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Houston, TX 77074  
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Phone: 281-378-2116 | Fax: 281-466-2483

Please attach the following documents with this test order  
 Medical Necessity       Patient Care-plan  
 SOAP Notes             Medication List, if any  
 Visit History Notes

## RESPIRATORY PATHOGEN PANEL TESTING REQUISITION FORM

### PATIENT INFORMATION

Patient First Name		Patient Last Name		Biological Sex <input type="checkbox"/> F <input type="checkbox"/> M	
Date of Birth (MM/DD/YYYY)	Phone Number	Email	Social Security Number		
Address		City	State	Zip	

**Ethnicity:**  African American     Asian     Caucasian     Hispanic     Jewish(Ashkenazi)     Portuguese     Other

#### PATIENT INSURANCE INFORMATION

Attach patient demographics and copy of insurance card

Insurance     Self-Pay     Client Bill

Name of the insurance	Secondary Insurance, If any
Insurance Policy/ID number	Name of the insured
Insurance Group number	Date of Birth of Insured

#### SPECIMEN INFORMATION

**Respiratory**  Nasopharynx Swab

#### PRACTICE INFORMATION

Provider Name:.....

Practice/Facility Name: .....

Address:.....

City, State, Zip: .....

Phone:.....Fax:.....

NPI # # (optional):.....

Collection date and time:.....

### TEST PANEL

#### RPP

- Influenza A virus
- Influenza B virus
- Respiratory Syncytial Virus A (RSV A)
- Respiratory Syncytial Virus B (RSV B)
- Flu A-H1
- Flu A-H1pdm09
- Flu A-H3
- Adenovirus (AdV)
- Enterovirus (HEV)
- Parainfluenza Virus 1 (PIV 1)
- Parainfluenza Virus 2 (PIV 2)
- Parainfluenza Virus 3 (PIV 3)
- Parainfluenza Virus 4 (PIV 4)

#### RPP (Continued)

- Metapneumovirus (MPV)
- Bocavirus (HBoV)
- Rhinovirus (HRV)
- Coronavirus NL63 (CoV NL63)
- Coronavirus 229E (CoV 229E)
- Coronavirus OC43 (CoV OC43)
- Streptococcus Pneumoniae
- Mycoplasma Pneumoniae
- Chlamydomphila Pneumoniae
- Legionella Pneumophila
- Haemophilus Influenzae
- Bordetella Pertussis
- Bordetella Parapertussis

#### ANTIBIOTIC RESISTANCE PANEL

- Carbapenem-resistant Enterobacteriaceae (CRE)**
- Klebsiella Pneumoniae Carbapenemase (KPC)
- Verona Integron-Mediated Metallo Beta Lactamase (VIM)
- New Delhi Metallo Beta Lactamase (NDM)
- Imipenem Resistant Pseudomonas (IMP)
- Oxacillinase (OXA-48)
- Vancomycin Resistant Enterococci (VRE).**
- Vancomycin Resistant Gene A (VAN A)
- Vancomycin Resistant Gene B (VAN B)
- Extended Spectrum Beta Lactamase (ESBL)**
- Cefotaxime Resistant Munich (CTX-M)

### DIAGNOSIS (ICD-10) CODES Select or write-in one or more codes from the spaces/selections below (REQUIRED)

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>J02.9</b> - Acute pharyngitis, unspecified J04.0 Acute laryngitis</li> <li><input type="checkbox"/> <b>J06.9</b> - Acute upper respiratory infection, unspecified</li> <li><input type="checkbox"/> <b>J12.9</b> - Viral pneumonia, unspecified</li> <li><input type="checkbox"/> <b>R05.1</b> - Acute cough</li> <li><input type="checkbox"/> <b>R06.02</b> - Shortness of breath R06.2 Wheezing</li> <li><input type="checkbox"/> <b>R07.81</b> - Pleurodynia R50.9 Fever, unspecified</li> <li><input type="checkbox"/> <b>B97.29</b> - Other coronavirus cause of diseases classified elsewhere</li> <li><input type="checkbox"/> <b>J04.2</b> - Acute laryngotracheitis</li> <li><input type="checkbox"/> <b>J18.0</b> - Bronchopneumonia, unspecified organism</li> <li><input type="checkbox"/> <b>J45.40</b> - Moderate persistent asthma, uncomplicated</li> <li><input type="checkbox"/> <b>J45.998</b> - Other asthma</li> <li><input type="checkbox"/> <b>R04.2</b> - Hemoptysis R06.1 Stridor</li> <li><input type="checkbox"/> <b>R07.1</b> - Chest pain on breathing R68.83 Chills (without fever)</li> <li><input type="checkbox"/> <b>Z03.818</b> - Encounter for observation for suspected exposure</li> <li><input type="checkbox"/> <b>J12.81</b> - Pneumonia due to SARS-associated coronavirus</li> <li><input type="checkbox"/> <b>J18.9</b> - Pneumonia, unspecified organism</li> <li><input type="checkbox"/> <b>J44.0</b> - Chronic pulmonary disease with (acute) lower respiratory</li> <li><input type="checkbox"/> <b>J44.1</b> - Chronic obstructive pulmonary disease (acute) exacerbation</li> <li><input type="checkbox"/> <b>J45.21</b> - Mild intermittent asthma with (acute) exacerbation</li> <li><input type="checkbox"/> <b>J45.50</b> - Severe persistent asthma, uncomplicated</li> <li><input type="checkbox"/> <b>J45.991</b> - Cough variant asthma</li> <li><input type="checkbox"/> <b>J47.1</b> - Bronchiectasis with (acute) exacerbation</li> <li><input type="checkbox"/> <b>J47.9</b> - Bronchiectasis, uncomplicated</li> <li><input type="checkbox"/> <b>J12.82</b> - Pneumonia due to coronavirus disease 2019</li> <li><input type="checkbox"/> <b>J12.89</b> - Other viral pneumonia</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>J15.8</b> - Pneumonia due to other specified bacteria</li> <li><input type="checkbox"/> <b>J16.8</b> - Pneumonia due to other specified infectious organisms</li> <li><input type="checkbox"/> <b>J12.0</b> - Adenoviral pneumonia</li> <li><input type="checkbox"/> <b>J18.2</b> - Hypostatic pneumonia, unspecified organism</li> <li><input type="checkbox"/> <b>J18.8</b> - Other pneumonia, unspecified organism</li> <li><input type="checkbox"/> <b>J20.8</b> - Acute bronchitis due to other specified organisms</li> <li><input type="checkbox"/> <b>J22</b> - Unspecified acute lower respiratory infection</li> <li><input type="checkbox"/> <b>J41.0</b> - Simple chronic bronchitis</li> <li><input type="checkbox"/> <b>J41.1</b> - Mucopurulent chronic bronchitis</li> <li><input type="checkbox"/> <b>J41.8</b> - Mixed simple and mucopurulent chronic bronchitis</li> <li><input type="checkbox"/> <b>J43.0</b> - Unilateral pulmonary emphysema [MacLeod's syndrome]</li> <li><input type="checkbox"/> <b>J43.1</b> - Panlobular emphysema</li> <li><input type="checkbox"/> <b>J43.2</b> - Centrilobular emphysema</li> <li><input type="checkbox"/> <b>J43.8</b> - Other emphysema</li> <li><input type="checkbox"/> <b>J45.22</b> - Mild intermittent asthma with status asthmaticus</li> <li><input type="checkbox"/> <b>J45.31</b> - Mild persistent asthma with (acute) exacerbation</li> <li><input type="checkbox"/> <b>J45.32</b> - Mild persistent asthma with status asthmaticus</li> <li><input type="checkbox"/> <b>J45.41</b> - Moderate persistent asthma with (acute) exacerbation</li> <li><input type="checkbox"/> <b>J45.42</b> - Moderate persistent asthma with status asthmaticus</li> <li><input type="checkbox"/> <b>J45.51</b> - Severe persistent asthma with (acute) exacerbation</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>45.52</b> - Severe persistent asthma with status asthmaticus</li> <li><input type="checkbox"/> <b>J47.0</b> - Bronchiectasis with acute lower respiratory infection</li> <li><input type="checkbox"/> <b>J70.3</b> - Chronic drug-induced interstitial lung disorders</li> <li><input type="checkbox"/> <b>J84.115</b> - Respiratory bronchiolitis interstitial lung disease</li> <li><input type="checkbox"/> <b>J09.X2</b> - Influenza due to identified novel influenza A virus</li> <li><input type="checkbox"/> <b>J81.1</b> - Chronic pulmonary edema</li> <li><input type="checkbox"/> <b>J84.10</b> - Pulmonary fibrosis, unspecified</li> <li><input type="checkbox"/> <b>J84.112</b> - Idiopathic pulmonary fibrosis</li> <li><input type="checkbox"/> <b>J84.114</b> - Acute interstitial pneumonitis</li> <li><input type="checkbox"/> <b>R06.03</b> - Acute respiratory distress</li> <li><input type="checkbox"/> <b>R53.1</b> - Weakness</li> <li><input type="checkbox"/> <b>R55</b> - Syncope and collapse</li> <li><input type="checkbox"/> <b>J05.0</b> - Acute obstructive laryngitis [croup]</li> <li><input type="checkbox"/> <b>J05.10</b> - Acute epiglottitis without obstruction</li> <li><input type="checkbox"/> <b>J05.11</b> - Acute epiglottitis with obstruction</li> <li><input type="checkbox"/> <b>J06.0</b> - Acute laryngopharyngitis</li> <li><input type="checkbox"/> <b>J00</b> - Acute nasopharyngitis [common cold]</li> <li><input type="checkbox"/> <b>J04.10</b> - Acute tracheitis without obstruction</li> <li><input type="checkbox"/> <b>J04.11</b> - Acute tracheitis with obstruction</li> <li><input type="checkbox"/> <b>J06.0</b> - Acute laryngopharyngitis</li> <li><input type="checkbox"/> <b>J00</b> - Acute nasopharyngitis [common cold]</li> <li><input type="checkbox"/> <b>J04.10</b> - Acute tracheitis without obstruction</li> <li><input type="checkbox"/> <b>J04.11</b> - Acute tracheitis with obstruction</li> <li><input type="checkbox"/> <b>E84.19</b> - Cystic fibrosis with other intestinal manifestations</li> <li><input type="checkbox"/> <b>E84.8</b> - Cystic fibrosis with other manifestations</li> <li><input type="checkbox"/> <b>I27.21</b> - Secondary pulmonary arterial hypertension</li> <li><input type="checkbox"/> <b>I27.24</b> - Chronic thromboembolic pulmonary hypertension</li> <li><input type="checkbox"/> <b>I27.29</b> - Other secondary pulmonary hypertension</li> </ul> |
|---|--|---|

WRITE - IN CODES

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.....

**PATIENT CONSENT AUTHORIZATION**

I hereby assign all rights and benefits under my health plan and all rights and obligations that I and my dependents have under my health plan to **Elite Clinical Laboratory** its assigned affiliates and authorized representatives for laboratory services furnished to me by **Elite Clinical Laboratory** I irrevocably designate, authorize and appoint **Elite Clinical Laboratory** or its assigned affiliates and their authorized representatives as my true and lawful attorney-in-fact for the purpose of submitting my claims, obtain a copy of my health plan document, Summary Plan Description, disclosure, appeal, litigation or other remedies in accordance with the benefits and rights under my health plan and in accordance with federal or state laws. If my health plan fails to abide by my authorization and makes payment directly to me, I agree to endorse the insurance check and forward it to **Elite Clinical Laboratory** immediately upon receipt. I hereby authorize **Elite Clinical Laboratory** its assigned affiliates and authorized representatives to contact me or my health Plan/administrator for billing or payment purposes by phone, text message, or email with the contact information that I have provided to **Elite Clinical Laboratory**, in compliance with federal and state laws. **Elite Clinical Laboratory**, its assigned affiliates and their authorized representatives may release to my health plan administrator, my employer, and my authorized representative my personal health information for the purpose of procuring payment of **Elite Clinical Laboratory** and for all the laboratory services. I understand the acceptance of insurance does not relieve me from any responsibility concerning payment for laboratory services and that I am financially responsible for all charges whether or not they are covered by my insurance.

Signature of Patient or Patient Representative / Relationship to Patient:

Date:

**PROVIDER INFORMATION**

As part of my antibiotic stewardship policy, I find it medically necessary to rapidly determine and differentiate a viral and/or bacterial infection in order to treat with or without appropriate antibiotics. Having the most accurate and timely data available to me directly guides my treatment and patient management. Empiric treatment and management leads to inappropriate and unnecessary antibiotic use (50% according to the CDC) and delayed diagnosis which can lead to severe consequences. Standard antibody/antigen detection is only available to detect few pathogens and comes with a high false negative rate, relatively lower sensitivity (60-70%) and specificity (80-90%). In addition, standard antibody/antigen detection requires the infection to be present for days allowing the body to make ample antibodies in order to detect. Qualitative Nucleic Acid Amplification Testing (NAAT) is far superior with sensitivities and specificities > 98% and available to detect many pathogens. In addition, NAAT has built in controls to determine if an adequate patient sample was collected and processed, therefore greatly reducing false negative results. NAAT also includes controls to easily determine a contaminated sample, therefore reducing false positive results.

Ordering Physician Signature:

Date: