77 Upper Rock, Floor 4
Rockville, MD 20850
CLIA # 21D2130541
Todd Myers, PhD, Lab Director

CIRRUSDX

Lab Use Only

STI Lesions Test Requisition Form

Patient & Specimen Information	Practice/Facility Information
Patient Name: ***Address:*** ***Phone Number:***	***Practice Name/Address:*** ***Phone Number:***
DOB: ***Sex:*** ☐ ***Female*** ☐ ***Male***	***Ordering Physician (Name and NPI #):***
Medical Record #:	
Date of Collection: ***Collected by:***	***Patient Race/Ethnicity:*** ☐African American ☐ Asian ☐ Caucasian ☐ Hispanic/Latino ☐ Hispanic (non-Latino)☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander ☐Prefer not to disclose ☐ Other: _____ ****if no race/ethnicity is selected it will automatically be entered as "prefer not to disclose"***
Specimen type: ☒ Swab Location swabbed:	

Test Requested
☐ Sexually Transmitted Infection Lesions Panel (STI Lesions)

ICD-10 Diagnosis Codes **Please select at least 1 applicable diagnosis**	
Treponema pallidum (Syphilis) ☐ A53.9 - syphilis, unspecified ☐ M02.9 - reactive arthropathy, unspecified *Varicella Zoster Virus (VZV)* ☐ A87.9 - viral meningitus, unspecified ☐ B96.29 - other *E. coli* as the cause of disease classified elsewhere ☐ B10.89 - other human herpesvirus infection ☐ G03.9 - meningitus, unspecified ☐ Z36.85 - encounter for antenatal screening for streptococcus B ☐ Z20.820 - contact with and exposure to intestinal infectious diseases due to *E. coli*	*Herpes Simplex Virus 1 (HSV 1) & Herpes Simplex Virus 2 (HSV 2)* ☐ A60.00 – herpes viral infection of urogenital system, unspecified ☐ B00.9 – herpes viral infection, unspecified Other ☐ Other: _____ ☐ Z86.19 - personal history of other infectious and parasitic diseases ☐ Z11.3 - encounter for screening for infections with a predominantly sexual mode of transmission

AUTHORIZATION: I understand that I am responsible for all co-pays and deductibles, and for amounts not covered by insurance, litigation or third-partyliability. I am authorizing CirrusDx to submit claims and acknowledging that payment(s) of authorized insurance benefits or attorney settlements, including but not limited to Medicaid, Medicare, other benefits or payments shall be made on my behalf to CirrusDx. If my current policy prohibits direct payments to CirrusDx, I agree to receive the funds and relinquish them to CirrusDx as payment towards charges for services rendered.

Patient Signature / Authorization: _____ **Date:**____/____/_____

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Physician/Authorized Signature: _____ Date: _____

Billing Information - *Attach a copy of the insurance card and PATIENT demographic sheet*	
☐Client Bill ☐Medicare ☐Medicaid ☐Commercial	Insurance Plan: _____ Policy #: _____ Referral #: _____ Patient relation to Policy Holder: ☐ Self ☐ Spouse ☐ Child ☐ Other Policy Holder Name: _____ DOB: ____/_____/_____

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Itemized List of Tests in the Panels			
☐ *Treponema pallidum (Syphilis)*	☐ *Herpes Simplex Virus 1 (HSV 1)*	☐ *Herpes Simplex Virus 2 (HSV 2)*	☐ *Varicella Zoster Virus (VZV)*

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Address:	
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DOB: ***Sex:*** ☐ ***Female*** ☐ ***Male***	***Ordering Physician (Name and NPI #):***
Medical Record #:	
Date of Collection:	***Patient Race/Ethnicity:***
Collecte	
Specim	
☒ Swab	

Practice/Facility Information

Practice Name/Address:

Phone Number:

Ordering Physician (Name and NPI #):

☐ Sexu

Treponen
- ☐ A5
- ☐ M0

Varicella
- ☐ A8
- ☐ B9
- ☐ B1
- ☐ G0 - meningitis, unspecified
- ☐ Z36.85 - encounter for antenatal screening for streptococcus B
- ☐ Z20.820 - contact with and exposure to intestinal infectious diseases due to *E. coli*

ecified

- ☐ Z11.3 - encounter for screening for infections with a predominantly sexual mode of transmission

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Specimen type: ☒ Swab Location swabbed:	

Test Requested

☐

Patient & Specimen Information

Patient Name:

Address:

Phone Number:

DOB: ***Sex:*** ☐ ***Female*** ☐ ***Male***

Medical Record #:

Date of Collection:

Collected by:

Specimen type:

☒ Swab Location swabbed:

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☐ Sexually Transmitted Infection Lesions Panel (STI Lesions)

ICD-10 Diagnosis Codes **Please select at least 1 applicable diagnosis**	
Treponema pallidum (Syphilis)	*Herpes Simplex Virus 1 (HSV 1) & Herpes Simplex Virus 2 (HSV 2)*
☐ B10.89 - other human herpesvirus infection ☐ G03.9 - meningitus, unspecified ☐ Z36.85 - encounter for antenatal screening for streptococcus B ☐ Z20.820 - contact with and exposure to intestinal infectious diseases due to *E. coli*	☐ Z86.19 - personal history of other infectious and parasitic diseases ☐ Z11.3 - encounter for screening for infections with a predominantly sexual mode of transmission

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Herpes Simplex Virus 1 (HSV 1) & Herpes Simplex Virus 2 (HSV 2)

- ☐ A60.00 – herpes viral infection of urogenital system, unspecified
- ☐ B00.9 – herpes viral infection, unspecified

Other

- ☐ Other: _____
- ☐ Z86.19 - personal history of other infectious and parasitic diseases
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☐ Client Bill
☐ Medicare
☐ Medicaid
☐ Commercial

Insurance Plan: _____

Policy #: _____ Referral #: _____

Patient relation to Policy Holder: ☐ Self ☐ Spouse ☐ Child ☐ Other

Policy Holder Name: _____ DOB: ____/_____/_____

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