

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

Add On Testing (must order UTIP™)

☐ UA ☐ Microscopy

Collection Type: Urine

☐ Catheter ☐ Voided ☐ Other: _____

Antibiotic Prescribed:

☐ None ☐ Unknown ☐ _____

Vaginal Swab

- ☐ AVIP™ (Aerobic Vaginitis + polyMIC™)
☐ BV/CV
☐ STIP™ (+ Ureaplasma)
☐ STIP™ (- Ureaplasma)
☐ STIP™ (- Ureaplasma) BV/CV
☐ Lactobacillus Panel (LacP)

Collection Type: Vaginal Swab

Lesion

☐ STIP™ (for Lesion only)

Collection Type

☐ Swab Location of sample: _____

Semen Sample

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

Collection Type: Semen

Antibiotic Prescribed:

☐ None ☐ Unknown ☐ _____

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
☐ N89.8 Other specified noninflammatory disorders of the vagina
☐ N34.1 nonspecific urethritis
☐ N34.2 Other urethritis
☐ N76.0 Acute urethritis

UTIP™ and STIP™, continued

- ☐ N76.1 Subacute and chronic vaginitis
☐ N76.89 Other specified inflammation of vagina vulva
☐ 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: _____

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: _____

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)

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

polyMIC™ (Antibiotic Susceptibility Testing)

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

- | | |
|---|---|
| ☐ <i>Chlamydia trachomatis</i> | ☐ <i>Neisseria gonorrhoeae</i> |
| ☐ <i>Mycoplasma genitalium</i> | ☐ <i>Mycoplasma hominis</i> |
| ☐ <i>Trichomonas vaginalis</i> | ☐ <i>Ureaplasma spp.</i> |

Itemized List of Tests:

Bacterial Vaginosis / Candida Vaginitis (BV/CV)

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

Itemized List of Tests: Lactobacillus Panel (LacP)

- ☐ *L. acidophilus*
- ☐ *L. casei* / *L. paracasei*
- ☐ *L. crispatus*
- ☐ *L. fermentum* / *L. reuteri* / *L. plantarum*
- ☐ *L. gasseri* / *L. paragasseri*
- ☐ *L. helveticus* / *L. brevis* / *L. vaginalis*
- ☐ *L. jensenii* / *L. salivarius*
- ☐ *L. reuteri*
- ☐ *L. rhamnosus*

Itemized List of Tests: Gardnerella vaginalis

- ☐ Gardnerella vaginalis

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)



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