



Diarrhea Pathogen Requisition

Date Specimen Collected: _____ **Time Specimen Collected:** _____

Laboratory Use Only
Accession Number _____ **Date Received** _____ **Time Received** _____

Group/Practice Name _____ **Practice Contact Information**
Ordering Physicians _____ **Address** _____ **Phone** _____
_____ **City, State, Zip** _____ **Other** _____

Patient and Insurance Information

(Currently Not Accepting Medicaid or Managed Medicaid Plans - Contract Pending)

First Name _____ **Last Name** _____ **MI** _____ **DOB** _____ **Gender** _____
Address Line 1 _____ **Address Line 2** _____ **City** _____ **State** _____ **Zip** _____
Home Phone _____ **Cell Phone** _____ **Race*** _____ **Ethnicity*** _____

Insured's Name _____ **Relationship to Patient** _____ **Social Security #** _____
Home Phone _____ **Cell Phone** _____ **DOB** _____ **Gender** _____

Primary Insurance _____ **Secondary Insurance** _____
Group # _____ **ID#** _____ **Group #** _____ **ID#** _____
Address _____ **Address** _____
City _____ **State** _____ **Zip** _____ **City** _____ **State** _____ **Zip** _____

Stool PCR Pathogen Tests

Comprehensive Diarrhea Panel - Includes 26 Pathogens with Genotypic Antibiotic Resistance, Fecal Immunoassays, and Additional Stool Diagnostic Tests Listed Below.
Genesis Diarrhea Pathogen Panel (26 Pathogens with Genotypic Antibiotic Resistance)**
Enteric Bacterial Panel Only with Toxigenic C.diff (reflex to active toxin detection assay if C.diff positive)** **Enteric Parasite Panel Only**** **Helminth Panel**

Additional Stool Tests

Fecal Immunoassays

Calprotectin Lactoferrin
Antigliadin Ab (Fecal Anti-Gliadin Ab IgA)
Anti-tTG (Fecal Anti-Transglutaminase Ab IgA)
Fecal Pancreatic Elastase (Test for Pancreatic Insufficiency)
Fecal Zonulin (Test for Intestinal Permeability) Fecal Bile Acids

Additional Stool Diagnostic Tests

Fecal *Helicobacter pylori* (Antigen)
Fecal Immunohistochemical Test (FIT) for Occult Blood
Fecal *Listeria monocytogenes* (Real-Time PCR)
Fecal Fat (Semi-quantitative)† Neutral Fats Split Fats
† If left unchecked we will default to Neutral Fats

ICD-10 Codes

For 26 pathogen multiplexed panel testing you must check off at least one of the immunosuppression codes in addition to the primary diagnosis code

Primary diagnosis code:

A04.72 C.diff, not specified as recurrent K58.0 Irritable bowel syndrome with diarrhea
K50.01 Crohn's disease of small intestine with unspecified complications K58.9 Irritable bowel syndrome without diarrhea
K50.919 Crohn's disease, unspecified, with unspecified complications K59.09 Other constipation
K51.00 Ulcerative (chronic) pancolitis without complications K59.1 Functional Diarrhea
K51.919 Ulcerative colitis, unspecified with unspecified complications R10.0 Acute abdomen
K52.9 Noninfective gastroenteritis and colitis, unspecified R14.0 Abdominal distension (gaseous)
R19.7 Diarrhea, Unspecified
Duration of Diarrhea _____

Immunosuppression diagnosis codes:

D80.2 Selective deficiency of immunoglobulin G [IgA]
D81.89 Other combined immunodeficiencies
D82.8 Immunodeficiency associated with other specified major defects
D83.8 Other common variable immunodeficiencies

Statement of Medical Necessity (Required for Testing the Multiplexed 26 Pathogen Panel)

The patient has immune deficiencies The patient has chronic unexplained diarrhea The patient has diarrhea with signs or risk factors for severe disease (fever, bloody diarrhea, dysentery, dehydration, severe abdominal pain, hospitalization and/or immunocompromised state)
The patient has a history of recent travel The patient has IBD and unexplained diarrhea

This test is medically necessary for the diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder. The results will determine my patient's medical management and treatment decisions. The person listed as the ordering provider is authorized by law to order the test(s) requested herein.

Patient Authorization: I hereby authorize Genesis Laboratory Management to submit a claim to my insurance company for above services and appeal if necessary on my behalf.

Signature of Physician or Other Authorized NPI Provider (REQUIRED) **Date** _____

Signature of Patient (REQUIRED) **Date** _____

Accessioner Initials 1 _____ 2 _____

*Race and Ethnicity are required by certain states and the CDC **See Reverse Side For Details
ICD-10 Codes are listed for information purposes only. It is the provider's responsibility to order tests that are medically necessary and in the best interest of the patient.

Genesis 26 Diarrhea Pathogen and Genotypic Antibiotic Resistance Panel

Bacteria

Campylobacter spp.
Campylobacter jejuni
Toxigenic Clostridium difficile
Enteroaggregative E. coli (EAEC)
Enteropathogenic E. coli (EPEC)
Enterotoxigenic E. coli (ETEC)
Shigella/Enteroinvasive E. coli (EIEC)
Plesiomonas shigelloides
Salmonella spp.
Shiga-like toxin-producing E. coli (STEC)
 including serotype O157
Vibrio spp.
Vibrio cholerae
Vibrio parahaemolyticus
Yersinia enterocolitica

Viruses

Adenovirus F40/41
Astrovirus
Norovirus GI
Norovirus GII
Rotavirus A
Rotavirus B
Rotavirus C
Sapovirus I, II, IV Combination
Sapovirus V

Parasites

Cryptosporidium
Entamoeba histolytica
Giardia lamblia

Genotypic Antibiotic Resistance Markers (ARMs)

Vancomycin Resistance (vanA)
Vancomycin Resistance (vanB)
Nitroimidazole Resistance (nimA)
Nitroimidazole Resistance (nimD)
Quinolone and Fluoroquinolone Resistance (qnrA)
Quinolone and Fluoroquinolone Resistance (qnrB)
Erythromycin Resistance (ermA)
Erythromycin Resistance (ermB)
Trimethoprim-Sulfamethoxazole Resistance (dfrA1)
Trimethoprim-Sulfamethoxazole Resistance (dfrA5)
Yersinia enterocolitica

Enteric Bacterial Panel

Campylobacter spp.
Salmonella spp.
Shiga-like toxin-producing E. coli (STEC)
Shigella Enteroinvasive *E. coli (EIEC)*
Vibrio (parahaemolyticus, vulnificus, and cholerae)
Yersinia enterocolitica
Enterotoxigenic E. coli (ETEC)
Plesiomonas shigelloides

Toxigenic *Clostridium difficile*

Reflex to active Toxin detection
 by EIA for positive samples

Enteric Parasite Panel

Cryptosporidium (C.hominis and C.parvum)
Entamoeba histolytica
Giardia lamblia

Helminth Panel

Ancylostoma spp.
Ascaris spp.
Enterobius vermicularis
Enterocytozoon spp./Encephalitozoon spp.
Hymenolepis spp.
Necator americanus
Strongyloides spp.
Taenia spp.
Trichuris trichiura

**Reflex to active toxin detection assay if C.diff positive