



PCR TEST REQUISITION

Please Place Barcode Label Here

Specimen Information	
Collected By _____	
Date Collected _____	Time Collected _____

475 Knollcrest Drive Redding, CA 96002 • Phone: (530) 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) - if different from patient					
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

Is Patient Pregnant? Yes No

Diagnosis Code(s)

Physician/Authorized Signature

MEDICARE & MEDI-MEDI RESPIRATORY PATHOGEN PANEL

Swab Collection Location:	<input type="checkbox"/> Nasopharyngeal	<input type="checkbox"/> Oropharyngeal
<input type="checkbox"/> SARS-CoV-2 (Covid-19)	<input type="checkbox"/> Respiratory Syncytial Virus A & B #1 (RSV)	
<input type="checkbox"/> Influenza A	<input type="checkbox"/> Rhinovirus/Enterovirus	
<input type="checkbox"/> Influenza B		

RESPIRATORY PATHOGEN PANEL

Swab Collection Location:	<input type="checkbox"/> Nasopharyngeal	<input type="checkbox"/> Oropharyngeal
<input type="checkbox"/> Adenovirus	<input type="checkbox"/> Parainfluenza virus Type 4 (PIV-4)	
<input type="checkbox"/> Bocavirus	<input type="checkbox"/> Parechovirus	
<input type="checkbox"/> SARS-CoV-2 (Covid-19)	<input type="checkbox"/> Respiratory Syncytial Virus A & B #1 (RSV)	
<input type="checkbox"/> Coronavirus 229E	<input type="checkbox"/> Rhinovirus/Enterovirus	
<input type="checkbox"/> Coronavirus HKU-1	<input type="checkbox"/> Bordetella pertussis	
<input type="checkbox"/> Coronavirus NL63	<input type="checkbox"/> Chlamydia pneumoniae	
<input type="checkbox"/> Coronavirus OC43	<input type="checkbox"/> Haemophilus influenzae	
<input type="checkbox"/> Influenza A	<input type="checkbox"/> Klebsiella pneumoniae	
<input type="checkbox"/> Influenza B	<input type="checkbox"/> Legionella (pneumophila & longbeachae)	
<input type="checkbox"/> Metapneumovirus A & B	<input type="checkbox"/> Moraxella catarrhalis	
<input type="checkbox"/> Parainfluenza virus Type 1 (PIV-1)	<input type="checkbox"/> Mycoplasma pneumoniae	
<input type="checkbox"/> Parainfluenza virus Type 2 (PIV-2)	<input type="checkbox"/> Staphylococcus aureus	
<input type="checkbox"/> Parainfluenza virus Type 3 (PIV-3)	<input type="checkbox"/> Streptococcus pneumoniae	

PHARYNGITIS PATHOGEN PANEL

Collect an oropharyngeal swab	<input type="checkbox"/> Parainfluenza virus Type 3 (PIV-3)
<input type="checkbox"/> Adenovirus	<input type="checkbox"/> Parainfluenza virus Type 4 (PIV-4)
<input type="checkbox"/> Coronavirus 229E	<input type="checkbox"/> Respiratory Syncytial Virus A & B #1 (RSV)
<input type="checkbox"/> Coronavirus HKU-1	<input type="checkbox"/> Rhinovirus/Enterovirus
<input type="checkbox"/> Coronavirus NL63	<input type="checkbox"/> Chlamydia 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 (PIV-1)	<input type="checkbox"/> Streptococcus pneumoniae
<input type="checkbox"/> Parainfluenza virus Type 2 (PIV-2)	<input type="checkbox"/> Streptococcus agalactiae (GBS)

SEXUALLY TRANSMITTED INFECTION PANEL

Source	<input type="checkbox"/> Urine - Dirty Catch	<input type="checkbox"/> Swab - Genitals
<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

Clean Catch	
<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"/> Serratia marcescens
<input type="checkbox"/> Enterococcus faecalis	<input type="checkbox"/> Streptococcus agalactiae (GBS)
<input type="checkbox"/> Escherichia coli	<input type="checkbox"/> Staphylococcus aureus
<input type="checkbox"/> Klebsiella oxytoca	<input type="checkbox"/> Staphylococcus saprophyticus
<input type="checkbox"/> Klebsiella pneumoniae	<input type="checkbox"/> Ureaplasma urealyticum
<input type="checkbox"/> Morganella morganii	

WOMEN'S HEALTH PANEL

Vaginal Swab Only	
<input type="checkbox"/> Atopobium vaginae	<input type="checkbox"/> Lactobacillus crispatus
<input type="checkbox"/> Bacterial Vaginosis Associated Bacteria 2	<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

Location of Swab Collection:	
<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 cloacae	<input type="checkbox"/> Pseudomonas aeruginosa
<input type="checkbox"/> Escherichia coli	<input type="checkbox"/> Proteus mirabilis
<input type="checkbox"/> Enterococcus faecalis	<input type="checkbox"/> Proteus vulgaris
<input type="checkbox"/> Enterococcus faecium	<input type="checkbox"/> Staphylococcus aureus
<input type="checkbox"/> Klebsiella aerogenes	<input type="checkbox"/> Streptococcus pyogenes

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 of the patient.