

Molecular Microbiology Requisition



Qitek Labs of Oklahoma, LLC
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1. Account Information

Clinic Name: _____ Requesting Physician: _____
Address: _____ NPI #: _____
Clinic Phone: _____

2. Patient Information

REQUIRED: ENCLOSE A COPY OF THE FRONT AND BACK OF PATIENT'S INSURANCE CARD

Last: _____ First: _____ Middle Initial: _____

Address (Street, City, State, Zip): _____

Gender: M F Phone: _____ Date of Birth: _____ Email: _____

Social Security #: _____ Insurance Type: Commercial Medicare Medicaid Self Pay

I understand that I am responsible for all deductibles and co-pays for amounts not covered by insurance. By signing below, I acknowledge, authorize, and assign to Qitek Labs, LLC, any payment(s) made on my behalf for services provided to me by Qitek Labs, LLC. I also allow the release of any medical information necessary to process this claim.

Patient Signature: _____ Date: _____

3. Test(s) Requested and ICD-10 Diagnosis Code(s)

Respiratory Infection Panel (Check Here for Full Panel)

- | | | |
|---|--|---|
| <input type="checkbox"/> Influenza A | <input type="checkbox"/> S. pneumoniae | <input type="checkbox"/> S. epidermidis |
| <input type="checkbox"/> Influenza B | <input type="checkbox"/> M. pneumoniae | <input type="checkbox"/> S. aureus |
| <input type="checkbox"/> RSV A | <input type="checkbox"/> M. catarrhalis | <input type="checkbox"/> A. baumannii |
| <input type="checkbox"/> RSV B | <input type="checkbox"/> H. influenzae | <input type="checkbox"/> E. aerogenes |
| <input type="checkbox"/> Rhinovirus (types A&B) | <input type="checkbox"/> L. pneumophila | <input type="checkbox"/> E. cloacae |
| <input type="checkbox"/> Adenovirus | <input type="checkbox"/> B. pertussis | <input type="checkbox"/> K. pneumoniae |
| <input type="checkbox"/> Coronavirus (229E, NL63, OC43) | <input type="checkbox"/> S. pyogenes (Group A) | <input type="checkbox"/> P. mirabilis |
| <input type="checkbox"/> Enterovirus | <input type="checkbox"/> C. pneumoniae | <input type="checkbox"/> P. aeruginosa |

ABX Resistance Marker

- Methicillin/Oxacillin (mecA)

ICD-10 Codes

- R09.81 Congestion R05 Cough _____
 J02.9 Pharyngitis R50.9 Fever _____

UTI/STI Panel (Check Here for Full Panel)

- | | | |
|---|--|---|
| <input type="checkbox"/> A. baumannii | <input type="checkbox"/> M. morgani | <input type="checkbox"/> C. krusei |
| <input type="checkbox"/> C. freundii/braakii | <input type="checkbox"/> P. mirabilis | <input type="checkbox"/> C. glabrata |
| <input type="checkbox"/> C. koseri | <input type="checkbox"/> P. aeruginosa | <input type="checkbox"/> C. dublinensis |
| <input type="checkbox"/> K. aerogenes | <input type="checkbox"/> S. epidermidis | <input type="checkbox"/> C. tropicalis |
| <input type="checkbox"/> E. cloacae | <input type="checkbox"/> S. saprophyticus | <input type="checkbox"/> P. bivia |
| <input type="checkbox"/> B. fragilis | <input type="checkbox"/> S. aureus | <input type="checkbox"/> M. genitalium |
| <input type="checkbox"/> E. spp. | <input type="checkbox"/> S. pyogenes (Group A) | <input type="checkbox"/> M. hominis |
| <input type="checkbox"/> E. coli | <input type="checkbox"/> S. marcescens | <input type="checkbox"/> S. agalactiae |
| <input type="checkbox"/> K. oxytoca/michiganensis | <input type="checkbox"/> C. albicans | <input type="checkbox"/> U. urealyticum |
| <input type="checkbox"/> K. pneumoniae | <input type="checkbox"/> C. parapsilosis | |

ABX Resistance Markers

- | | |
|--|---|
| <input type="checkbox"/> Class A beta-lactamase (CTX-M-Group 1) | <input type="checkbox"/> mecA |
| <input type="checkbox"/> Class A beta-lactamase (blaKPC) | <input type="checkbox"/> Sulfonamides |
| <input type="checkbox"/> Class B metallo beta-lactamase (blaNDM) | <input type="checkbox"/> Fluoroquinolones |
| <input type="checkbox"/> van A/van B Vancomycin | <input type="checkbox"/> Trimethoprim |

ICD-10 Codes

- N39.0 UTI, site not specified R35.0 Freq of micturition _____
 R30.0 Dysuria Z22.39 Carrier of other spec bact disease _____

Ear Infection Panel (Check Here for Full Panel)

- | | | |
|---|--|---|
| <input type="checkbox"/> Influenza A | <input type="checkbox"/> S. pneumoniae | <input type="checkbox"/> S. epidermidis |
| <input type="checkbox"/> Influenza B | <input type="checkbox"/> M. pneumoniae | <input type="checkbox"/> S. aureus |
| <input type="checkbox"/> RSV A | <input type="checkbox"/> M. catarrhalis | <input type="checkbox"/> A. baumannii |
| <input type="checkbox"/> RSV B | <input type="checkbox"/> H. influenzae | <input type="checkbox"/> E. aerogenes |
| <input type="checkbox"/> Rhinovirus (types A&B) | <input type="checkbox"/> L. pneumophila | <input type="checkbox"/> E. cloacae |
| <input type="checkbox"/> Adenovirus | <input type="checkbox"/> B. pertussis | <input type="checkbox"/> K. pneumoniae |
| <input type="checkbox"/> Coronavirus (229E, NL63, OC43) | <input type="checkbox"/> S. pyogenes (Group A) | <input type="checkbox"/> P. mirabilis |
| <input type="checkbox"/> Enterovirus | <input type="checkbox"/> C. pneumoniae | <input type="checkbox"/> P. aeruginosa |

ABX Resistance Marker

- Methicillin/Oxacillin (mecA)

ICD-10 Codes

- H66.91 Otitis media, unspec, R ear H66.93 Otitis media, unspec, BIL ear _____
 H66.92 Otitis media, unspec, L ear H10.9 Unspecified conjunctivitis _____

Wound Infection Panel (Check Here for Full Panel)

- | | | |
|---|--|---|
| <input type="checkbox"/> A. baumannii | <input type="checkbox"/> M. morgani | <input type="checkbox"/> C. krusei |
| <input type="checkbox"/> C. freundii/braakii | <input type="checkbox"/> P. mirabilis | <input type="checkbox"/> C. glabrata |
| <input type="checkbox"/> C. koseri | <input type="checkbox"/> P. aeruginosa | <input type="checkbox"/> C. dublinensis |
| <input type="checkbox"/> K. aerogenes | <input type="checkbox"/> S. epidermidis | <input type="checkbox"/> C. tropicalis |
| <input type="checkbox"/> E. cloacae | <input type="checkbox"/> S. saprophyticus | <input type="checkbox"/> P. bivia |
| <input type="checkbox"/> B. fragilis | <input type="checkbox"/> S. aureus | <input type="checkbox"/> M. genitalium |
| <input type="checkbox"/> E. spp. | <input type="checkbox"/> S. pyogenes (Group A) | <input type="checkbox"/> M. hominis |
| <input type="checkbox"/> E. coli | <input type="checkbox"/> S. marcescens | <input type="checkbox"/> S. agalactiae |
| <input type="checkbox"/> K. oxytoca/michiganensis | <input type="checkbox"/> C. albicans | <input type="checkbox"/> U. urealyticum |
| <input type="checkbox"/> K. pneumoniae | <input type="checkbox"/> C. parapsilosis | |

ABX Resistance Markers

- | | |
|--|---|
| <input type="checkbox"/> Class A beta-lactamase (CTX-M-Group 1) | <input type="checkbox"/> mecA |
| <input type="checkbox"/> Class A beta-lactamase (blaKPC) | <input type="checkbox"/> Sulfonamides |
| <input type="checkbox"/> Class B metallo beta-lactamase (blaNDM) | <input type="checkbox"/> Fluoroquinolones |
| <input type="checkbox"/> van A/van B Vancomycin | <input type="checkbox"/> Trimethoprim |

ICD-10 Codes

- L08.9 Local infection of skin Z22.322 Carrier or susp carrier of MRSA _____
 L02.91 Cutaneous abscess Z22.39 Carrier of other spec bact disease _____

4. Collection Information

Sample Type: Nasopharyngeal Swab (RPP) Clean Catch Urine (UTI/STI) Swab (Wound) Swab (Ear)

Time Collected: _____ AM / PM Collected by: _____ Swab Location: _____

Date Collected: _____

Note: Only one location can be collected per day for proper insurance coverage.

5. Physician Signature

- As part of my antibiotic stewardship policy, I find it medically necessary, and can furnish sufficient documentation in the patient's records showing medical necessity, 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.
- Standard antibody/antigen detection is only available to detect few pathogens and comes with a high false negative rate, relatively lower sensitivity (60-70%) and specificity (80-90%). In addition, standard antibody/antigen detection requires the infection to be present for days allowing the body to make ample antibodies in order to detect.
- Qualitative Nucleic Acid Amplification Testing (NAAT) is far superior with sensitivities and specificities >98% and available to detect many pathogens. In addition, NAAT has built in controls to determine if an adequate patient sample was collected and processed, therefore greatly reducing false negative results. NAAT also includes controls to easily determine a contaminated sample, therefore reducing false positive results.

Physician Signature: _____ Date: _____