



### Diarrhea Pathogen Requisition

<b>Date Specimen Collected</b>	<b>Time Specimen Collected</b>	<b>STAT</b> <input type="checkbox"/>
<b>Laboratory Use Only</b>		
Accession Number	Date Received	Time Received

<b>Group/Practice Name</b>	<b>Practice Contact Information</b>
<b>Ordering Physicians</b>	Address Line 1
<input type="checkbox"/>	Address Line 2
<input type="checkbox"/>	City, State Zip
<input type="checkbox"/>	Phone <span style="float: right;">Fax</span>
<input type="checkbox"/>	Other

Patient and Insurance Information (Currently Not Accepting Medicaid or Managed Medicaid Plans - Contract Pending)					
First Name	Last Name	MI	DOB	Gender	
Address Line 1	Address Line 2	City	State	Zip	
Home Phone	Cell Phone	Race*	Ethnicity*		
Insured's Name	Relationship to Patient	Social Security #			
Home Phone	Cell Phone	DOB	Gender		
Primary Insurance		Secondary Insurance			
Group #	ID#	Group #	ID#		
Address		Address			
City	State	Zip	City	State	Zip

### Stool Tests

**Diarrhea Pathogen Testing Only (Multiplexed Film Array Multiple Pathogens)** \*\*See Reverse Side for Details

**Comprehensive GI Panel (Diarrhea Pathogens and All Additional Tests Listed Below)**

### Additional Stool Diagnostic Tests

Fecal Immunoassays	
<input type="checkbox"/> Calprotectin	<input type="checkbox"/> Fecal <i>Helicobacter pylori</i> (Real-Time PCR)
<input type="checkbox"/> Lactoferrin	<input type="checkbox"/> Fecal <i>Listeria monocytogenes</i> (Real-Time PCR)
<input type="checkbox"/> Fecal ASCA (Anti <i>Saccharomyces cerevisiae</i> Antibody)	<input type="checkbox"/> Fecal Osmolality, Electrolytes (Performed on Liquid Stool Only)
<input type="checkbox"/> Antigliadin Ab (Fecal Anti-Gliadin Ab IgA)	<input type="checkbox"/> Fecal Immunohistochemical Test (FIT) for Occult Blood
<input type="checkbox"/> t-TTG (Fecal Tissue Transglutaminase Antibody IgA)	<input type="checkbox"/> Fecal Fat (Semi-quantitative)† <input type="checkbox"/> Neutral Fats <input type="checkbox"/> Split Fats
<input type="checkbox"/> EDN/EPX (Fecal Eosinophilic Activity)	† If left unchecked we will default to Neutral Fats
<input type="checkbox"/> Fecal Zonulin (Test for Intestinal Permeability)	<input type="checkbox"/> Fecal Leukocytes
<input type="checkbox"/> Fecal Pancreatic Elastase (Test for Pancreatic Insufficiency)	<input type="checkbox"/> Ova and Parasite (Wet Mount and Trichrome Stain)

ICD-10 Codes	
<input type="checkbox"/> R19.7 Diarrhea, Unspecified	Duration of Diarrhea _____

Statement of Medical Necessity (Required for Testing)	
<input type="checkbox"/> The patient has immune deficiencies.	<input type="checkbox"/> The patient has a history of recent travel.
<input type="checkbox"/> The patient has chronic unexplained diarrhea.	<input type="checkbox"/> The patient has IBD and unexplained diarrhea.
<input type="checkbox"/> The patient has diarrhea with signs or risk factors for severe disease (fever, bloody diarrhea, dysentery, dehydration, severe abdominal pain, hospitalization and/or immunocompromised state).	
This test is medically necessary for the diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder. The results will determine my patient's medical management and treatment decisions. The person listed as the ordering provider is authorized by law to order the test(s) requested herein.	

**Signature of Physician or Other Authorized NPI Provider (REQUIRED)** \_\_\_\_\_

*Race and Ethnicity are required by certain states and the CDC	Accessioner Initials 1 _____ 2 _____
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# \*\*MULTIPLEXED FILM ARRAY MULTIPLE PATHOGENS

## BACTERIA

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*Campylobacter* spp.

Toxigenic *Clostridium difficile* (A/B)

*Plesiomonas shigelloides*

*Salmonella* spp.

*Yersinia enterocolitica*

*Vibrio* spp.

*Vibrio cholerae*

Diarrheagenic *E.coli/Shigella*

Enteraggregative *E.coli* (EAEC)

Enteropathogenic *E.coli* (EPEC)

Enterotoxigenic *E.coli* (ETEC)

Shiga-like toxin producing *E.coli* (STEC) stx1/stx2 *E.coli* 0157

*Shigella*/Enteroinvasive *E.coli* (EIEC)

## PARASITES

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*Cryptosporidium*

*Cyclospora cayetanesis*

*Entamoeba histolytica*

*Giardia lamblia*

## VIRUSES

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Adenovirus F 40/41

Astrovirus

Norovirus GI/GII

Rotavirus A

Sapovirus (I, II,IV, and V)