



CIRRUSDX

77 Upper Rock Circle, Floor 4
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: _____

☐ 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."

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 ☐ _____

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

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☐ B37.32 chronic candidiasis of vulva and vagina
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☐ A60.04 Herpesviral vulvovaginitis
☐ B37.31 acute candidiasis of vulva and vagina
☐ Other _____

Clinician / Authorized Signature: _____ Date: _____

F-286.03

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.

Patient 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)

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

polyMIC™ (Antibiotic Susceptibility Testing)

- | | |
|--|--|
| ☐ Nitrofurantoin^ | ☐ Fosfomycin^ |
| ☐ Trimethoprim/Sulfamethoxazole | ☐ Cefazolin |
| ☐ Amoxicillin/Clavulanic Acid | ☐ Cephalexin |
| ☐ Amikacin | ☐ Cefpodoxime |
| ☐ Gentamicin | ☐ Cefdinir |
| ☐ Tobramycin | ☐ Ceftriaxone |
| ☐ Ofloxacin | ☐ Cefepime |
| ☐ Ciprofloxacin | ☐ Aztreonam |
| ☐ Levofloxacin | ☐ Tetracycline |
| ☐ Imipenem | ☐ Doxycycline |
| ☐ Meropenem | ☐ Cefaclor |
| ☐ Ertapenem | ☐ Ceftazadime / Avibactam |
| ☐ Piperacillin/Tazobactam | ☐ Linezolid |
| ☐ Ampicillin / Sulbactam | |
| ^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) | ☐ <i>Fannyhessea vaginae</i> |
| ☐ <i>Mobiluncus spp.</i> | ☐ <i>Candida albicans</i> |
| ☐ <i>Lactobacillus spp.</i> | ☐ <i>Candida parapsilosis</i> |
| ☐ <i>Gardnerella vaginalis</i> | ☐ <i>Candida krusei</i> |
| ☐ <i>Bacteroides fragilis</i> | ☐ <i>Candida tropicalis</i> |
| ☐ <i>Megasphaera</i> | ☐ <i>Candida glabrata</i> |
| ☐ <i>Prevotella bivia</i> | |



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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™)

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Collection Type

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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: _____

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Phone Number: _____

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Bacterial Vaginosis / Candida Vaginitis (BV/CV)

☐ BV/CV

Bacterial Vaginosis / Candida Vaginitis

Collection Type

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Specimen Collection Information

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Urinary Tract Infection Panel (UTIP™ & polyMIC™)

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.

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Bacterial Vaginosis / Candida Vaginitis (BV/CV)

☐ BV/CV

Bacterial Vaginosis / Candida Vaginitis

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Billing Information

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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)

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☐ UTIP™ (Identification Only)

Add On Testing (must order UTIP™)

☐ UA ☐ Microscopy

(Microscopy = RBC, WBC, White Blood Cell Count)

Collection Type

☐ Urine ☐ Catheter ☐ Voided ☐ Other: _____

☐ Semen

☐ Urethral Swab

Antibiotic Current Prescribed: ☐ No ☐ Yes _____

Sexually Transmitted Infection Panel

☐ STIP™ (Sexually Transmitted Infection Panel)

Collection Type

☐ Urine ☐ Semen ☐ Vaginal Swab ☐ Urethral Swab

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Bacterial Vaginosis / Candida Vaginitis

☐ BV/CV

Bacterial Vaginosis / Candida Vaginitis

Collection Type

☐ Vaginal Swab

☐ R39.16 straining to Void

☐ N34.1 nonspecific urethritis

☐ N34.3 urethral syndrome, unspecified

☐ N30.90 cystitis, unspecified without hematuria

☐ N30.91 cystitis, unspecified with hematuria

☐ N30.80 other cystitis **without** hematuria

☐ N30.81 other cystitis **with** hematuria

☐ B37.41 candidal cystitis and urethritis

☐ B37.42 candidal balanitis

☐ B37.9 candidiasis, unspecified

☐ Other: _____



CIRRUSDX

77 Upper Rock Circle, Floor 4
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: _____

☐ 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."

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 ☐ _____

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 _____

☐ 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: _____

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: _____

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)

- | | |
|---|--|
| ☐ <i>Escherichia coli</i> | ☐ <i>Actinotignum schaalii</i> |
| ☐ <i>Acinetobacter baumannii</i> | ☐ <i>Enterococcus faecium</i> |
| ☐ <i>Aerococcus urinae</i> | ☐ <i>Enterococcus faecalis</i> |
| ☐ <i>Morganella morganii</i> | ☐ <i>Streptococcus agalactiae</i> |

polyMIC™ (Antibiotic Susceptibility Testing)

- | | |
|--|--------------------------------------|
| ☐ Nitrofurantoin^ | ☐ Fosfomycin^ |
| ☐ Trimethoprim/Sulfamethoxazole | ☐ Cefazolin |
| ☐ Amoxicillin/Clavulanic Acid | ☐ Cephalixin |
| ☐ Amikacin | ☐ Cefpodoxime |

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

- | | |
|---|--|
| ☐ Bacterial Vaginosis-associated Bacterium 2 (BVAB2) | ☐ <i>Fannyhessea vaginiae</i> |
| ☐ <i>Mobiluncus</i> spp. | ☐ <i>Candida albicans</i> |
| ☐ <i>Lactobacillus</i> spp | ☐ <i>Candida parapsilosis</i> |
| ☐ <i>Gardnerella vaginalis</i> | ☐ <i>Candida krusei</i> |
| ☐ <i>Bacteroides fragilis</i> | ☐ <i>Candida tropicalis</i> |
| ☐ <i>Megasphaera</i> | ☐ <i>Candida glabrata</i> |
| ☐ <i>Prevotella bivia</i> | |

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

- | | |
|---|--|
| ☐ Bacterial Vaginosis-associated Bacterium 2 (BVAB2) | ☐ <i>Fannyhessea vaginiae</i> |
| ☐ <i>Mobiluncus</i> spp. | ☐ <i>Candida albicans</i> |
| ☐ <i>Lactobacillus</i> spp | ☐ <i>Candida parapsilosis</i> |
| ☐ <i>Gardnerella vaginalis</i> | ☐ <i>Candida krusei</i> |
| ☐ <i>Bacteroides fragilis</i> | ☐ <i>Candida tropicalis</i> |
| ☐ <i>Megasphaera</i> | ☐ <i>Candida glabrata</i> |
| ☐ <i>Prevotella bivia</i> | |



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