

PATIENT INFORMATION

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

BILLING INFORMATION

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

ORDERING PROVIDER INFORMATION

Name Last		First		Credentials	
Phone (with area code)		Fax (with area code)		NPI	
Clinician Signature (required)			Date (m/d/yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm	

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

SOURCE

CONSISTENCY

COLLECTED

METHOD

Kit Barcode #	<input type="checkbox"/> stool swab <input type="checkbox"/> rectal swab	<input type="checkbox"/> unformed <input type="checkbox"/> formed	date (m/d/yyyy)	time <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> medical staff <input type="checkbox"/> sent home with patient	Is patient taking anti-diarrheals? <input type="checkbox"/> yes <input type="checkbox"/> no
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Patient demographic information has been printed and will be shipped with this sample (required)

TEST REQUESTED

ADD ON TESTS FOR ACUTE DIARRHEA

ACUTE DIARRHEA

E. coli 0157:H7
STEC-Shigatoxin-producing *E. coli*
Shigella / EIEC-Enteroinvasive *E. coli*
Salmonella-general for all species
Campylobacter jejuni
Campylobacter coli
Yersinia enterocolitica
Cryptosporidium
Giardia
Rotavirus A
Norovirus G1
Norovirus G2
Astrovirus
Adenovirus 40 / 41

ANTIBIOTIC RESISTANCE

CLASSES

Aminoglycosides
Penicillin
Extended spectrum B-lactams and cephalosporins
Carbapenem
Fluoroquinolones / Quinolones
Vancomycin
Macrolides / Lincosamides
Sulfonamides
Trimethoprim
Tetracyclines
Nitroimidazole / Metronidazole

SUPPLEMENTAL

Plesiomonas shigelloides
Cholera / Other Vibrio Illness
» *Vibrio cholerae*
» *Vibrio parahaemolyticus*
» *Vibrio vulnificus*
Diarrheagenic *E. coli*
» ETEC-Enterotoxigenic *E. coli*
» EPEC-Enteropathogenic *E. coli*
» EHEC-Enterohemorrhagic *E. coli*
» EAEC-Enteraggregative *E. coli*
» DAEC-Diffusely-adherent *E. coli*
Hepatitis A

CLOSTRIDIODES DIFFICILE

Clostridioides difficile
» Toxigenic
» Hyper-toxigenic

STAND ALONE TEST

CLOSTRIDIODES DIFFICILE

Clostridioides difficile
» Toxigenic
» Hyper-toxigenic

ANTIBIOTIC RESISTANCE CLASSES

Vancomycin
Nitroimidazole / Metronidazole