



PATIENT INFORMATION PRACTICE INFORMATION

Form fields for Patient Information (Last Name, First Name, MI, Clinic Name, Address, City, State, Zip, Phone, DOB, Biological Gender, etc.) and Practice Information (Physician Name, NPI #, Address, City, Phone, Fax).

Form fields for Ancestry (African American, Ashkenazi Jewish, etc.) and Specimen Information (Date of Collection, Time of Collection, AM/PM, Collected by).

BILLING INFORMATION

Billing Information fields including Client Billed, Commercial, Medicare, Medicaid, Tricare, Cash Pay, Name of Policy Holder, DOB, Relationship to Policy Holder, Insurance, Member ID #, and Group #.

TESTING MENU

AUTOMATIC REFLEX: A laboratory test that is automatically obtained when the results of a screening test indicate the need for further study. The outcome of the first test will determine if reflex testing is needed for any particular pathogen gene(s).

NOTE: COVID samples must be received by Absolute Genomics by 2pm EST to go into testing same day. Expect results <24 hours from receipt. NON-COVID samples must be received by Absolute Genomics by 11am EST to go into testing same day. Expect results <48 hours from receipt.

Main testing menu grid with categories: COVID 19, WOUND InSITE, URINARY InSITE, WOMENS InSITE, RESPIRATORY InSITE, and STI InSITE. Each category lists various bacterial, viral, and fungal tests.

ICD-10 CODES

ICD-10 diagnosis codes are required. Providers should order only tests that are medically necessary for the diagnosis and treatment of the patient.

ORDERING CHECKLIST

- Copy of Patient Demographics
Check appropriate panel type
ICD-10 Diagnosis Codes
Copy of Insurance Card (Front/Back)
Medical Provider name and signature
Medical Necessity Notes & Medication List

Table with 4 columns: FOX (Beta-lactamase Resistance), bla-SHV (Beta-lactamase Resistance), tetS (Tetracycline Resistance), and VanA (Vancomycin Resistance).

MEDICAL PROVIDER CONSENT

By signing this form, the medical provider acknowledges that the individual/family member authorized to make decisions for the individual (the "Patient") has been supplied information regarding and consented to undergo pathogen testing...

Medical Provider Signature or Authorized Individual Signature (Must have a completed Ordering Facility and Provider Order Authorization form) Date