



Urgent Care Requisition

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

Group/Practice Name	Practice Contact Information
Ordering Physicians	Address Line 1
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Address Line 2
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	City, State Zip
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Phone Fax
<input type="checkbox"/> <input type="checkbox"/> <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 Test

Diarrhea Pathogen Panel Duration of Diarrhea _____

Respiratory Tests

Rapid Upper Respiratory Panel (RP2) Only (Nasopharyngeal swab)

Comprehensive Upper Respiratory Panel (RP2) and Group A *Streptococcus* (Nasopharyngeal and Throat swab)

Urinary Tests

Urinary Tract Infection Panel & Antibiotic Sensitivity

Urinary STI Panel (CT, NG, TV, MG)

Urine Toxicology

Screening and Confirmation for drugs (See reverse side for details)

ICD-10 Codes

<input type="checkbox"/> R19.7 Diarrhea, Unspecified	<input type="checkbox"/> N39.0 Urinary Tract Infection
<input type="checkbox"/> J11.1 Flu Like Symptoms	<input type="checkbox"/> R82.99 Abnormal findings in urine
<input type="checkbox"/> J06.9 Acute upper respiratory infection, unspecified	<input type="checkbox"/> R30.0 Dysuria
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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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Stool Test

Bacteria

Campylobacter spp.
Toxicogenic *Clostridium difficile* (A/B)
Plesiomonas shigelloides
Salmonella spp.
Yersinia enterocolitica
Vibrio spp.
Vibrio cholerae
Diarrheagenic *E.coli/Shigella*
Enteroaggregative *E.coli* (EAEC)
Enteropathogenic *E.coli* (EPEC)
Enterotoxigenic *E.coli* (ETEC)
Shiga-like toxin producing *E. coli* (STEC)
Shigella/Enteroinvasive *E.coli* (EIEC)

Parasites

Cryptosporidium
Cyclospora cayetanesis
Entamoeba histolytica
Giardia lamblia

Viruses

Adenovirus F 40/41
Astrovirus
Norovirus GI/GII
Rotavirus A
Sapovirus (I, II, IV, and V)

Respiratory Tests

Rapid Upper Respiratory Panel (RP2)

Bacteria

Bordetella pertussis
Chlamydia pneumoniae
Mycoplasma pneumoniae
Bordetella parapertussis

Viruses

Adenovirus
Coronavirus HKU1
Coronavirus NL63
Coronavirus 229E
Coronavirus OC43
Human Metapneumovirus
Human Rhinovirus/Enterovirus
Influenza A
Influenza A/H1
Influenza A/H3
Influenza AH1-2009
Influenza B
Parainfluenza Virus 1
Parainfluenza Virus 2
Parainfluenza Virus 3
Parainfluenza Virus 4
Respiratory Syncytial Virus

Group A Streptococcus (GAS)

Bacteria

Streptococcus pyogenes

Urinary Tests

Urinary Tract Infection PANEL

Gram-negative microbiota

Escherichia coli
Klebsiella pneumoniae
Proteus mirabilis
Pseudomonas aeruginosa
Providencia stuartii
Morganella morganii
Klebsiella oxytoca
Enterobacter cloacae
Citrobacter freundii
Enterobacter aerogenes
Acinetobacter baumannii
Proteus vulgaris

Gram-positive microbiota

Enterococcus faecalis
Enterococcus faecium
Streptococcus agalactiae
Staphylococcus saprophyticus

Fungal microbiota

Candida albicans

Urinary STI Panel

Chlamydia trachomatis (CT)
Neisseria gonorrhoeae (NG)
Trichomonas vaginalis (TV)
Mycoplasma genitalium (MG)

Urine Toxicology

Natural and Semi Synthetic Opioids

Buprenorphine/Naloxone/Norbuprenorphine
Codeine/ Dihydrocodone
Morphine
Hydrocodone/Norhydrocodone
Hydromorphone
Oxycodone/Noroxycodone
Oxymorphone

Synthetic Opioids

Methadone/EDDP
Fentanyl/Norfentanyl
Meperidine
Tapentadol
Tramadol/ O-Desmethyltramadol

Benzodiazepines

Alprazolam/A-Hydroxyalprazolam
Diazepam/Nordiazepam/Oxazepam
Temazepam
Clonazepam/7-aminoclonazepam
Lorazepam
Flunatrazepam
Desalkylflurazepam

Illicits

6-MAM (Heroin)
Benzoylcegonine (Cocaine Metabolite)
PCP
THC-COOH
MDMA
MDA

Anticonvulsants
Gabapentin

Amphetamines/Stimulants

Amphetamine
Methamphetamine

Alcohol

ETG
ETG

Barbiturates

ETS
ETG

Tricyclic Antidepressants

Amitriptyline
Nortriptyline
Imipramine
Desipramine
Doxepin