



Diarrhea Pathogen Requisition

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

Laboratory Use Only

Accession Number _____ Date Received _____ Time Received _____

Group/Practice Name _____	<input type="checkbox"/>	Practice Contact Information
Ordering Physicians _____	<input type="checkbox"/>	Address _____
<input type="checkbox"/> _____	<input type="checkbox"/>	City, State, Zip _____
<input type="checkbox"/> _____	<input type="checkbox"/>	Phone _____ 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 11 Pathogens with Genotypic Antibiotic Resistance, Fecal Immunoassays, and Additional Stool Diagnostic Tests Listed Below.) - [Reflex to active toxin detection assay if *C.diff* positive]
 - Genesis Diarrhea Pathogen Panel** (11 Pathogens with Genotypic Antibiotic Resistance)-[Reflex to active toxin detection assay if *C.diff* positive]
 - Enteric Bacterial Panel Only with Toxigenic C.Diff** -[Reflex to active toxin detection assay if *C.diff* positive]
 - Enteric Parasite Panel Only**
 - Genesis Expanded Diarrhea Pathogen Panel**** (Includes 26 Pathogens with Genotypic Antibiotic Resistance) -[Reflex to active toxin detection assay if *C.diff* positive]
- *Please note that an immunosuppression diagnosis code must be selected in order for this test to be performed ***
If an appropriate immunosuppression code is not selected, testing will automatically be reflexed to the "Genesis Diarrhea Pathogen Panel".

Additional Stool Tests

- | | |
|---|--|
| <p>Fecal Immunoassays</p> <ul style="list-style-type: none"> <input type="checkbox"/> Calprotectin <input type="checkbox"/> Lactoferrin <input type="checkbox"/> Antigliadin Ab (Fecal Anti-Gliadin Ab IgA) <input type="checkbox"/> Anti-tTG (Fecal Anti-Transglutaminase Ab IgA) <input type="checkbox"/> Fecal Pancreatic Elastase (Test for Pancreatic Insufficiency) <input type="checkbox"/> Fecal Zonulin (Test for Intestinal Permeability) <input type="checkbox"/> Fecal Bile Acids | <p>Additional Stool Diagnostic Tests</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fecal <i>Helicobacter pylori</i> (Antigen) <input type="checkbox"/> Fecal Immunohistochemical Test (FIT) for Occult Blood <input type="checkbox"/> Fecal <i>Listeria monocytogenes</i> (Real-Time PCR) <input type="checkbox"/> Fecal Fat (Semi-quantitative)[†] <input type="checkbox"/> Split Fats <input type="checkbox"/> Neutral Fats <input type="checkbox"/> Ova and Parasites (Wet Mount, Trichrome Stain, and Enteric Parasite Panel) |
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ICD-10 Codes

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

Primary diagnosis code:

- Diarrhea, Unspecified with Fever (R19.7/R50.9)
- Diarrhea, Unspecified with Hematochezia (R19.7/K92.1)
- Diarrhea, Unspecified with Abdominal pain, Unspecified (R19.7/R10.9)
- Diarrhea, Unspecified with other disorders of electrolyte and fluid balance (R19.7/E87.8)

Immunosuppression diagnosis codes:

- B20 Human Immunodeficiency Virus [HIV] disease
- D80.2 Selective deficiency of immunoglobulin A [IgA]
- D80.3 Selective deficiency of immunoglobulin G [IgG] subclasses
- D81.89 Other combined immunodeficiencies
- D82.8 Immunodeficiency associated with other specified major defects
- D83.8 Other common variable immunodeficiencies
- D84.81 Immunodeficiency due to conditions classified elsewhere
- D84.821 Immunodeficiency due to drugs
- D84.89 Other immunodeficiencies

****For 26 pathogen multiplexed panel testing, there must be at least one of the immunosuppression codes in addition to the primary diagnosis code****

Duration of 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 _____

Genesis Diarrhea Pathogen Panel

(11 Pathogens with Genotypic Antibiotic Resistance)

Bacterial Pathogens	Viruses	Genotypic Antibiotic Resistance Markers (ARMs)
<p><i>Campylobacter jejuni</i> <i>Clostridium difficile</i> ** <i>Salmonella</i> spp. <i>Vibrio</i> spp. (<i>V. parahaemolyticus</i> / <i>V. vulnificus</i> / <i>V. cholerae</i>) <i>Yersinia enterocolitica</i></p>	<p>Norovirus (GI/GII) Rotavirus (A/B/C)</p>	<p>Vancomycin Resistance <i>vanA</i> <i>vanB</i></p> <p>Nitroimidazole Resistance <i>nimA</i> <i>nimD</i> Examples: metronidazole, tinidazol</p> <p>Erythromycin Resistance <i>ermA</i> <i>ermB</i></p> <p>Quinolone and Fluoroquinolone Resistance <i>qnrA</i> <i>qnrB</i> Examples: ciprofloxacin, levofloxacin, moxifloxacin</p> <p>Trimethoprim-Sulfamethoxazole Resistance <i>dfrA1</i> <i>dfrA5</i></p>
Diarrheagenic <i>Escherichia coli</i> / <i>Shigella</i>	Parasites	
<p>Shiga-like toxin-producing <i>E. coli</i> (STEC) -including serotype O157 <i>Shigella</i>/Enteroinvasive <i>E. coli</i> (EIEC)</p>	<p><i>Entamoeba histolytica</i> <i>Giardia lamblia</i></p>	

Genesis Expanded Diarrhea Pathogen Panel

(26 Pathogens with Genotypic Antibiotic Resistance)

Bacterial Pathogens	Viruses	Genotypic Antibiotic Resistance Markers (ARMs)
<p><i>Campylobacter</i> spp. <i>Campylobacter jejuni</i> Toxigenic <i>Clostridium difficile</i> Enteroaggregative <i>E. coli</i> (EAEC) Enteropathogenic <i>E. coli</i> (EPEC) Enterotoxigenic <i>E. coli</i> (ETEC) <i>Vibrio</i> spp. <i>Vibrio cholerae</i> <i>Vibrio parahaemolyticus</i> <i>Yersinia enterocolitica</i></p>	<p>Adenovirus F40/41 Astrovirus Norovirus GI Norovirus GII Rotavirus A Rotavirus B Rotavirus C Sapovirus I,II,IV Combination Sapovirus V</p>	<p>Vancomycin Resistance <i>vanA</i> <i>vanB</i></p> <p>Nitroimidazole Resistance <i>nimA</i> <i>nimD</i> Examples: metronidazole, tinidazol</p> <p>Erythromycin Resistance <i>ermA</i> <i>ermB</i></p> <p>Quinolone and Fluoroquinolone Resistance <i>qnrA</i> <i>qnrB</i> Examples: ciprofloxacin, levofloxacin, moxifloxacin</p> <p>Trimethoprim-Sulfamethoxazole Resistance <i>dfrA1</i> <i>dfrA5</i></p>
Diarrheagenic <i>Escherichia coli</i> / <i>Shigella</i>	Parasites	
<p><i>Shigella</i> /Enteroinvasive <i>E. coli</i> (EIEC) <i>Plesiomonas shigelloides</i> Shiga-like toxin producing <i>E. coli</i> (STEC) - including serotype O157</p>	<p><i>Cryptosporidium</i> <i>Entamoeba histolytica</i> <i>Giardia lamblia</i></p>	

Enteric Parasite Panel

Enteric Bacterial Panel

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

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*

Toxigenic *Clostridium difficile*
 -Reflex to active Toxin detection by EIA for positive samples

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