

## Ordering Clinician Information

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Ordering Physician Name: \_\_\_\_\_

## 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 Date: \_\_\_\_\_

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."

## 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: \_\_\_\_\_

## Urine Sample

UTIP™ + polyMIC™ (All samples include culture workup)

STIP™ (+ Ureaplasma)

STIP™ (- Ureaplasma)

Add On Testing (must order UTIP™)

UA  Microscopy

Collection Type: Urine

Catheter  Voided  Other: \_\_\_\_\_

Antibiotic Prescribed:  None  Unknown  \_\_\_\_\_

## Vaginal Swab

AVIP™ (Aerobic Vaginitis) + polyMIC™  
(All samples include culture workup)

BV/CV

STIP™ (+ Ureaplasma)

STIP™ (- Ureaplasma)

STIP™ (- Ureaplasma) + BV/CV

Collection Type: Vaginal Swab

## Wound

WIP™ + polyMIC™

(Identification and Antibiotic Susceptibility)

Collection Type  Swab  Fine Needle Aspirate

Location of sample: \_\_\_\_\_

Diabetic  Yes  No  Unknown

Antibiotic Prescribed:  None  Unknown  \_\_\_\_\_

## Lesion

STI Lesions (for Lesion only)

Collection Type

Swab Location of sample: \_\_\_\_\_

## Rectal or Oropharyngeal or Urethral Swabs

STIP™ (+ Ureaplasma)

STIP™ (- Ureaplasma)

Collection Type  Urethral Swab

Rectal Swab  Oropharyngeal Swab

## Semen Sample

UTIP™ + polyMIC™ (All samples include culture workup)

STIP™ (+ Ureaplasma)

STIP™ (- Ureaplasma)

Collection Type: Semen

Antibiotic Prescribed:  None  Unknown  \_\_\_\_\_

## Respiratory Testing

SARS-CoV-2 Molecular RT-PCR Test

Influenza A & B w/ RSV

Influenza A & B w/ RSV AND SAR-CoV-2

Swab Collection Type

Nasopharyngeal  Nasal  Oropharyngeal

### UTIP™ and STIP™

- A54.09 Other gonococcal infection, lower genitourinary tract
- A54.29 other urogenital trichomoniasis
- A56.00 Chlamydial infection of lower genitourinary tract, unspecified
- A59.00 Urogenital trichomoniasis, unspecified
- A59.09 Other urogenital trichomoniasis
- A60.00 Herpesviral infection of urogenital system, unspecified
- A60.09 Herpesviral infection of other urogenital tract
- B20 Human immunodeficiency virus (HIV) disease
- B37.32 Chronic candidiasis of vulva and vagina
- B37.49 other urogenital candidiasis
- N30.01 Acute cystitis with hematuria
- N34.1 nonspecific urethritis
- N34.2 Other urethritis
- N76.0 Acute urethritis
- N76.1 Subacute and chronic vaginitis
- N76.89 Other specified inflammation of vagina vulva
- N89.8 Other specified noninflammatory disorders of the vagina
- N93.8 Other specified abnormal uterine and vaginal bleeding
- R10.20 Pelvic and perineal pain unspecified site

### UTIP™ and STIP™, continued

- R10.24 Suprapubic pain
- R10.84 Generalized abdominal pain back
- R30.0 Dysuria
- R50.9 Fever, unspecified
- Other: \_\_\_\_\_

### AVIP™ and BV/CV

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

### WIP™ (Wound)

- E11.62 Type 2 diabetes with skin complications
- L97 Non pressure chronic ulcer or lower limb (must specify site) \_\_\_\_\_
- L98.4 Non pressure chronic ulcer of skin
- L76.8 Other intraoperative and post procedural complications of skin and subcutaneous tissue
- T88 Other complications of surgical & medical care
- T81.4 Infection following a procedure
- L08.8 Other specified local infections of the skin and subcutaneous tissue
- L08.9 Local infection of the skin & subcutaneous tissue
- L03 Cellulitis
- Other: \_\_\_\_\_

### Respiratory

- SARS-CoV-2, Influenza and RSV*
- Z03.818 Encounter for observation for suspected exposure to other biological agents ruled out
- R50.9 Fever Unspecified
- R05.1 Acute cough
- J20.9 Acute bronchitis, unspecified
- J15.9 Unspecified bacterial pneumonia
- J12.9 Viral pneumonia, unspecified
- Other: \_\_\_\_\_

### STI Lesions

- Herpes Simplex Virus 1 and 2 (HSV 1, HSV 2)*
- A60.00 herpes viral infection of urogenital system, unspecified
- B00.9 herpes viral infection, unspecified diseases due to *E. coli*
- Varicella Zoster Virus (VZV)*
- A87.9 viral meningitis, unspecified
- B10.89 other human herpesvirus infection
- G03.9 meningitis, unspecified
- Z36.85 encounter for antenatal screening for streptococcus B
- Z20.820 contact with & exposure to intestinal infectious diseases due to *E. coli*
- Treponema pallidum (Syphilis)*
- A53.9 - syphilis, unspecified
- M02.9 - reactive arthropathy, unspecified
- Other: \_\_\_\_\_

ICD-10 Codes

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)

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

polyMIC™ (Antibiotic Susceptibility Testing)

- |  |  |
|--|--|
| <input type="checkbox"/> Amikacin                    | <input type="checkbox"/> Ertapenem                     |
| <input type="checkbox"/> Amoxicillin/Clavulanic Acid | <input type="checkbox"/> Fosfomycin^                   |
| <input type="checkbox"/> Ampicillin / Sulbactam      | <input type="checkbox"/> Gentamicin                    |
| <input type="checkbox"/> Aztreonam                   | <input type="checkbox"/> Gepotidacin^                  |
| <input type="checkbox"/> Cefazolin                   | <input type="checkbox"/> Imipenem                      |
| <input type="checkbox"/> Cefdinir^                   | <input type="checkbox"/> Levofloxacin                  |
| <input type="checkbox"/> Cefepime                    | <input type="checkbox"/> Linezolid                     |
| <input type="checkbox"/> Cefaclor                    | <input type="checkbox"/> Meropenem                     |
| <input type="checkbox"/> Cephalixin^                 | <input type="checkbox"/> Nitrofurantoin^               |
| <input type="checkbox"/> Cefpodoxime^                | <input type="checkbox"/> Piperacillin/Tazobactam       |
| <input type="checkbox"/> Ceftazadime / Avibactam     | <input type="checkbox"/> Tetracycline                  |
| <input type="checkbox"/> Ceftriaxone                 | <input type="checkbox"/> Tobramycin                    |
| <input type="checkbox"/> Ciprofloxacin               | <input type="checkbox"/> Trimethoprim/Sulfamethoxazole |
| <input type="checkbox"/> Doxycycline                 |  |
- ^Not available for AVIP™ polyMIC™ or Semen samples

Microscopy

- Casts
  - Crystals
  - Red Blood Cells
  - Squamous Epithelial Cells
  - White Blood Cells
  - White Blood Cell Clumps
- Urinalysis
- Bilirubin
  - Blood
  - Glucose
  - Ketones
  - Leukocytes
  - Nitrite
  - pH
  - Protein
  - Specific Gravity
  - Urobilinogen

Itemized List of Tests: Sexually Transmitted Infection Panel (STIP™)  
 Available as STIP™ (+ Ureaplasma) or STIP™ (- Ureaplasma)

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

Itemized List of Tests: Respiratory Infection Panel

- Influenza A
- Influenza B
- Respiratory Syncytial virus (RSV)
- SARS-CoV-2 (COVID)

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

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

Itemized List of Tests: Sexually Transmitted Infection Lesion Panel (STI Lesions)

- Herpes Simplex Virus 1 (HSV 1)*
- Herpes Simplex Virus 2 (HSV 2)*
- Treponema pallidum (Syphilis)*
- Varicella Zoster Virus (VZV)*

Itemized List of Tests: Wound Infection Panel (WIP™ and polyMIC™)

WIP™ (Identification)

- |   |  |
|---|--|
| <input type="checkbox"/> <i>Acinetobacter baumannii</i>           | <input type="checkbox"/> <i>Klebsiella oxytoca</i>                   |
| <input type="checkbox"/> <i>Anaerococcus spp.</i>                 | <input type="checkbox"/> <i>Klebsiella pneumoniae</i>                |
| <input type="checkbox"/> <i>Bacterioides fragilis</i>             | <input type="checkbox"/> Methicillin resistance ( <i>mecA/mecC</i> ) |
| <input type="checkbox"/> <i>Candida spp.</i>                      | <input type="checkbox"/> MRSA  |
| <input type="checkbox"/> <i>Citrobacter spp.</i>                  | <input type="checkbox"/> <i>Peptoniphilus spp.</i>                   |
| <input type="checkbox"/> <i>Clostridium spp.</i>                  | <input type="checkbox"/> <i>Peptostreptococcus spp.</i>              |
| <input type="checkbox"/> <i>Coagulase Negative Staphylococcus</i> | <input type="checkbox"/> <i>Porphyromonas spp.</i>                   |
| <input type="checkbox"/> <i>Corynebacterium spp.</i>              | <input type="checkbox"/> <i>Proteus spp.</i>                         |
| <input type="checkbox"/> <i>Cutibacterium spp.</i>                | <input type="checkbox"/> <i>Prevotella bivia</i>                     |
| <input type="checkbox"/> <i>Enterobacter cloacae</i>              | <input type="checkbox"/> <i>Pseudomonas aeruginosa</i>               |
| <input type="checkbox"/> <i>Enterococcus faecalis</i>             | <input type="checkbox"/> <i>Serratia marcescens</i>                  |
| <input type="checkbox"/> <i>Enterococcus faecium</i>              | <input type="checkbox"/> <i>Staphylococcus aureus</i>                |
| <input type="checkbox"/> <i>Escherichia coli</i>                  | <input type="checkbox"/> <i>Stenotrophomonas maltophilia</i>         |
| <input type="checkbox"/> <i>Finexgoldia magna</i>                 | <input type="checkbox"/> <i>Streptococcus agalactiae</i>             |
| <input type="checkbox"/> <i>Klebsiella aerogenes</i>              | <input type="checkbox"/> <i>Viridians Group Streptococci</i>         |

polyMIC™ (Antibiotic Susceptibility Testing)

- |  |  |
|--|--|
| <input type="checkbox"/> Amikacin                    | <input type="checkbox"/> Levofloxacin                  |
| <input type="checkbox"/> Amoxicillin/Clavulanic Acid | <input type="checkbox"/> Linezolid                     |
| <input type="checkbox"/> Azithromycin                | <input type="checkbox"/> Meropenem                     |
| <input type="checkbox"/> Bacitracin                  | <input type="checkbox"/> Minocycline                   |
| <input type="checkbox"/> Cefazolin                   | <input type="checkbox"/> Neomycin                      |
| <input type="checkbox"/> Ceftriaxone                 | <input type="checkbox"/> Omadacycline                  |
| <input type="checkbox"/> Ciprofloxacin               | <input type="checkbox"/> Penicillin G                  |
| <input type="checkbox"/> Clindamycin                 | <input type="checkbox"/> Piperacillin/tazobactam       |
| <input type="checkbox"/> Doxycycline                 | <input type="checkbox"/> Polymyxin B                   |
| <input type="checkbox"/> Ertapenem                   | <input type="checkbox"/> Tobramycin                    |
| <input type="checkbox"/> Gentamicin                  | <input type="checkbox"/> Trimethoprim-Sulfamethoxazole |
| <input type="checkbox"/> Imipenem                    | <input type="checkbox"/> Vancomycin                    |



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