



# PCR TEST REQUISITION

Please Place Barcode Label Here

Specimen Information	
Collected By _____	
Date Collected _____	Time Collected _____

475 Knollcrest Drive Redding, CA 96002 • Phone: (877) 319-7222 • Fax: (530) 319-7225

Patient's Legal Name (Last, First, MI)			Sex	Date of Birth MO DAY YR	
Patient's Address		Phone			
City	State	Zip			
Responsible Party Legal Name (Last, First, MI) - <i>if different from patient</i>					
Responsible Party Address		Phone			
City	State	Zip			

Primary Insurance	Secondary Insurance
Insurance	Insurance
ID #	ID #
Group #	Group #
Insurance Address	Insurance Address
Insurance Phone #	Insurance Phone #
Name of Insured Person	Name of Insured Person
Relationship to Patient	Relationship to Patient
Employer Name	Employer Name

Diagnosis Code(s)	Practice/Clinic Name
	Physician's Name
	Physician's NPI #
	Physician's Phone
Notes from Physician:	Physician/Authorized Signature
	Physician's Fax

RESPIRATORY PATHOGEN PANEL	
<input type="checkbox"/> SARS-CoV-2 (Covid-19)	
<input type="checkbox"/> Adenovirus	<input type="checkbox"/> Parechovirus
<input type="checkbox"/> Bocavirus	<input type="checkbox"/> Respiratory Syncytial Virus A & B #1
<input type="checkbox"/> Coronavirus 299E	<input type="checkbox"/> Rhinovirus
<input type="checkbox"/> Coronavirus HKU1	<input type="checkbox"/> Bordetella pertussis
<input type="checkbox"/> Coronavirus NL63	<input type="checkbox"/> Chlamydomphila pneumoniae
<input type="checkbox"/> Coronavirus OC43	<input type="checkbox"/> Haemophilus influenzae
<input type="checkbox"/> Enterovirus	<input type="checkbox"/> Klebsiella pneumoniae
<input type="checkbox"/> Influenza A	<input type="checkbox"/> Legionella (pneumophila & longbeachae)
<input type="checkbox"/> Influenza B	<input type="checkbox"/> Moraxella catarrhalis
<input type="checkbox"/> Metapneumovirus A & B	<input type="checkbox"/> Mycoplasma pneumoniae
<input type="checkbox"/> Parainfluenza virus Type 1	<input type="checkbox"/> Salmonella spp
<input type="checkbox"/> Parainfluenza virus Type 2	<input type="checkbox"/> Staphylococcus aureus
<input type="checkbox"/> Parainfluenza virus Type 3	<input type="checkbox"/> Streptococcus pneumoniae
<input type="checkbox"/> Parainfluenza virus Type 4	
PHARYNGITIS PATHOGEN PANEL	
<input type="checkbox"/> Adenovirus	<input type="checkbox"/> Parainfluenza virus Type 3
<input type="checkbox"/> Enterovirus	<input type="checkbox"/> Parainfluenza virus Type 4
<input type="checkbox"/> Coronavirus 299E	<input type="checkbox"/> Respiratory Syncytial Virus A & B #1
<input type="checkbox"/> Coronavirus HKU1	<input type="checkbox"/> Rhinovirus
<input type="checkbox"/> Coronavirus NL63	<input type="checkbox"/> Chlamydomphila pneumoniae
<input type="checkbox"/> Coronavirus OC43	<input type="checkbox"/> Mycoplasma pneumoniae
<input type="checkbox"/> Influenza A	<input type="checkbox"/> Streptococcus pyogenes (GAS)
<input type="checkbox"/> Influenza B	<input type="checkbox"/> Streptococcus dysgalactiae (GCS, GGS)
<input type="checkbox"/> Parainfluenza virus Type 1	<input type="checkbox"/> Streptococcus pneumoniae
<input type="checkbox"/> Parainfluenza virus Type 2	<input type="checkbox"/> Streptococcus agalactiae (GBS)
SEXUALLY TRANSMITTED INFECTION PANEL	
<input type="checkbox"/> Chlamydia trachomatis	<input type="checkbox"/> Mycoplasma hominis
<input type="checkbox"/> Gardnerella vaginalis	<input type="checkbox"/> Neisseria gonorrhoeae
<input type="checkbox"/> Haemophilus ducreyi	<input type="checkbox"/> Treponema pallidum
<input type="checkbox"/> Herpes simplex 1	<input type="checkbox"/> Trichomonas vaginalis
<input type="checkbox"/> Herpes simplex 2	<input type="checkbox"/> Ureaplasma urealyticum
<input type="checkbox"/> Mycoplasma genitalium	

URINARY TRACT INFECTION PANEL	
<input type="checkbox"/> Candida albicans	<input type="checkbox"/> Mycoplasma hominis
<input type="checkbox"/> Candida glabrata	<input type="checkbox"/> Pseudomonas aeruginosa
<input type="checkbox"/> Candida parapsilosis	<input type="checkbox"/> Proteus mirabilis
<input type="checkbox"/> Candida tropicalis	<input type="checkbox"/> Providencia stuartii
<input type="checkbox"/> Enterobacter cloacae	<input type="checkbox"/> Pseudomonas aeruginosa
<input type="checkbox"/> Enterococcus faecalis	<input type="checkbox"/> Serratia marcescens
<input type="checkbox"/> Escherichia coli	<input type="checkbox"/> Streptococcus agalactiae (GBS)
<input type="checkbox"/> Klebsiella oxytoca	<input type="checkbox"/> Staphylococcus aureus
<input type="checkbox"/> Klebsiella pneumoniae	<input type="checkbox"/> Staphylococcus saprophyticus
<input type="checkbox"/> Morganella morganii	<input type="checkbox"/> Ureaplasma urealyticum
WOMEN'S HEALTH PANEL	
<input type="checkbox"/> Atopobium vaginae	<input type="checkbox"/> Lactobacillus crispatus
<input type="checkbox"/> BVAB2	<input type="checkbox"/> Lactobacillus iners
<input type="checkbox"/> Candida albicans	<input type="checkbox"/> Lactobacillus jensenii
<input type="checkbox"/> Candida glabrata	<input type="checkbox"/> Megasphaera type 1
<input type="checkbox"/> Candida parapsilosis	<input type="checkbox"/> Megasphaera type 2
<input type="checkbox"/> Candida tropicalis	<input type="checkbox"/> Mycoplasma hominis
<input type="checkbox"/> Enterococcus faecalis	<input type="checkbox"/> Staphylococcus aureus
<input type="checkbox"/> Escherichia coli	<input type="checkbox"/> Streptococcus agalactiae
<input type="checkbox"/> Gardnerella vaginalis	<input type="checkbox"/> Ureaplasma urealyticum
WOUND PANEL	
<input type="checkbox"/> Acinetobacter baumannii	<input type="checkbox"/> Klebsiella oxytoca
<input type="checkbox"/> Bacteroides spp	<input type="checkbox"/> Klebsiella pneumoniae
<input type="checkbox"/> Citrobacter freundii & braakii	<input type="checkbox"/> Morganella morganii
<input type="checkbox"/> Enterobacter aerogenes	<input type="checkbox"/> Pseudomonas aeruginosa
<input type="checkbox"/> Enterobacter cloacae	<input type="checkbox"/> Proteus mirabilis
<input type="checkbox"/> Escherichia coli	<input type="checkbox"/> Proteus vulgaris
<input type="checkbox"/> Enterococcus faecalis	<input type="checkbox"/> Staphylococcus aureus
<input type="checkbox"/> Enterococcus faecium	<input type="checkbox"/> Streptococcus pyogenes
ANTIBIOTIC RESISTANT GENE PANEL	
<input type="checkbox"/> KPC	<input type="checkbox"/> vanA
<input type="checkbox"/> mecA	<input type="checkbox"/> vanB
<input type="checkbox"/> SHV	<input type="checkbox"/> VIM

Medicare and Medicaid will only pay for tests that are medically reasonable and necessary based on the clinical condition of each patient. Medical Providers should only order tests that are medically necessary for the diagnosis or treatment or the patient.