



GenesisLabs
LABORATORY OF CHOICE

1912 Rt 35 S, Ste 203, Oakhurst, NJ 07755

P 732 389 1530

F 732 389 0352

Courier P 732 508 9154

genesislaboratory.com

Primarius Pathology

Diarrhea Pathogen Requisition

Date Specimen Collected: _____

Time Specimen Collected: _____

Laboratory Use Only

Accession Number _____

Date Received _____

Time Received _____

Practice Name _____

Practice ID _____

Practice Contact Information

Ordering Physicians _____

Address _____

City, State, Zip _____

Phone _____

Other _____

Patient and Insurance Information

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

First Name _____

Last Name _____

Middle Initial _____

Gender* _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____

Zip _____

DOB _____

Home Phone _____

Cell Phone _____

Gender Identity* _____

Race* _____

Ethnicity* _____

Sexual Orientation* _____

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 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

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 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 (Semiquantitative)[†] ☐ Split Fats ☐ Neutral Fats
- [†] If left unchecked we will default to Neutral Fats
- ☐ Ova and Parasites

(Wet Mount, Trichrome Stain, and Enteric Parasite Panel)

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
- ☐ D80.4 Selective deficiency of immunoglobulin M [IgM]
- ☐ D80.5 Immunodeficiency with increased immunoglobulin M [IgM]
- ☐ D80.6 Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia
- ☐ 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
- ☐ D84.822 Immunodeficiency due to external causes
- ☐ D84.89 Other immunodeficiencies

Duration of Diarrhea: _____

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

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 Patient (REQUIRED)

Date

Signature of Physician or Other Authorized NPI Provider (REQUIRED)

Date

Accessioner Initials 1 _____

2 _____

*Gender, Gender Identity, Race, Ethnicity, and Sexual Orientation are required by certain states and the CDC. **For Genesis Expanded Diarrhea Pathogen Panel, at least 1 immunosuppression code must be indicated. 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.

Revised 8/15/23

Genesis Diarrhea Pathogen Panel

(11 Pathogens with Genotypic Antibiotic Resistance. Reflex to active toxin detection assay if *C.diff* positive.)

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

Genesis Expanded Diarrhea Pathogen Panel

(26 Pathogens with Genotypic Antibiotic Resistance. Reflex to active toxin detection assay if *C.diff* positive.)

Bacterial Pathogens <i>Campylobacter</i> spp. <i>Campylobacter jejuni</i> Toxicigenic <i>Clostridium difficile</i> (<i>Clostridioides difficile</i>) Enteraggregative <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>	Viruses Adenovirus F40/41 Astrovirus Norovirus GI Norovirus GII Rotavirus A Rotavirus B Rotavirus C Sapovirus I,II,IV Combination Sapovirus V	Genotypic Antibiotic Resistance Markers (ARMs) Vancomycin Resistance <i>vanA</i> <i>vanB</i> Nitroimidazole Resistance <i>nimA</i> <i>nimD</i> <u>Examples:</u> metronidazole, tinidazol Erythromycin Resistance <i>ermA</i> <i>ermB</i> Quinolone and Fluoroquinolone Resistance <i>qnrA</i> <i>qnrB</i> <u>Examples:</u> ciprofloxacin, levofloxacin, moxifloxacin Trimethoprim-Sulfamethoxazole Resistance <i>dfrA1</i> <i>dfrA5</i>
Diarrheagenic <i>Escherichia coli</i> / <i>Shigella</i> <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	Parasites <i>Cryptosporidium</i> <i>Entamoeba histolytica</i> <i>Giardia lamblia</i>	

Enteric Parasite Panel

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

Toxigenic *Clostridium difficile* (*Clostridioides difficile*)

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

Additional ICD-10 Code Immunosuppression Descriptions

D80.0 Hereditary hypogammaglobulinemia
D80.1 Nonfamilial hypogammaglobulinemia
D80.8 Other immunodeficiencies with predominantly antibody defects
D81.0 Severe combined immunodeficiency [SCID] with reticular dysgenesis
D81.1 Severe combined immunodeficiency [SCID] with low T- and B-cell numbers
D81.2 Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
D81.31 Severe combined immunodeficiency due to adenosine deaminase deficiency
D81.4 Nezelof's syndrome
D81.5 Purine nucleoside phosphorylase [PNP] deficiency
D81.6 Major histocompatibility complex class I deficiency
D81.7 Major histocompatibility complex class II deficiency
D81.810 Biotinidase deficiency
D81.818 Other biotin-dependent carboxylase deficiency
D82.0 Wiskott-Aldrich syndrome
D82.1 Di George's syndrome
D82.2 Immunodeficiency with short-limbed stature
D82.3 Immunodeficiency following hereditary defective response to Epstein-Barr virus

D82.4 Hyperimmunoglobulin E [IgE] syndrome
D83.0 Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function
D83.1 Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
D83.2 Common variable immunodeficiency with autoantibodies to B- or T-cells
D84.0 Lymphocyte function antigen-1 [LFA-1] defect
D84.1 Defects in the complement system
D89.0 Polyclonal hypergammaglobulinemia
D89.1 Cryoglobulinemia
D89.3 Immune reconstitution syndrome
D89.41 Monoclonal mast cell activation syndrome
D89.42 Idiopathic mast cell activation syndrome
D89.43 Secondary mast cell activation
D89.49 Other mast cell activation disorder
D89.810 Acute graft-versus-host disease
D89.811 Chronic graft-versus-host disease
D89.812 Acute on chronic graft-versus-host disease
D89.82 Autoimmune lymphoproliferative syndrome [ALPS]
D89.89 Other specified disorders involving the immune mechanism, not elsewhere classified
Z94.0 Kidney transplant status
Z94.1 Heart transplant status
Z94.2 Lung transplant status

Z94.3 Heart and lungs transplant status
Z94.4 Liver transplant status
Z94.5 Skin transplant status
Z94.6 Bone transplant status
Z94.81 Bone marrow transplant status
Z94.82 Intestine transplant status
Z94.83 Pancreas transplant status
Z94.84 Stem cells transplant status

*Listed for reference only -
Applicable codes must be
indicated on front side of test
requisition. When reporting
ICD-10-CM code R19.7 one of
the immunosuppression diag-
nosis codes listed above must
also be reported to support
medical necessity and provide
coverage for CPT code 87507.*