77 Upper Rock Circle, Floor 4
Rockville, MD 20850
CLIA # 21D2130541
Todd Myers, PhD, Lab Director
PH: 240-813-8801 FAX: 240-238-9408

CIRRUSDX TEST REQUISITION

Patient Information

Name: _____

Address: _____

_____

Phone Number: _____

DOB: _____ Sex: ☐ Female ☐ Male

Race/Ethnicity:

☐African American ☐ Asian ☐ Caucasian ☐ Hispanic / Latino
☐ Hispanic (non-Latino) ☒ American Indian/Alaska Native
☐ Native Hawaiian/Pacific Islander ☐ Other: _____
☐ Prefer not to disclose

if no race/ethnicity is selected it will automatically be entered as "prefer not to disclose"

Ordering Clinician Information

Practice Name: _____

Address: _____

_____

Phone Number: _____
Ordering Physician Name: _____

Billing Information

Insurance Plan:_____
Policy #:_____
Patient Relation to Policy Holder ☐ Self ☐ Spouse ☐ Child
Policy Holder Name: _____
DOB: _____
☐ Direct Client Bill ☐ Self Pay (our office will reach out with details)

Patient Authorization

I understand that I am responsible for all co-pays and deductibles, and for amounts not covered by insurance, litigation or third-party liability. 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: _____ **Date:** _____

Specimen Collection Information

Collection Date: _____

Under test order, please check collection type.

☐ Check here if: "I do NOT consent to CirrusDx retaining the remnants (left over specimen) after the requested testing. The left-over specimens are typically used for Quality Control, assay improvement, or other purposes mainly to further improve testing by CirrusDx. My specimen is to be processed solely for the requested test."

Urinary Tract Infection Panel (UTIP™ & polyMIC™)

Select one

☐ UTIP™ + polyMIC™ (Identification and Antibiotic Susceptibility)
☐ UTIP™ (Identification Only)

Add On Testing (must order UTIP™)

☐ UA ☐ Microscopy

(Microscopy = RBC, WBC, White Blood Cell Clumps, Squamous Epithelial, Crystals, Casts)

Collection Type

☐ Urine ☐ Catheter ☐ Voided ☐ Other:_____
☐ Semen
☐ Urethral Swab

Antibiotic Current Prescribed: ☐ None ☐ Unknown ☐_____

☐ B37.9	candidiasis, unspecified	☐ R39.16.	straining to Void
☐ B37.49	other urogenital candidiasis	☐ N34.1	nonspecific urethritis
☐ R30.0	dysuria	☐ N34.3	urethral syndrome, unspecified
☐ N00.9	acute nephritic syndrome: unspecified morphologic changes	☐ N30.90	cystitis, unspecified without hematuria
		☐ N30.91	cystitis, unspecified with hematuria
☐ R10.30	lower abdominal pain, unspecified	☐ N30.80	other cystitis **without** hematuria
☐ R10.84	generalized abdominal pain	☐ N30.81	other cystitis **with** hematuria
☐ R50.9	fever, unspecified	☐ B37.41	candidal cystitis and urethritis
☐ R82.90	unspecified abnormal findings in urine	☐ B37.42	candidal balanitis
☐ R82.998	other abnormal findings in urine	☐ B37.9	candidiasis, unspecified
☐ R30.9	painful micturition, unspecified	☐ Other:	_____

Sexually Transmitted Infection Panel (STIP™)

☐ STIP™ (Sexually Transmitted Infection Panel)

Collection Type

☐ Urine ☐ Semen ☐ Vaginal Swab ☐ Urethral Swab
☐ Rectal Swab ☐ Oropharyngeal Swab

Chlamydia trachomatis

☐ A64	unspecified STD
☐ N34.1	nonspecific urethritis

Neisseria gonorrhoeae

☐ A54.89	other gonococcal infections
☐ A54.9	gonococcal infection, unspecified
☐ A54.01	gonococcal cystitis and urethritis, unspecified

Mycoplasma genitalium & Mycoplasma hominis

☐ A49.3	Mycoplasma infection *Trichomonas vaginalis*
☐ A59.09	other urogenital trichomoniasis
☐ A59.9	Trichomoniasis unspecified
☐ Other	_____

Aerobic Vaginitis Infection Panel (AVIP™ & polyMIC™)

☐ AVIP™ + polyMIC™ (Identification and Antibiotic Susceptibility)
☐ AVIP™ (Identification Only)

Collection Type

☐ Vaginal Swab

☐ B37.31	acute candidiasis of vulva and vagina
☐ B37.32	chronic candidiasis of vulva and vagina
☐ K63.822	small intestinal fungal overgrowth
☐ N76.0	acute vaginitis
☐ N76.1	subacute and chronic vaginitis
☐ N76.82	fournier diseases of vagina and vulva
☐ N77.1	vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere
☐ N95.2	postmenopausal atrophic vaginitis
☐ O86.13	vaginitis following delivery
☐ A54.02	Gonococcal vulvovaginitis, unspecified
☐ A56.02	Chlamydial vulvovaginitis
☐ A59.01	Trichomonal vulvovaginitis
☐ A60.04	Herpesviral vulvovaginitis
☐ B37.31	acute candidiasis of vulva and vagina
☐ Other	_____

Bacterial Vaginosis / Candida Vaginitis (BV/CV)

☐ BV/CV
Bacterial Vaginosis / Candida Vaginitis

Collection Type

☐ Vaginal Swab

☐ B37.31	acute candidiasis of vulva and vagina
☐ B37.32	chronic candidiasis of vulva and vagina
☐ K63.822	small intestinal fungal overgrowth
☐ N76.0	acute vaginitis
☐ N76.1	subacute and chronic vaginitis
☐ N76.82	fournier diseases of vagina and vulva
☐ N77.1	vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere
☐ N95.2	postmenopausal atrophic vaginitis
☐ O86.13	vaginitis following delivery
☐ A54.02	Gonococcal vulvovaginitis, unspecified
☐ A56.02	Chlamydial vulvovaginitis
☐ A59.01	Trichomonal vulvovaginitis
☐ A60.04	Herpesviral vulvovaginitis
☐ B37.31	acute candidiasis of vulva and vagina
☐ Other	_____

Clinician / Authorized Signature: _____ Date: _____

Itemized List of Tests: Urinary Tract Infection Panel (UTIP™ & polyMIC™)
Aerobic Vaginitis Infection Panel (AVIP™ & polyMIC™)

(Same targets, different sample types)

UTIP™ (Identification) and AVIP™ (Identification)

- ☐ *Escherichia coli*
- ☐ *Acinetobacter baumannii*
- ☐ *Aerococcus urinae*
- ☐ *Morganella morganii*
- ☐ *Klebsiella oxytoca*
- ☐ *Citrobacter freundii*
- ☐ *Klebsiella pneumoniae*
- ☐ *Proteus mirabilis*
- ☐ *Klebsiella aerogenes*
- ☐ *Pseudomonas aeruginosa*
- ☐ *Enterobacter cloacae*
- ☐ *Serratia marcescens*
- ☐ *Staphylococcus aureus*
- ☐ *Staphylococcus spp. (CNS)*
- ☐ *Citrobacter koseri*
- ☐ *Actinotignum schaalii*
- ☐ *Enterococcus faecium*
- ☐ *Enterococcus faecalis*
- ☐ *Streptococcus agalactiae*
- ☐ *Proteus vulgaris*
- ☐ *Providencia stuartii*
- ☐ *Candida albicans*
- ☐ *Candida glabrata*
- ☐ *Candida krusei*
- ☐ *Candida tropicalis*
- ☐ *Candida parapsilosis*
- ☐ *Ureaplasma spp.*
- ☐ Carbapenems Resistance Gene
- ☐ Methicillin Resistance Gene
- ☐ Vancomycin Resistance Gene

polyMIC™ (Antibiotic Susceptibility Testing)

- ☐ Nitrofurantoin^
- ☐ Trimethoprim/Sulfamethoxazole
- ☐ Amoxicillin/Clavulanic Acid
- ☐ Amikacin
- ☐ Gentamicin
- ☐ Tobramycin
- ☐ Ofloxacin
- ☐ Ciprofloxacin
- ☐ Levofloxacin
- ☐ Imipenem
- ☐ Meropenem
- ☐ Ertapenem
- ☐ Piperacillin/Tazobactam
- ☐ Ampicillin / Sulbactam
- ☐ Fosfomycin^
- ☐ Cefazolin
- ☐ Cephalexin
- ☐ Cefpodoxime
- ☐ Cefdinir
- ☐ Ceftriaxone
- ☐ Cefepime
- ☐ Aztreonam
- ☐ Tetracycline
- ☐ Doxycycline
- ☐ Cefaclor
- ☐ Ceftazadime / Avibactam
- ☐ Linezolid

^Not available for AVIP™ polyMIC™

Itemized List of Tests: Sexually Transmitted Infection Panel (STIP™)

- ☐ *Chlamydia trachomatis*
- ☐ *Trichomonas vaginalis*
- ☐ *Neisseria gonorrhoeae*
- ☐ *Ureaplasma spp.*
- ☐ *Mycoplasma genitalium*
- ☐ *Mycoplasma hominis*

Itemized List of Tests: Bacterial Vaginosis / Candida Vaginitis (BV/CV)

- ☐ Bacterial Vaginosis-associated Bacterium 2 (BVAB2)
- ☐ *Mobiluncus* spp.
- ☐ *Lactobacillus* spp
- ☐ *Gardnerella vaginalis*
- ☐ *Bacteroides fragilis*
- ☐ *Megasphaera*
- ☐ *Prevotella bivia*
- ☐ *Fannyhessea vaginae*
- ☐ *Candida albicans*
- ☐ *Candida parapsilosis*
- ☐ *Candida krusei*
- ☐ *Candida tropicalis*
- ☐ *Candida glabrata*

CIRRUSDX

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TEST REQUISITION

Patient Information

Name: _____

Address: _____

_____

Phone Number: _____

Ordering Clinician Information

Practice Name: _____

Address: _____

_____

Phone Number: _____

Ordering Physician Name: _____

Billing Information

Insurance Plan: _____

Ordering Clinician Information

Practice Name: _____

Address: _____

_____

Phone Number: _____

Ordering Physician Name: _____

Collection Type

☐ Urine ☐ Catheter ☐ Voided ☐ Other: _____
☐ Semen
☐ Urethral Swab

Antibiotic Current Prescribed: ☐ None ☐ Unknown ☐ _____

☐ R50.9	fever, unspecified	☐ B37.41	candidal cystitis and urethritis
☐ R82.90	unspecified abnormal findings in urine	☐ B37.42	candidal balanitis
☐ R82.998	other abnormal findings in urine	☐ B37.9	candidiasis, unspecified
☐ R30.9	painful micturition, unspecified	☐ Other:	_____

Sexually Transmitted Infection Panel (STIP™)

☐ STIP™ (Sexually Transmitted Infection Panel)

Collection Type

☐ Urine ☐ Semen ☐ Vaginal Swab ☐ Urethral Swab
☐ Rectal Swab ☐ Oropharyngeal Swab

Chlamydia trachomatis

☐ A64	unspecified STD
☐ N34.1	nonspecific urethritis

Neisseria gonorrhoeae

☐ A54.89	other gonococcal infections
☐ A54.9	gonococcal infection, unspecified
☐ A54.01	gonococcal cystitis and urethritis, unspecified

Mycoplasma genitalium & Mycoplasma hominis

☐ A49.3	Mycoplasma infection *Trichomonas vaginalis*
☐ A59.09	other urogenital trichomoniasis
☐ A59.9	Trichomoniasis unspecified
☐ Other	_____

Aerobic Vaginitis Infection Panel (AVIP™ & polyMIC™)

☐ AVIP™ + polyMIC™ (Identification and Antibiotic Susceptibility)

☐ AVIP™ (Identification Only)

Collection Type

☐ Vaginal Swab

☐ B37.31	acute candidiasis of vulva and vagina
☐ B37.32	chronic candidiasis of vulva and vagina
☐ K63.822	small intestinal fungal overgrowth
☐ N76.0	acute vaginitis
☐ N76.1	subacute and chronic vaginitis
☐ N76.82	fournier diseases of vagina and vulva
☐ N77.1	vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere
☐ N95.2	postmenopausal atrophic vaginitis
☐ O86.13	vaginitis following delivery
☐ A54.02	Gonococcal vulvovaginitis, unspecified
☐ A56.02	Chlamydial vulvovaginitis
☐ A59.01	Trichomonal vulvovaginitis
☐ A60.04	Herpesviral vulvovaginitis
☐ B37.31	acute candidiasis of vulva and vagina
☐ Other	_____

Bacterial Vaginosis / Candida Vaginitis (BV/CV)

☐ BV/CV

Bacterial Vaginosis / Candida Vaginitis

Collection Type

☐ Vaginal Swab

☐ B37.31	acute candidiasis of vulva and vagina
☐ B37.32	chronic candidiasis of vulva and vagina
☐ K63.822	small intestinal fungal overgrowth
☐ N76.0	acute vaginitis
☐ N76.1	subacute and chronic vaginitis
☐ N76.82	fournier diseases of vagina and vulva
☐ N77.1	vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere
☐ N95.2	postmenopausal atrophic vaginitis
☐ O86.13	vaginitis following delivery
☐ A54.02	Gonococcal vulvovaginitis, unspecified
☐ A56.02	Chlamydial vulvovaginitis
☐ A59.01	Trichomonal vulvovaginitis
☐ A60.04	Herpesviral vulvovaginitis
☐ B37.31	acute candidiasis of vulva and vagina
☐ Other	_____

Clinician / Authorized Signature: _____ Date: _____

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CIRRUSDX

TEST REQUISITION

Patient Information

Name: _____

Address: _____

_____

Phone Number: _____

DOB: _____ Sex: ☐ Female ☐ Male

Race/Ethnicity:

☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic / Latino

☐ Hispanic (non-Latino) ☒ American Indian/Alaska Native

Ordering Clinician Information

Practice Name: _____

Address: _____

_____

Phone Number: _____

Ordering Physician Name: _____

Billing Information

Insurance Plan: _____

Policy #: _____

Patient Relation to Policy Holder ☐ Self ☐ Spouse ☐ Child

Policy Holder Name: _____

DOB: _____

Patient Information

Name: _____

Address: _____

_____

Phone Number: _____

DOB: _____ Sex: ☐ Female ☐ Male

Race/Ethnicity:

☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic / Latino

☐ Hispanic (non-Latino) ☒ American Indian/Alaska Native

☐ Native Hawaiian/Pacific Islander ☐ Other: _____

☐ Prefer not to disclose

if no race/ethnicity is selected it will automatically be entered as "prefer not to disclose"

☐ AVIP™ + polyMIC™ (Identification and Antibiotic Susceptibility)

☐ AVIP™ (Identification Only)

Collection Type

☐ Vaginal Swab

☐ B37.31	acute candidiasis of vulva and vagina	☐ N76.82	fournier diseases of vagina and vulva	☐ A54.02	Gonococcal vulvovaginitis, unspecified
☐ B37.32	chronic candidiasis of vulva and vagina	☐ N77.1	vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere	☐ A56.02	Chlamydial vulvovaginitis
☐ K63.822	small intestinal fungal overgrowth	☐ N95.2	postmenopausal atrophic vaginitis	☐ A59.01	Trichomonal vulvovaginitis
☐ N76.0	acute vaginitis	☐ O86.13	vaginitis following delivery	☐ A60.04	Herpesviral vulvovaginitis
☐ N76.1	subacute and chronic vaginitis			☐ B37.31	acute candidiasis of vulva and vagina
				☐ Other	_____

Bacterial Vaginosis / Candida Vaginitis (BV/CV)

☐ BV/CV

Bacterial Vaginosis / Candida Vaginitis

Collection Type

☐ Vaginal Swab

☐ B37.31	acute candidiasis of vulva and vagina	☐ N76.82	fournier diseases of vagina and vulva	☐ A54.02	Gonococcal vulvovaginitis, unspecified
☐ B37.32	chronic candidiasis of vulva and vagina	☐ N77.1	vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere	☐ A56.02	Chlamydial vulvovaginitis
☐ K63.822	small intestinal fungal overgrowth	☐ N95.2	postmenopausal atrophic vaginitis	☐ A59.01	Trichomonal vulvovaginitis
☐ N76.0	acute vaginitis	☐ O86.13	vaginitis following delivery	☐ A60.04	Herpesviral vulvovaginitis
☐ N76.1	subacute and chronic vaginitis			☐ B37.31	acute candidiasis of vulva and vagina
				☐ Other	_____

Clinician / Authorized Signature: _____ Date: _____

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Rockville, MD 20850
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CIRRUSDX

TEST REQUISITION

Patient Information

Name: _____

Address: _____

_____

Phone Number: _____

DOB: _____ Sex: ☐ Female ☐ Male

Race/Ethnicity:

☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic / Latino
☐ Hispanic (non-Latino) ☒ American Indian/Alaska Native
☐ Native Hawaiian/Pacific Islander ☐ Other: _____
☐ Prefer not to disclose

if no race/ethnicity is selected it will automatically be entered as "prefer not to disclose"

Specimen Collection Information

Collection Date: _____

Under test order, please check collection type.

☐ Check here if: "I do NOT consent to CirrusDx retaining the remnants (left over specimen) after the requested testing. The left-over specimens are typically used for Quality Control, assay improvement, or other purposes mainly to further improve testing by CirrusDx. My specimen is to be processed solely for the requested test."

Ordering Clinician Information

Practice Name: _____

Address: _____

_____

Phone Number: _____

Ordering Physician Name: _____

Billing Information

Insurance Plan: _____

Policy #: _____

Patient Relation to Policy Holder ☐ Self ☐ Spouse ☐ Child

Policy Holder Name: _____

DOB: _____

☐ Direct Client Bill ☐ Self Pay (our office will reach out with details)

Patient Authorization

I understand that I am responsible for all co-pays and deductibles, and for amounts not covered by insurance, litigation or third-party liability. 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: _____ **Date:** _____

Urinary Tract Infection Panel (UTIP™ & polyMIC™)

Specimen Collection Information

Collection Date: _____

Under test order, please check collection type.

☐ Check here if: "I do NOT consent to CirrusDx retaining the remnants (left over specimen) after the requested testing. The left-over specimens are typically used for Quality Control, assay improvement, or other purposes mainly to further improve testing by CirrusDx. My specimen is to be processed solely for the requested test."

Aerobic Vaginitis Infection Panel (AVIP™ & polyMIC™)

☐ AVIP™ + polyMIC™ (Identification and Antibiotic Susceptibility)
☐ AVIP™ (Identification Only)

Collection Type
☐ Vaginal Swab

☐ B37.31	acute candidiasis of vulva and vagina
☐ B37.32	chronic candidiasis of vulva and vagina
☐ K63.822	small intestinal fungal overgrowth
☐ N76.0	acute vaginitis
☐ N76.1	subacute and chronic vaginitis
☐ N76.82	fournier diseases of vagina and vulva
☐ N77.1	vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere
☐ N95.2	postmenopausal atrophic vaginitis
☐ O86.13	vaginitis following delivery
☐ A54.02	Gonococcal vulvovaginitis, unspecified
☐ A56.02	Chlamydial vulvovaginitis
☐ A59.01	Trichomonal vulvovaginitis
☐ A60.04	Herpesviral vulvovaginitis
☐ B37.31	acute candidiasis of vulva and vagina
☐ Other	_____

Bacterial Vaginosis / Candida Vaginitis (BV/CV)

☐ BV/CV
Bacterial Vaginosis / Candida Vaginitis

Collection Type
☐ Vaginal Swab

☐ B37.31	acute candidiasis of vulva and vagina
☐ B37.32	chronic candidiasis of vulva and vagina
☐ K63.822	small intestinal fungal overgrowth
☐ N76.0	acute vaginitis
☐ N76.1	subacute and chronic vaginitis
☐ N76.82	fournier diseases of vagina and vulva
☐ N77.1	vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere
☐ N95.2	postmenopausal atrophic vaginitis
☐ O86.13	vaginitis following delivery
☐ A54.02	Gonococcal vulvovaginitis, unspecified
☐ A56.02	Chlamydial vulvovaginitis
☐ A59.01	Trichomonal vulvovaginitis
☐ A60.04	Herpesviral vulvovaginitis
☐ B37.31	acute candidiasis of vulva and vagina
☐ Other	_____

Clinician / Authorized Signature: _____ Date: _____

CIRRUSDX

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Rockville, MD 20850
CLIA # 21D2130541
Todd Myers, PhD, Lab Director
PH: 240-813-8801 FAX: 240-238-9408

TEST REQUISITION

Patient Information

Name: _____

Address: _____

_____

Phone Number: _____

DOB: _____ Sex: ☐ Female ☐ Male

Race/Ethnicity:

☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic / Latino
☐ Hispanic (non-Latino) ☒ American Indian/Alaska Native
☐ Native Hawaiian/Pacific Islander ☐ Other: _____

Ordering Clinician Information

Practice Name: _____

Address: _____

_____

Phone Number: _____

Ordering Physician Name: _____

Billing Information

Insurance Plan:_____

Policy #:_____

Patient Relation to Policy Holder ☐ Self ☐ Spouse ☐ Child

Policy Holder Name: _____

DOB: _____

☐ Direct Client Bill ☐ Self Pay (our office will reach out with details)

Billing Information

Insurance Plan:_____

Policy #:_____

Patient Relation to Policy Holder ☐ Self ☐ Spouse ☐ Child

Policy Holder Name: _____

DOB: _____

☐ Direct Client Bill ☐ Self Pay (our office will reach out with details)

Patient Authorization

I understand that I am responsible for all co-pays and deductibles, and for amounts not covered by insurance, litigation or third-party liability. 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: _____ **Date:** _____

Clinician / Authorized Signature: _____ Date: _____

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PH: 240-813-8801 FAX: 240-238-9408

CIRRUSDX

TEST REQUISITION

Patient Information

Name: _____

Address: _____

_____

Phone Number: _____

DOB: _____ Sex: ☐ Female ☐ Male

Race/Ethnicity:

☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic / Latino
☐ Hispanic (non-Latino) ☒ American Indian/Alaska Native
☐ Native Hawaiian/Pacific Islander ☐ Other: _____
☐ Prefer not to disclose

if no race/ethnicity is selected it will automatically be entered as "prefer not to disclose"

Ordering Clinician Information

Practice Name: _____

Address: _____

_____

Phone Number: _____

Ordering Physician Name: _____

Billing Information

Insurance Plan: _____

Policy #: _____

Patient Relation to Policy Holder ☐ Self ☐ Spouse ☐ Child

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DOB: _____

☐ Direct Client Bill ☐ Self Pay (our office will reach out with details)

Patient Authorization

I understand that I am responsible for all co-pays and deductibles, and for amounts not covered by insurance, litigation or third-party liability. 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.

_____ **Date:** ____

Specimen Collection Information

Collection Date: _____

Under test order, please check collection type.

☐ Check here if: "I do NOT consent to CirrusDx retaining the remnants (left over specimen) after the requested testing. The left-over specimens are typically used for Quality Control, assay improvement, or other purposes mainly to further improve testing by CirrusDx. My specimen is to be processed solely for the req

Urinary Tract Infec

Select one

☐ UTIP™ + polyMIC™ (
☐ UTIP™ (Identification On
Add On Testing (must c
☐ UA ☐ Microscopy
(Microscopy = RBC, WBC, White
Collection Type
☐ Urine ☐ Catheter ☐ Vo
☐ Semen
☐ Urethral Swab
Antibiotic Current Prescribe

straining to Void
nonspecific urethritis
urethral syndrome, unspecified
cystitis, unspecified without hematuria
cystitis, unspecified with hematuria
other cystitis **without** hematuria
other cystitis **with** hematuria
candidal cystitis and urethritis
candidal balanitis
candidiasis, unspecified

Sexually Transmit

☐ STIP™ (Sexually Transmitte
Collection Type
☐ Urine ☐ Semen ☐ Vaginal Swab ☐ Urethral Swab
☐ Rectal Swab ☐ Oropharyngeal Swab

um & Mycoplasma hominis
asma infection *Trichomonas vaginalis*
rogenital trichomoniasis

☐ A54.01	gonococcal cystitis and urethritis, unspecified	☐ A59.9	Trichomoniasis unspecified
		☐ Other	_____

Aerobic Vaginitis Infection Panel (AVIP™ & polyMIC™)

☐ AVIP™ + polyMIC™ (Identification and Antibiotic Susceptibility)
☐ AVIP™ (Identification Only)
Collection Type
☐ Vaginal Swab

☐ B37.31	acute candidiasis of vulva and vagina	☐ N76.82	fournier diseases of vagina and vulva	☐ A54.02	Gonococcal vulvovaginitis, unspecified
☐ B37.32	chronic candidiasis of vulva and vagina	☐ N77.1	vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere	☐ A56.02	Chlamydial vulvovaginitis
☐ K63.822	small intestinal fungal overgrowth	☐ N95.2	postmenopausal atrophic vaginitis	☐ A59.01	Trichomonal vulvovaginitis
☐ N76.0	acute vaginitis	☐ O86.13	vaginitis following delivery	☐ A60.04	Herpesviral vulvovaginitis
☐ N76.1	subacute and chronic vaginitis			☐ B37.31	acute candidiasis of vulva and vagina
				☐ Other	_____

Bacterial Vaginosis / Candida Vaginitis (BV/CV)

☐ BV/CV
Bacterial Vaginosis / Candida Vaginitis
Collection Type
☐ Vaginal Swab

☐ B37.31	acute candidiasis of vulva and vagina	☐ N76.82	fournier diseases of vagina and vulva	☐ A54.02	Gonococcal vulvovaginitis, unspecified
☐ B37.32	chronic candidiasis of vulva and vagina	☐ N77.1	vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere	☐ A56.02	Chlamydial vulvovaginitis
☐ K63.822	small intestinal fungal overgrowth	☐ N95.2	postmenopausal atrophic vaginitis	☐ A59.01	Trichomonal vulvovaginitis
☐ N76.0	acute vaginitis	☐ O86.13	vaginitis following delivery	☐ A60.04	Herpesviral vulvovaginitis
☐ N76.1	subacute and chronic vaginitis			☐ B37.31	acute candidiasis of vulva and vagina
				☐ Other	_____

Clinician / Authorized Signature: _____ Date: _____

Aerobic Vaginitis Infecti

☐ AVIP™ + polyMIC™ (Identification and Antibiotic Susceptibility)
☐ AVIP™ (Identification Only)

Collection Type
☐ Vaginal Swab

77 Upper Rock Circle, Floor 4
Rockville, MD 20850
CLIA # 21D2130541
Todd Myers, PhD, Lab Director
PH: 240-813-8801 FAX: 240-238-9408

CIRRUSDX TEST REQUISITION

Patient Information

Name: _____

Address: _____

_____

Phone Number: _____

DOB: _____ Sex: ☐ Female ☐ Male

Race/Ethnicity:

☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic / Latino
☐ Hispanic (non-Latino) ☒ American Indian/Alaska Native
☐ Native Hawaiian/Pacific Islander ☐ Other: _____
☐ Prefer not to disclose

if no race/ethnicity is selected it will automatically be entered as "prefer not to disclose"

Ordering Clinician Information

Practice Name: _____

Address: _____

_____

Phone Number: _____

Ordering Physician Name: _____

Billing Information

Insurance Plan: _____

Policy #: _____

Patient Relation to Policy Holder ☐ Self ☐ Spouse ☐ Child

Policy Holder Name: _____

DOB: _____

☐ Direct Client Bill ☐ Self Pay (our office will reach out with details)

Patient Authorization

I understand that I am responsible for all co-pays and deductibles, and for amounts not covered by insurance, litigation or third-party liability. 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: _____ **Date:** _____

Specimen Collection Information

Collection Date: _____

Under test order, please check collection type.

☐ Check here if: "I do NOT consent to CirrusDx retaining the remnants (left over specimen) after the requested testing. The left-over specimens are typically used for Quality Control, assay improvement, or other purposes mainly to further improve testing by CirrusDx. My specimen is to be processed solely for the requested test."

Urinary Tract Infection Panel (UTIP™ & polyMIC™)

Select one

☐ UTIP™ + polyMIC™ (Identification and Antibiotic Susceptibility)
☐ UTIP™ (Identification Only)

Add On Testing (must order UTIP™)

☐ UA ☐ Microscopy

(Microscopy = RBC, WBC, White Blood Cell Clumps, Squamous Epithelial, Crystals, Casts)

Collection Type

☐ Urine ☐ Catheter ☐ Voided ☐ Other: _____
☐ Semen
☐ Urethral Swab

Antibiotic Current Prescribed: ☐ None ☐ Unknown ☐

☐ B37.9	candidiasis, unspecified	☐ R39.16.	straining to Void
☐ B37.49	other urogenital candidiasis	☐ N34.1	nonspecific urethritis
☐ R30.0	dysuria	☐ N34.3	urethral syndrome, unspecified
☐ N00.9	acute nephritic syndrome: unspecified morphologic changes	☐ N30.90	cystitis, unspecified without hematuria
		☐ N30.91	cystitis, unspecified with hematuria
☐ R10.30	lower abdominal pain, unspecified	☐ N30.80	other cystitis **without** hematuria
☐ R10.84	generalized abdominal pain	☐ N30.81	other cystitis **with** hematuria
☐ R50.9	fever, unspecified	☐ B37.41	candidal cystitis and urethritis
☐ R82.90	unspecified abnormal findings in urine	☐ B37.42	candidal balanitis
☐ R82.998	other abnormal findings in urine	☐ B37.9	candidiasis, unspecified
☐ R30.9	painful micturition, unspecified	☐ Other:	_____

n and Antibiotic Susceptibility)

☐ B37.31	acute candidiasis of vulva and vagina	☐ N76.82	fournier diseases of vagina and vulva	☐ A54.02	Gonococcal vulvovaginitis, unspecified
☐ B37.32	chronic candidiasis of vulva and vagina	☐ N77.1	vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere	☐ A56.02	Chlamydial vulvovaginitis
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☐ N76.1	subacute and chronic vaginitis	☐ O86.13	vaginitis following delivery	☐ B37.31	acute candidiasis of vulva and vagina
				☐ Other	_____

Aerobic Vaginitis Infection Panel (AVIP™ & polyMIC™)

☐ AVIP™ + polyMIC™ (Identification and Antibiotic Susceptibility)
☐ AVIP™ (Identification Only)

Collection Type

☐ Vaginal Swab

☐ B37.31	acute candidiasis of vulva and vagina	☐ N76.82	fournier diseases of vagina and vulva	☐ A54.02	Gonococcal vulvovaginitis, unspecified
☐ B37.32	chronic candidiasis of vulva and vagina	☐ N77.1	vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere	☐ A56.02	Chlamydial vulvovaginitis
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☐ N76.1	subacute and chronic vaginitis	☐ O86.13	vaginitis following delivery	☐ B37.31	acute candidiasis of vulva and vagina
				☐ Other	_____

Bacterial Vaginosis / Candida Vaginitis (BV/CV)

☐ BV/CV

Bacterial Vaginosis / Candida Vaginitis

Collection Type

☐ Vaginal Swab

☐ B37.31	acute candidiasis of vulva and vagina	☐ N76.82	fournier diseases of vagina and vulva	☐ A54.02	Gonococcal vulvovaginitis, unspecified
☐ B37.32	chronic candidiasis of vulva and vagina	☐ N77.1	vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere	☐ A56.02	Chlamydial vulvovaginitis
☐ K63.822	small intestinal fungal overgrowth			☐ A59.01	Trichomonal vulvovaginitis
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☐ N76.1	subacute and chronic vaginitis	☐ O86.13	vaginitis following delivery	☐ B37.31	acute candidiasis of vulva and vagina
				☐ Other	_____

Clinician / Authorized Signature: _____ Date: _____

Itemized List of Tests: Urinary Tract Infection Panel (UTIP™ & polyMIC™)
Aerobic Vaginitis Infection Panel (AVIP™ & polyMIC™)

(Same targets, different sample types)

UTIP™ (Identification) and AVIP™ (Identification)

- ☐ *Escherichia coli*
- ☐ *Acinetobacter baumannii*
- ☐ *Aerococcus urinae*
- ☐ *Morganella morganii*
- ☐ *Klebsiella oxytoca*
- ☐ *Citrobacter freundii*
- ☐ *Klebsiella pneumoniae*
- ☐ *Proteus mirabilis*
- ☐ *Klebsiella aerogenes*
- ☐ *Pseudomonas aeruginosa*
- ☐ *Enterobacter cloacae*
- ☐ *Serratia marcescens*
- ☐ *Staphylococcus aureus*
- ☐ *Staphylococcus spp. (CNS)*
- ☐ *Citrobacter koseri*
- ☐ *Actinotignum schaalii*
- ☐ *Enterococcus faecium*
- ☐ *Enterococcus faecalis*
- ☐ *Streptococcus agalactiae*
- ☐ *Proteus vulgaris*
- ☐ *Providencia stuartii*
- ☐ *Candida albicans*
- ☐ *Candida glabrata*
- ☐ *Candida krusei*
- ☐ *Candida tropicalis*
- ☐ *Candida parapsilosis*
- ☐ *Ureaplasma spp.*
- ☐ Carbapenems Resistance Gene
- ☐ Methicillin Resistance Gene
- ☐ Vancomycin Resistance Gene

polyMIC™ (Antibiotic Susceptibility Testing)

- ☐ Nitrofurantoin^
- ☐ Trimethoprim/Sulfamethoxazole
- ☐ Amoxicillin/Clavulanic Acid
- ☐ Amikacin
- ☐ Gentamicin
- ☐ Tobramycin
- ☐ Ofloxacin
- ☐ Ciprofloxacin
- ☐ Levofloxacin
- ☐ Imipenem
- ☐ Meropenem
- ☐ Ertapenem
- ☐ Piperacillin/Tazobactam
- ☐ Ampicillin / Sulbactam
- ☐ Fosfomycin^
- ☐ Cefazolin
- ☐ Cephalexin
- ☐ Cefpodoxime
- ☐ Cefdinir
- ☐ Ceftriaxone
- ☐ Cefepime
- ☐ Aztreonam
- ☐ Tetracycline
- ☐ Doxycycline
- ☐ Cefaclor
- ☐ Ceftazadime / Avibactam
- ☐ Linezolid

^Not available for AVIP™ polyMIC™

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