



PH: 224 209 2866 | FAX: 217 336 2413  
 915 Busse Rd. Elk Grove Village, IL 60007  
 meditechcs.com

**Molecular**  
 UTI/Wound/COVID-19/FLU/RSV Testing

Patient Information			Specimen Collection Details			
Last Name		First Name	Collector's Initials	Fasting Y <input type="checkbox"/> N <input type="checkbox"/>		
Gender <input type="checkbox"/> F <input type="checkbox"/> M		DOB	Collection Date	Time		
Race <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Indian American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		Temperature <input type="checkbox"/> Room Temperature <input type="checkbox"/> Refrigerated (2-8 °C)		
Street Address			<b>Account Information</b> Facility Name _____ Phone _____ Address _____ Ordering Provider _____ Provider Phone _____ Provider Name _____ NPI _____			
City		State			Zip	
Phone Number						
Billing Information						
Insurance Name	Name of Guarantor	Guarantor DOB				
Policy/Member ID #	Group #					
Street Address			<i>I authorize the Laboratory test(s) as ordered, and affirm that each are both medically necessary and correspond to the patient's diagnosis as submitted to the laboratory for testing. I understand that each test I order is a billable event and the patient's medical record(s) must clearly reflect my order.</i>			
City		State			Zip	
Secondary Insurance Name	Policy/Member ID #	Group #				
Bill To <input type="checkbox"/> Client <input type="checkbox"/> Patient Insurance <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent					Physician Signature _____ Date _____	
ICD-10 Diagnosis Codes						



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Patient ID	DOB
	/ /

Panels		
Performed with Urine C&S Tube	Performed with eSwab	Performed with Nasopharyngeal Swab
<b>UTI with Reflex to Antibiotic Resistant Genes if indicated</b>	<b>Wound with Reflex to Antibiotic Resistant Genes if indicated</b>	<b>FLU A/FLU B, RSV, COVID-19</b>
ACINETOBACTER BAUMANNII CITROBACTER FREUNDII ENTEROBACTER AEROGENES ENTEROBACTER CLOACAE ESCHERICHIA COLI ENTEROCOCCUS FAECIUM ENTEROCOCCUS FAECALIS KLEBSIELLA OXYTOCA KLEBSIELLA PNEUMONIAE MORGANELLA MORGANII PSEUDOMONAS AERUGINOSA PROTEUS VULGARIS PROTEUS MIRABILIS STREPTOCOCCUS AGALACTIA (GROUP B) STAPHYLOCOCCUS AUREUS STAPHYLOCOCCUS SAPROPHYTICUS CANDIDA ALBICANS <b>ANTIBIOTIC RESISTANT GENES IF INDICATED</b> MECA BLAKPC QNRS VANA VANB SUL1	ACINETOBACTER BAUMANNII CITROBACTER FREUNDII ENTEROBACTER AEROGENES ENTEROBACTER CLOACAE ESCHERICHIA COLI ENTEROCOCCUS FAECIUM ENTEROCOCCUS FAECALIS KLEBSIELLA OXYTOCA KLEBSIELLA PNEUMONIAE MORGANELLA MORGANII PSEUDOMONAS AERUGINOSA PROTEUS VULGARIS PROTEUS MIRABILIS STREPTOCOCCUS AGALACTIA (GROUP B) STAPHYLOCOCCUS AUREUS STAPHYLOCOCCUS SAPROPHYTICUS CANDIDA ALBICANS <b>ANTIBIOTIC RESISTANT GENES IF INDICATED</b> MECA BLAKPC QNRS VANA VANB SUL1	<input type="checkbox"/> RSV, RT-PCR <input type="checkbox"/> FLU A & FLU B,RT-PCR <input type="checkbox"/> SARS-COV-2,RT-PCR (COVID-19) <input type="checkbox"/> FLU A & FLU B/RSV, RT-PCR <input type="checkbox"/> FLU A & FLU B/RSV/COVID-19
Laboratory Use Only		
Samples Received By	<b>LABEL HERE</b>	
Received Date		
Received Time		
Notes		