

# LABORATORY REQUISITION

TESTING PERFORMED BY ALIMETRIX - CLIA #: 01D2113023

ALIMETRIX.COM | P: 844-443-6663 | F: 256-327-0981

800 HUDSON WAY, HUNTSVILLE, AL 35806

Indicates required field



## PATIENT INFORMATION

<b>Name Last</b>	<b>First</b>	<b>Date of Birth (m/d/yyyy)</b>	<b>Sex</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone (with area code)</b>			
<b>Bill To</b> <input type="checkbox"/> Pt Self Pay <input type="checkbox"/> Insurance <input type="checkbox"/> Client (client code: _____)			

## BILLING INFORMATION

<b>Insurance</b>	<b>Subscriber ID</b>	<b>Group #</b>
<b>Address</b>	<b>City</b>	<b>State</b>
<b>Phone (with area code)</b>	<b>Subscriber DOB (m/d/yyyy)</b>	<b>Subscriber Name</b>
<b>Relationship to Patient</b>		

## ORDERING PROVIDER INFORMATION

<b>Name Last</b>	<b>First</b>	<b>Organization</b>
<b>Phone (with area code)</b>	<b>Fax (with area code)</b>	<b>NPI</b>
<b>Clinician Signature</b>		<b>Date (m/d/yyyy)</b>

**MEDICAL NECESSITY REGULATIONS:** At the government's request, the Clinical Laboratories would like to remind all physicians that when ordering tests expected to be paid under federal health care programs, such as Medicare and Medicaid, the tests must meet the following conditions: (1) included as covered services, (2) reasonable, (3) medically necessary for the treatment and diagnosis of the patient and (4) not for screening purposes.

## SAMPLE INFORMATION

<b>Kit Barcode #</b>	<b>Date (m/d/yyyy)</b>	<input type="checkbox"/> medical staff <input type="checkbox"/> sent home with patient
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## COLLECTED

## METHOD

Patient demographic information has been printed and will be shipped with this sample

## PANELS REQUESTED

### GI-METRIX

#### GI-METRIX: ACUTE DIARRHEA

<b>ICD-10 CODE Choose one</b>				
A04.8	A04.9	A09	R19.7	Other:
E. coli 0157:H7	Shigella / EIEC-Enteroinvasive E. coli	Campylobacter jejuni	Campylobacter coli	<b>ANTIBIOTIC RESISTANCE CLASSES*</b>
STEC-Shigatoxin-producing E. coli	Salmonella-general for all species			

#### GI-METRIX: CLOSTRIDIODES DIFFICILE

<b>ICD-10 CODE Choose one</b>				
A04.72	A04.71	A04.8	A04.9	A09
R19.7	Other:			
Clostridioides difficile toxigenic	Clostridioides difficile hyper-toxigenic	Vancomycin resistance	Nitroimidazole/Metronidazole resistance	

#### GI-METRIX: DIARRHEAGENIC E. coli

<b>ICD-10 CODE Choose one</b>				
A04.8	A04.0	A04.1	A04.2	A04.3
A04.9	A09	R19.7	Other:	
E. coli 0157:H7	ETEC-Enterotoxigenic E. coli	EHEC-Enterohemorrhagic E. coli		<b>ANTIBIOTIC RESISTANCE CLASSES*</b>
Shigella / EIEC-Enteroinvasive E. coli	EPEC-Enteropathogenic E. coli			

#### GI-METRIX: ACUTE DIARRHEA WITH C. difficile

<b>ICD-10 CODE Choose one</b>				
A04.8	A04.9	A09	R19.7	A04.71
A04.72	Other:			
E. coli 0157:H7	Campylobacter coli	Norovirus G1		<b>ANTIBIOTIC RESISTANCE CLASSES*</b>
STEC-Shigatoxin-producing E. coli	Yersinia enterocolitica	Norovirus G2		
Shigella / EIEC-Enteroinvasive E. coli	Cryptosporidium	Clostridioides difficile		
Salmonella-general for all species	Giardia	» Toxigenic		
Campylobacter jejuni	Rotavirus A	» Hyper-toxigenic		

#### GI-METRIX: COMPREHENSIVE

<b>ICD-10 CODE Choose one</b>				
D84.9	D83.9	D80.9	D80.8	B20
Z94.81	Other:			
E. coli 0157:H7	Cryptosporidium	Adenovirus 40/41	EPEC-Enteropathogenic E. coli	<b>ANTIBIOTIC RESISTANCE CLASSES*</b>
STEC-Shigatoxin-producing E. coli	Giardia	Hepatitis A	EHEC-Enterohemorrhagic E. coli	
Shigella / EIEC-Enteroinvasive E. coli	Rotavirus A	Plesiomonas shigelloides	EAEC-Enteraggregative E. coli	
Salmonella-general for all species	Norovirus G1	Vibrio cholerae	DAEC-Diffusely-adherent E. coli	
Campylobacter jejuni	Norovirus G2	Vibrio parahaemolyticus	Clostridioides difficile	
Campylobacter coli	Sapovirus	Vibrio vulnificus	» Toxigenic	
Yersinia enterocolitica	Astrovirus	ETEC-Enterotoxigenic E. coli	» Hyper-toxigenic	

#### \*ANTIBIOTIC RESISTANCE CLASSES

Aminoglycosides	Vancomycin	Tetracyclines
Penicillins	Macrolides / Lincosamides	Nitroimidazole / Metronidazole
Carbapenems	Sulfonamides	Extended spectrum B-lactams
Fluoroquinolones / Quinolones	Trimethoprim	& cephalosporins

### SPECIMEN PROFILE

SPECIMEN SOURCE	STOOL CONSISTENCY	IS PATIENT TAKING ANTI-DIARRHEALS?
Stool swab	Loose	Yes
Rectal swab	Solid	No

### STI-METRIX

#### STI-METRIX: COMPREHENSIVE

<b>ICD-10 CODE</b>			
Neisseria gonorrhoeae	Trichomonas vaginalis	Herpes Simplex Virus 1 (HSV1)	Ureaplasma urealyticum
Chlamydia trachomatis	Mycoplasma genitalium	Herpes Simplex Virus 2 (HSV2)	

#### STI-METRIX: COMPREHENSIVE WITH SYPHILIS

<b>ICD-10 CODE</b>			
Neisseria gonorrhoeae	Trichomonas vaginalis	Herpes Simplex Virus 1 (HSV1)	Ureaplasma urealyticum
Chlamydia trachomatis	Mycoplasma genitalium	Herpes Simplex Virus 2 (HSV2)	<b>Treponema pallidum</b>

### SPECIMEN PROFILE

SPECIMEN SOURCE	SYMPTOMS	IS PATIENT ON ANTIBIOTICS?
Cervical-vaginal swab	Asymptomatic	No
Urine		
Urethral swab	Symptomatic	Yes
Lesion swab		

### UTI-METRIX

#### UTI-METRIX

<b>ICD-10 CODE Choose one</b>					
N39.0	N30.00	N30.01	N30.90	N30.91	N10
Other:					
Staphylococcus aureus	Klebsiella (Enterobacter) aerogenes	Escherichia coli			
Methicillin-resistant Staphylococcus aureus (MRSA)	Enterobacter cloacae complex	Pseudomonas aeruginosa			
Staphylococcus saprophyticus	Enterococcus	Proteus mirabilis			
Streptococcus agalactiae (Group B strep)	Enterococcus faecalis	Proteus vulgaris / penneri			
Klebsiella pneumoniae / oxytoca / varicola	Enterococcus faecium	Leukocytes			

### REFLEX

#### REFLEX TO STI-METRIX IF NEGATIVE UTI-METRIX RESULT\*

SPECIMEN SOURCE	SYMPTOMS	PATIENT ON ANTIBIOTICS?
Urine: Clean-catch midstream	Asymptomatic	No
Urine: Catheterization		
Urine: Suprapubic aspiration	Symptomatic	Yes

\*It is recommended that men and pregnant women with dysuria, vaginal discharge, or penile discharge as their presenting symptoms who have no organisms detected in the UTI-Metrix® panel have a reflex order for an STI-Metrix® panel to exclude a sexually transmitted infection. Ultimately, this is made at the discretion and considered clinical judgment of the ordering provider.