytes/interdigitale, rubrum, soudanense, terrestre, tonsurans, verrucosum, violaceum
- ☐ Trichosporon mucoides, asahii
- ☐ **Antibiotic Resistance Genes***

*Individual Genes Listed Below

**SAMPLE TYPE:** ☐ Urine Swab ☐ Vaginal Fluid ☐ Genital Region Ulcer Swab ☐ Prostatic Fluid ☐ Pelvic Abscess Material ☐ Endocervical Brushing ☐ Penile Swab ☐ Anorectal Swab ☐ Endometrial Sampling ☐ Urethral Swab ☐ Other: ☐ Cervical Brushing Collection Date: Collector Initials:

☐ **ALL GENITO STD INFECTIOUS DISEASE PATHOGENS****
- ☐ Acinetobacter baumanii
- ☐ Actinomyces israelii
- ☐ Atopobium vaginae
- ☐ Bacteroides fragilis
- ☐ BVAB 1-3 (bacterial vaginosis associated bacteria 1-3); Mobiluncus spp
- ☐ Candida albicans, glabrata, parapsilosis, tropicalis
- ☐ Candida auris
- ☐ Chlamydia trachomatis
- ☐ Citrobacter freundii
- ☐ Cytomegalovirus (CMV, Human Herpesvirus-5)
- ☐ Enterobacter aerogenes, cloacae
- ☐ Enterococcus faecalis, faecium
- ☐ Escherichia coli
- ☐ Gardnerella vaginalis
- ☐ Haemophilus ducreyi
- ☐ Herpes simplex virus 1 & 2[7]
- ☐ High Risk HPV Types 16, 18, 26, 31, 33, 35, 39, 45, 51, 52, 53, 56, 58, 59, 66, 67, 68, 69, 70, 73, 82
- ☐ Klebsiella (Calymmatobacterium) granulomatis
- ☐ Klebsiella pneumoniae, oxytoca
- ☐ Megasphaera (Types 1, 2)
- ☐ Morganella morganii
- ☐ Mycoplasma genitalium, hominis
- ☐ Neisseria gonorrhoeae
- ☐ Peptostreptococcus anaerobius, asaccharolyticus,magnus,prevotii
- ☐ Proteus mirabilis, vulgaris
- ☐ Pseudomonas aeruginosa
- ☐ Serratia marcescens
- ☐ Staphylococcus aureus
- ☐ Staphylococcus spp.[11]
- ☐ Streptococcus agalactiae[9]
- ☐ Streptococcus pyogenes[10]
- ☐ Treponema pallidum
- ☐ Trichomonas vaginalis
- ☐ Ureaplasma urealyticum, parvum
- ☐ **Antibiotic Resistance Genes***

*Individual Genes Listed Below

*** Antibiotic Resistance Genes**
- ☐ VanA, VanB (Vancomycin)
- ☐ ermB, C; mefA[1]
- ☐ SHV, KPC Groups[2]
- ☐ dfr (A1, A5), sul (1, 2)[3]
- ☐ mecA (Methicillin)
- ☐ qnrA1, qnrA2, qnrB2[4]
- ☐ tet B, tet M (Tetracycline)
- ☐ IMP, NDM, VIM Groups[5]
- ☐ ACT, MIR, FOX, ACC Groups[6]
- ☐ OXA-48,-51 (Class D oxacillinase)
- ☐ CTX-M1 (15), M2 (2), M9 (9), M8/25 Groups[2]

**SAMPLE TYPE:** ☐ Urine Swab ☐ Other: ☐ Catheter Swab Collection Date: Collector Initials:

☐ **ALL URINARY TRACT INFECTIOUS DISEASE PATHOGENS****
- ☐ Acinetobacter baumanii
- ☐ Candida albicans, glabrata, parapsilosis, tropicalis
- ☐ Candida auris
- ☐ Chlamydia trachomatis
- ☐ Citrobacter freundii
- ☐ Enterobacter aerogenes, cloacae
- ☐ Enterococcus faecalis, faecium
- ☐ Escherichia coli
- ☐ Klebsiella pneumoniae, oxytoca
- ☐ Morganella morganii
- ☐ Mycoplasma genitalium, hominis
- ☐ Neisseria gonorrhoeae
- ☐ Proteus mirabilis, vulgaris
- ☐ Pseudomonas aeruginosa
- ☐ Serratia marcescens
- ☐ Staphylococcus aureus
- ☐ Staphylococcus spp.[11]
- ☐ Streptococcus agalactiae[9]
- ☐ Streptococcus pyogenes[10]
- ☐ Trichomonas vaginalis
- ☐ Ureaplasma urealyticum, parvum
- ☐ **Antibiotic Resistance Genes***

*Individual Genes Listed Below

1. Macrolide Lincosamide Streptogramin
2. Class A beta lactamase
3. Trimethoprim/Sulfamethoxazole
4. Fluoroquinolone
5. Class B metallo beta lactamase
6. AmpC beta lactamase
7. HSV-1, HSV-2
8. Human Herpesvirus 3
9. Group B strep (GBS)
10. Group A strep
11. Coagulase negative species: S.epidermidis, S. haemolyticus, S. lugdunensis, S. saprophytcus

**** CHECKING BOX WILL INDICATE PROVIDER IS ORDERING COMPLETE TEST MENU FOR PATHOGEN PROFILE AND ALL LISTED ANTIBIOTIC RESISTANCE GENES**

## E PATIENT ACKNOWLEDGMENT REQUIRED

This specimen was provided voluntarily for analysis and I authorize Cabot Lab, LLC, to process, bill and provide results. I agree to the declarations and terms in the patient acknowledgment and irrevocable assignment of benefits on the back of this form.
**Patient Signature:** _____ **Date:** _____

## F AUTHORIZED HEALTHCARE PROVIDER ACKNOWLEDGMENT REQUIRED

I acknowledge that documentation to support medical necessity for all tests ordered is recorded in the patient's chart. I have certified medical necessity in Section C and/or I have provided the appropriate diagnosis codes (ICD-10) to support medical necessity on this form and understand the Centers for Medicare and Medicaid Services (CMS) requires documentation in patient medical chart including date of service, tests ordered and documentation to support medical necessity. Upon request ordering facility or providers agrees to provide documentation of medical necessity of testing to Cabot Lab, PLLC and/or third party payers in a timely manner
**Provider Signature:** _____ **Date:** _____

**ONE COPY TO BE KEPT WITH SPECIMEN AND SENT TO THE LABORATORY • One COPY IS TO BE FILED IN PATIENT'S MEDICAL CHARTS BY AUTHORIZED HEALTHCARE PROVIDER** V7.2020

**PATIENT ACKNOWLEDGMENT AND IRREVOCABLE ASSIGNMENT OF BENEFITS**

The information provided on this form and on the label affixed to the specimen is accurate. The specimen identified on this form is my own. I have not adulterated it in any way. I am voluntarily submitting this specimen for analysis by my healthcare provider and/or third party lab. I authorize the lab to release the results of this test to the ordering healthcare provider. The lab is authorized to bill my insurance provider, or any payer, whether fully insured or self-insured, and I will irrevocably assign any payment of benefits, claims, rights, and interests related to the services my healthcare provider performed against any payer. I further authorize the lab and my healthcare provider to release to my insurance provider any medical information necessary to process this claim.

I acknowledge that Cabot Lab, LLC may be an out-of-network facility/provider with my insurance provider. I am also aware that in some circumstances my insurance provider may send the payment directly to me. I agree to endorse the insurance check and forward it to Cabot Lab, LLC within 15 days of receipt as payment towards the lab services provided by Cabot Lab, LLC. I acknowledge that I am responsible for any amounts not covered by my insurer including any deductibles and co-payments/co-insurance. I understand that Cabot Lab, LLC may use my specimen and any testing performed on that specimen for research and development so long as the information has been de-identified pursuant to law.

**PROVIDER NOTICE**

To view current CPT codes for testing order please refer to our Annual Physician Notice at http://cabotlab.com