



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**
 Address _____
 City, State, Zip _____
 Phone _____ Fax _____

Ordering Physicians _____ _____ _____
 _____ _____ _____

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 _____ Cell/Home Phone _____ Email _____
 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 22 Pathogens) - [Reflex to active toxin detection assay if *C.diff* positive]

****Please note that an immunodeficiency diagnosis code must be selected in order for this test to be performed. If an appropriate immunodeficiency 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 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 <p><small>† If left unchecked we will default to Neutral Fats
 (Wet Mount, Trichrome Stain, and Enteric Parasite Panel)</small></p> |
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ICD-10 Codes

****For 22 pathogen multiplexed panel testing there must be at least one of the immunodeficiency 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)

Immunodeficiency diagnosis codes:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> B20 Human Immunodeficiency Virus [HIV] disease <input type="checkbox"/> D80.2 Selective deficiency of immunoglobulin A [IgA] <input type="checkbox"/> D80.3 Selective deficiency of immunoglobulin G [IgG] subclasses <input type="checkbox"/> D80.4 Selective deficiency of immunoglobulin M [IgM] <input type="checkbox"/> D80.5 Immunodeficiency with increased immunoglobulin M [IgM] <input type="checkbox"/> D80.6 Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia | <ul style="list-style-type: none"> <input type="checkbox"/> D81.89 Other combined immunodeficiencies <input type="checkbox"/> D82.8 Immunodeficiency associated with other specified major defects <input type="checkbox"/> D83.8 Other common variable immunodeficiencies <input type="checkbox"/> D84.81 Immunodeficiency due to conditions classified elsewhere <input type="checkbox"/> D84.822 Immunodeficiency due to external causes <input type="checkbox"/> D84.89 Other immunodeficiencies |
|---|--|

****For 22 pathogen multiplexed panel testing, there must be at least one of the immunodeficiency 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 _____

*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 immunodeficiency 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.

Genesis Diarrhea Pathogen Panel

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

<p>Bacteria</p> <p><i>Campylobacter</i> (<i>C. jejuni</i>/<i>C. coli</i> / <i>C. upsaliensis</i>)</p> <p><i>Clostridium difficile</i> (Toxin A/B)</p> <p><i>Salmonella</i> spp.</p> <p><i>Vibrio</i> spp. (<i>V. parahaemolyticus</i>/ <i>V. vulnificus</i>/<i>V. cholerae</i>)</p> <p><i>Yersinia enterocolitica</i></p>	<p>Viruses</p> <p>Norovirus GI/GII</p> <p>Rotavirus A, B, C</p>	<p>Bacterial Genotypic Antibiotic Resistance</p> <p><i>Vancomycin Resistance</i>: <i>vanA</i>, <i>vanB</i>, <i>vanC</i></p> <p><i>Nitroimidazole Resistance</i>: <i>nimA</i>, <i>nimD</i></p> <ul style="list-style-type: none"> • Examples: <i>metronidazole</i>, <i>tinidazole</i> <p><i>Erythromycin Resistance</i>: <i>ermA</i>, <i>ermB</i>, <i>ermC</i>, <i>mefA</i></p> <p><i>Quinolone and Fluoroquinolone Resistance</i>: <i>qnrA</i>, <i>qnrB</i>, <i>qnrS</i></p> <ul style="list-style-type: none"> • Examples: <i>ciprofloxacin</i>, <i>levofloxacin</i>, <i>moxifloxacin</i> <p><i>Trimethoprim-Sulfamethoxazole resistance</i>: <i>dfrA</i>, <i>dfrA1</i>, <i>dfrA5</i></p>
<p>Diarrheagenic <i>E. coli</i>/Shigella</p> <p>Shiga-like toxin-producing <i>E. coli</i> (STEC)</p> <p><i>Shigella</i>/Enteroinvasive <i>E. coli</i> (EIEC)</p>	<p>Parasites</p> <p><i>Entamoeba histolytica</i></p> <p><i>Giardia lamblia</i></p>	

Genesis Expanded Diarrhea Pathogen Panel

(22 Pathogens. Reflex to active toxin detection assay if *C.diff* positive. Note: DOES NOT report genotypic antibiotic resistance.)

<p>Bacteria</p> <p><i>Campylobacter</i> (<i>jejuni</i>, <i>coli</i>, and <i>upsaliensis</i>)</p> <p><i>Clostridium difficile</i> (Toxin A/B)</p> <p><i>Plesiomonas shigelloides</i></p> <p><i>Salmonella</i></p> <p><i>Vibrio</i> (<i>parahaemolyticus</i>, <i>vulnificus</i>, and <i>cholerae</i>)</p> <p style="padding-left: 20px;"><i>Vibrio cholerae</i></p> <p><i>Yersinia enterocolitica</i></p>	<p>Viruses</p> <p>Adenovirus F 40/41</p> <p>Astrovirus</p> <p>Norovirus GI/GII</p> <p>Rotavirus A</p> <p>Sapovirus (I, II, IV, and V)</p>
<p>Diarrheagenic <i>E. coli</i>/Shigella</p> <p>Enteraggregative <i>E. coli</i> (EAEC)</p> <p>Enteropathogenic <i>E. coli</i> (EPEC)</p> <p>Enterotoxigenic <i>E. coli</i> (ETEC)</p> <p>Shiga-like toxin-producing <i>E. coli</i> (STEC)</p> <p style="padding-left: 20px;"><i>E. coli</i> O157</p> <p><i>Shigella</i>/Enteroinvasive <i>E. coli</i> (EIEC)</p>	<p>Parasites</p> <p><i>Cryptosporidium</i></p> <p><i>Cyclospora cayetanensis</i></p> <p><i>Entamoeba histolytica</i></p> <p><i>Giardia lamblia</i></p>

Enteric Parasite Panel

Cryptosporidium (*C. hominis* and *C. parvum*)

Cyclospora cayetanensis

Entamoeba histolytica

Giardia lamblia

Toxigenic *Clostridium difficile* (*Clostridioides difficile*)

Toxigenic *Clostridium difficile* (*Clostridioides difficile*)

-Reflex to active Toxin detection by EIA for PCR positive samples

Additional ICD-10 Code Immunodeficiency Descriptions

D80.0 Hereditary hypogammaglobulinemia

D80.1 Nonfamilial hypogammaglobulinemia

D80.8 Other immunodeficiencies with pre dominantly 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 immunodeficiency diag-
nosis codes listed above must
also be reported to support
medical necessity and provide
coverage for CPT code 87507.*