

PATIENT INFORMATION				SPECIMEN COLLECTION			
Last Name:		First Name:		MI:		Collection Date/Time/Initials:	
Street Address:				Phone:		Diagnosis Codes:	
City:	State:	Zip Code:	MRN:				
Date of Birth (MM/DD/YYYY): __/__/____		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	SSN: - - - - -				

SPECIMEN TYPE		
<b>Respiratory:</b> <input type="checkbox"/> Nasopharyngeal Swab <input type="checkbox"/> Nasal Swab	<b>UTI:</b> <input type="checkbox"/> Urine	<b>Oncology:</b> <input type="checkbox"/> Saliva / Cheek Swab <input type="checkbox"/> Whole Blood (EDTA lavender top tube) <input type="checkbox"/> FFPE

INSURANCE INFORMATION	PROVIDER INFORMATION												
<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Self-Pay <input type="checkbox"/> Other If Other, name of Provider: _____  Insurance Provider Address: _____  Member #: _____ Group #: _____ Policy Holder Name: _____ Policy Holder Date of Birth (MM/DD/YYYY): __/__/____ Relationship to Patient: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	Practice Name: _____ Phone #: _____ <table border="1"> <thead> <tr> <th>Ordering Provider</th> <th>Ordering Provider NPI</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> </tbody> </table>	Ordering Provider	Ordering Provider NPI	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
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MOLECULAR ORDER SET TEST REQUEST (see other side for individual test requests)		
<b>Respiratory Infection Order Sets</b> <i>Nasopharyngeal or Nasal Swabs</i> <input type="checkbox"/> SARS-CoV-2 only <input type="checkbox"/> SARS-CoV-2/Flu A/Flu B <input type="checkbox"/> SARS-CoV-2/Flu A/Flu B/RSV <input type="checkbox"/> RSV only	<b>Urinary Tract Infection Order Sets</b> <i>Urine (no preservative)</i> <input type="checkbox"/> Organism ID + Antibiotic Resistance (qPCR) <input type="checkbox"/> Organism ID only (qPCR)	<b>Oncology / Genotyping Order Sets</b> <i>Cheek Swab, EDTA Blood, FFPE</i> <input type="checkbox"/> PrimBio Colorectal Cancer Panel <input type="checkbox"/> PrimBio Breast Cancer Therapy Panel <input type="checkbox"/> PrimBio Cancer Hotspot Panel

**Limitations and Disclaimer**

As with any laboratory test, there is a small chance that this result may be inaccurate for a procedural reason, such as an error during specimen collection and labelling (incorrect patient identification), an error in processing, data collection, or interpretation. Currently available data indicates that technical error rate for analysis involving Nucleic Acid tests is anywhere between 1-3%. Disclaimer: These tests were developed and their performance characteristics determined by PrimBio. They have not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Client Account #: \_\_\_\_\_

**INDIVIDUAL TEST REQUEST**

**RESPIRATORY INFECTION**

*Nasopharyngeal or Nasal Swabs*

- SARS-CoV-2 only
- SARS-CoV-2/Flu A/Flu B
- SARS-CoV-2/Flu A/Flu B/RSV
- RSV only

**URINARY TRACT INFECTION**

*Urine (no preservative, yellow top)*

**Comprehensive Order Set contains all targets below:**

- Acinetobacter baumannii*
- Citrobacter freundii*
- Enterobacter cloacae*
- Enterococcus faecalis*
- Enterococcus faecium*
- Escherichia coli*
- Klebsiella aerogenes*
- Klebsiella oxytoca*
- Klebsiella pneumoniae*
- Morganella morganii*
- Mycoplasma hominis*
- Proteus mirabilis*
- Proteus vulgaris*
- Providencia stuartii*
- Pseudomonas aeruginosa*
- Serratia marcescens*
- Staphylococcus aureus*
- Staphylococcus saprophyticus*
- Streptococcus agalactiae*
- Ureaplasma urealyticum*
- Candida* spp.
- Antibiotic Resistance (PCR)

**ONCOLOGY / GENOTYPING**

*Cheek Swab, EDTA Blood, FFPE*

- Colorectal Cancer Panel*
  - Hereditary
  - Somatic
- Breast Cancer Therapy Panel*
  - Hereditary
  - Somatic
- Cancer Hotspot Panel (somatic)*