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CLIA #: 45D2111111

COLA #: 27070

**1 PATIENT INFORMATION**

Last Name/ First Name/ M.I.  Female  
 Male  
 Other

Address/ APT # \_\_\_\_\_

City/ State/ Zip/ County \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Insurance \_\_\_\_\_ Subscriber ID \_\_\_\_\_

Group # \_\_\_\_\_ Bill To: Insurance  Uninsured

**2 PROVIDER INFORMATION**

\_\_\_\_\_

Collection Date/Time \_\_\_\_\_ Ordering Provider \_\_\_\_\_

Specimen Source \_\_\_\_\_ Specimen Collected By \_\_\_\_\_

\*Please Indicate if your patient has taken antibiotics in the past 72 hours:  Yes  No

**3 MEDICAL NECESSITY**

As part of my antibiotic stewardship policy, I find it medically necessary to rapidly determine and differentiate a viral and/or bacterial infection in order to treat with or without appropriate antibiotics. Having the most accurate and timely data available to me directly guides my treatment and patient management. Empiric treatment and management leads to inappropriate and unnecessary antibiotic use (50% according to the CDC) and delayed diagnosis which can lead to severe consequences.

Provider Signature: \_\_\_\_\_

**4 CONSENT FOR TESTING**

The information I have provided on this form is accurate. I authorize MD Diagnostics to release the results of this test to my treating physician or facility. I hereby authorize my insurance or other payment to MD Diagnostics for services I receive. I am aware that MD Diagnostics may be an out of network provider with my insurer. I am aware that I am responsible for all co-pays and deductibles not covered by insurance or other payers.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**5 PANEL LIST Please check appropriate panels that address your patient's needs. Test can be ordered individually.**

**Covid-19 Only**

**COVID Respiratory Lite**

COVID-19 (Coronavirus)  
 Influenza A & B  
 Haemophilus influenzae  
 Moraxella catarrhalis  
 Mycoplasma pneumoniae  
 Strep. pyogenes (Group A)

**COVID Respiratory** (includes all pathogens in the panel above)

Adenovirus  
 Bocavirus  
 Bordetella pertussis  
 Chlamydomphila pneumoniae  
 Coronavirus (229E, HKU1, NL63, OC43)  
 EBV (mononucleosis)  
 Enterovirus  
 HMPV A & B  
 Parainfluenza virus (type 1-4)  
 Rhinovirus (types A & B)  
 RSV (types A & B)  
 Staphylococcus aureus  
 Streptococcus pneumoniae

**COVID Respiratory Plus** (includes all pathogens in the panel above)

Acinetobacter baumannii  
 Enterobacter cloacae  
 Klebsiella aerogenes  
 Klebsiella pneumoniae  
 Legionella pneumophila  
 Proteus mirabilis  
 Pseudomonas aeruginosa  
 Staphylococcus epidermidis  
**ABX Resistance Marker**  
 Methicillin/Oxacillin (mecA)

**Reflexive positive to UK variant B.1.1.7**

**ICD 10 CODES**

R09.81 Congestion  
 J02.9 Pharyngitis  
 R05 Cough  
 Z20.89 Exposure  
 R50.9 Fever

**UTI w/ ABX Resistance**

Acinetobacter baumannii  
 Bacteroides fragilis  
 Citrobacter braakii/freundii  
 Citrobacter koseri  
 Enterobacter cloacae  
 Enterococcus spp.  
 Escherichia coli  
 Klebsiella aerogenes  
 K. oxytoca/michiganensis  
 Klebsiella pneumoniae  
 Morganella morganii  
 Proteus mirabilis  
 Pseudomonas aeruginosa  
 Serratia marcescens  
 Staphylococcus aureus  
 Staphylococcus epidermidis  
 Staphylococcus saprophyticus  
 Strep. pyogenes (Group A)  
**ABX Resistance Markers**  
 β-lactamase (blaKPC)  
 β-lactamase (CTX-M-Group 1)  
 metallo-β-lactamase (blaNDM)  
 Fluoroquinolones  
 Methicillin/Oxacillin (mecA)  
 Sulfonamides  
 Trimethoprim  
 Vancomycin (vanA, vanB)

**UTI Plus** (includes all the pathogens in the panel above)

Candida albicans  
 Candida dubliniensis  
 Candida glabrata  
 Candida krusei  
 Candida parapsilosis  
 Candida tropicalis  
 Mycoplasma genitalium  
 Mycoplasma hominis  
 Prevotella bivia  
 Ureaplasma urealyticum  
 Strep. agalactiae (Group B)

**ICD 10 CODES**

R35.0 Frequency of Micturition  
 Z22.39 Carrier of other specified bacterial disease  
 N39.0 Urinary Tract Infection  
 R30.0 Dysuria

**Wound/Infection w/ ABX Resistance**

Acinetobacter baumannii  
 Bacteroides fragilis  
 Citrobacter braakii/freundii  
 Citrobacter koseri  
 Enterobacter cloacae  
 Enterococcus spp.  
 Escherichia coli  
 Klebsiella aerogenes  
 K. oxytoca/michiganensis  
 Klebsiella pneumoniae  
 Morganella morganii  
 Proteus mirabilis  
 Pseudomonas aeruginosa  
 Serratia marcescens  
 Staphylococcus aureus  
 Staphylococcus epidermidis  
 Staphylococcus saprophyticus  
 Strep. pyogenes (Group A)  
 ABX Resistance Markers  
 β-lactamase (blaKPC)  
 β-lactamase (CTX-M-Group 1)  
 metallo-β-lactamase (blaNDM)  
 Fluoroquinolones  
 Methicillin/Oxacillin (mecA)  
 Sulfonamides  
 Trimethoprim  
 Vancomycin (vanA, vanB)

**ICD 10 CODES**

L08.9 Local infection of the skin and subcutaneous tissue, unspecified  
 Z22.39 Carrier of other specified bacterial diseases  
 Z22.322 Carrier or suspected carrier of MRSA

**Fungal Infection**

Alternaria spp.  
 Aspergillus spp.  
 Fusarium spp.  
 Scytalidium dimidiatum  
 Sarocladium strictum  
 Candida albicans  
 Candida glabrata  
 Candida krusei  
 Candida parapsilosis  
 Candida tropicalis  
 Cryptococcus spp.  
 Malassezia spp.  
 Meyerozyma guilliermondii  
 Trichophyton anthropophilic spp.  
 Trichophyton zoophilic spp.  
 Microsporium canis

**Bacterial Add On**

Pseudomonas aeruginosa

**ABX Resistance Marker**  
 Methicillin/Oxacillin (mecA)

**ICD 10 CODES**

B35.1 Onychomycosis

**Antibiotic Resistance**

β-lactamase (blaKPC)  
 β-lactamase (CTX-M-Group 1)  
 Methicillin/Oxacillin (mecA)  
 Sulfonamides  
 metallo-β-lactamase (blaNDM)  
 Trimethoprim  
 Fluoroquinolones  
 Vancomycin (vanA, vanB)

**ICD 10 CODES**

Z22.322 Carrier or suspected carrier of MRSA  
 Z16.19 Resistance to other specified Beta Lactam antibiotics

**Culture ID w/ Reflexive Antimicrobial Susceptibility Testing**

**ICD 10 CODES**

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