CIRRUSDX TEST REQUISITION

77 Upper Rock Circle, Floor 4
Rockville, MD 20850
CLIA # 21D2130541
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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."

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:** _____

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
☐ *Lactobacillus* Panel (LacP)

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 ☐_____
Antibiotics Used in Last Month: _____

Lesion

☐ STI Lesions (for Lesion only)

Collection Type
☐ Swab Location of sample: _____

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

Rectal or Oropharyngeal or Urethral Swabs

☐ STIP™ (+ Ureaplasma)
☐ STIP™ (- Ureaplasma)

Collection Type ☐ Urethral Swab
☐ Rectal Swab ☐ Oropharyngeal Swab

ICD-10 Codes

UTIP™ and STIP™

☐ A54.02 Gonococcal vulvovaginitis, unspecified
☐ A54.09 Other gonococcal infection, lower genitourinary tract
☐ A54.29 other urogenital trichomoniasis
☐ A56.00 Chlamydial infection of lower genitourinary tract, unspecified
☐ A56.02 Chlamydial vulvovaginitis
☐ A59.00 Urogenital trichomoniasis, unspecified
☐ A59.01 Trichomonal vulvovaginitis
☐ A59.09 Other urogenital trichomoniasis
☐ A60.00 Herpesviral infection of urogenital system, unspecified
☐ A60.04 Herpesviral vulvovaginitis
☐ 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

UTIP™ and STIP™, continued

☐ 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
☐ R10.24 Suprapubic pain
☐ R10.84 Generalized abdominal pain back
☐ R30.0 Dysuria
☐ R50.9 Fever, unspecified
☐ Other:_____

AVIP™, BV/CV and LacP

☐ N76.82 fournier 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
☐ 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 Actue 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 meningitus, unspecified
☐ B10.89 other human herpesvirus infection
☐ G03.9 meningitus, 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 (Syphillis)

☐ A53.9 - syphilis, unspecified
☐ M02.9 - reactive arthropathy, unspecified
☐ 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)

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

polyMIC™ (Antibiotic Susceptibility Testing)

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

^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*
- ☐ *Trichomonas vaginalis*
- ☐ *Neisseria gonorrhoeae*
- ☐ *Mycoplasma hominis*
- ☐ *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: *Lactobacillus* Panel

- ☐ *L. acidophilus*
- ☐ *L. casei / L. paracasei*
- ☐ *L. crispatus*
- ☐ *L. fermentum / L. delbreukii / L. plantarum*
- ☐ *L. gasseri / L. paragasseri*
- ☐ *L. helveticus / L. brevis / L. vaginalis*
- ☐ *L. iners*
- ☐ *L. jensennii / L. mulieris*
- ☐ *L. reuteri*
- ☐ *L. rhamnosus*

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

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

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)

- ☐ *Acinetobacter baumannii*
- ☐ *Anaerococcus spp.*
- ☐ *Bacteriodes fragilis*
- ☐ *Candida spp.*
- ☐ *Citrobacter spp.*
- ☐ *Clostridium spp.*
- ☐ *Coagulase Negative Staphylococcus*
- ☐ *Corynebacterium spp.*
- ☐ Cutibacterium spp.
- ☐ *Enterobacter cloacae*
- ☐ *Enterococcus faecalis*
- ☐ *Enterococcus faecium*
- ☐ *Escherichia coli*
- ☐ *Finegoldia magna*
- ☐ *Klebsiella aerogenes*
- ☐ *Klebsiella oxytoca*
- ☐ *Klebsiella pneumoniae*
- ☐ *Methicillin resistance (mecA/mecC)*
- ☐ *MRSA*
- ☐ *Peptoniphilius spp.*
- ☐ *Peptostreptococcus spp.*
- ☐ *Porphyromonas spp.*
- ☐ *Proteus spp.*
- ☐ *Prevotella bivia*
- ☐ *Pseudomonas aeruginosa*
- ☐ *Serratia marcescens*
- ☐ *Staphylococcus aureus*
- ☐ *Stenotrophomas maltophilia*
- ☐ *Streptococcus agalactiae*
- ☐ *Viridians Group Streptococci*

polyMIC™ (Antibiotic Susceptibility Testing)

- ☐ Amikacin
- ☐ Amoxicillin/Clavulanic Acid
- ☐ Azithromycin
- ☐ Bacitracin
- ☐ Cefazolin
- ☐ Ceftriaxone
- ☐ Ciprofloxacin
- ☐ Clindamycin
- ☐ Doxycycline
- ☐ Ertapenem
- ☐ Gentamicin
- ☐ Imipenem
- ☐ Levofloxacin
- ☐ Linezolid
- ☐ Meropenem
- ☐ Minocycline
- ☐ Neomycin
- ☐ Omadacycline
- ☐ Penicillin G
- ☐ Piperacillin/tazobactam
- ☐ Polymyxin B
- ☐ Tobramycin
- ☐ Trimethoprim-Sulfamethoxazole
- ☐ Vancomycin

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