



**Birmingham**  
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**Hattiesburg**  
 CLIA# 25D2263964  
 46 Shelby Thames Drive, Hattiesburg, MS 39402  
 Lab: (601) 915-2065 | Fax: (844) 275-2575

Internal Use Only

PATIENT INFORMATION				SPECIMEN INFORMATION	
FIRST NAME		LAST NAME		MIDDLE INITIAL	
DATE OF BIRTH		GENDER		COLLECTION DATE	
SSN		<input type="checkbox"/> Male <input type="checkbox"/> Female		COLLECTION TIME	
ADDRESS		ETHNICITY		COLLECTOR'S NAME	
CITY		<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other		<input type="checkbox"/> FASTED <input type="checkbox"/> NON-FASTED	
PHONE		STATE		ZIP	
EMAIL		PRIMARY INSURANCE		SUBSCRIBER ID	
GROUP ID		I hereby request and authorize reference testing lab to utilize this information to perform the designated testing for the indicated patient. I certify that I have explained the testing to the patient indicated in this requisition form and that it is medically necessary. I also certify that I will only use and disclose test results as permitted by law.			
PATIENT SIGNATURE:				DATE:	
PROVIDER INFORMATION					
CLINIC		DOCTOR		NPI #	
<small>I request and authorize Proteus Lab to perform the designated test(s) on the sample provided by me. My signature below constitutes my acknowledgment that I have been informed of the benefits and limitations of this testing which have been explained to my satisfaction by a qualified health professional. I also understand that reference testing lab reserves the right to provide de-identified information of a statistical nature to accrediting agencies and reserves the right to use such anonymous information. Assignment of Benefits: I hereby authorize the entity to bill my insurance company and receive payment from them on my behalf. I acknowledge, however, that I am responsible for payment of my account and any and all charges associated with its collection. I hereby authorize my insurance company to pay the entity directly for services rendered. Appeal Authorization: In the event of an underpayment or denial by my insurance carrier, I hereby authorize the entity or their designee, to appeal my health plan on my behalf to provide the actions and information necessary to overturn the denial or receive reimbursement for the underpaid claim. This authorization shall remain valid until the charges for the orders on this form are paid in full. I authorize the release of the results to the ordering clinician, authorized client representative, or prescribing/testing physician. I authorize the entity to release any information required for billing purposes. I acknowledge the entity may be an out of network provider with my insurer. I also agree that in a case where my insurance provider sends payment directly to me, I will endorse the insurance check and forward to the entity within 30 days. I understand that failure to do so may result in my account being forwarded to collections and reported to the credit bureau.</small>					
PHYSICIAN SIGNATURE:				DATE:	

**Medicare Limited Coverage Test**

L = Lavender

LB = Light Blue

R = Red

S = Stool

SST = SST

U = Urine

**FREQUENTLY USED ICD-10 CODES**

<input type="checkbox"/> D64.9 – Anemia, unspecified	<input type="checkbox"/> E03.9 – Hypothyroidism, unspecified	<input type="checkbox"/> E11.9 – Type 2 diabetes mellitus w/o complications	<input type="checkbox"/> E43 – Unspecified severe protein-calorie malnutrition	<input type="checkbox"/> E55.9 – Vitamin D deficiency, unspecified	<input type="checkbox"/> E78.5 – Hyperlipidemia, unspecified
<input type="checkbox"/> I10 – Essential (primary) hypertension	<input type="checkbox"/> J06.9 – Acute upper respiratory infection, unspecified	<input type="checkbox"/> N39.0 – UTI, site not specified	<input type="checkbox"/> R05.1 – Acute cough	<input type="checkbox"/> R30.0 – Dysuria	<input type="checkbox"/> R50.9 – Fever, unspecified
<input type="checkbox"/> R53.83 – Other fatigue	<input type="checkbox"/> R79.89 – Other specified abnormal findings of blood chemistry	<input type="checkbox"/> Z51.81 – Encounter for therapeutic drug level monitoring	<input type="checkbox"/> Z79.899 – Other long term (current) drug therapy		

STANDARD				HEMATOLOGY				IMMUNOLOGY			
9001	Anemia Panel	SST		1016	CBC w/ diff	L		1044	Ferritin	SST	
1010	BMP	SST		1017	CBC w/o diff	L		1045	Folate, Serum	SST	
1011	CMP	SST						1046	TSH	SST	
1015	Electrolyte Panel	SST						1050	Free T4	SST	
1012	Hepatic Function Panel	SST						1049	Total T4	SST	
1211	Hepatic Function Panel w/ GGT	SST						1048	Free T3	SST	
1168	Iron Profile & TIBC/UIBC	SST						1047	Total T3	SST	
1013	Lipid Panel	SST						1051	Vitamin B12	SST	
1014	Renal Function Panel	SST						1052	Vitamin D, 25-Hydroxy	SST	
CHEMISTRY											
1029	ALT	SST		1032	Cholesterol, Total	SST		1036	Magnesium, Serum	SST	
1026	Albumin, Serum	SST		1022	Creatinine, Serum	SST		1037	Phosphorous, Inorganic	SST	
1027	ALP	SST		1078	eGFR	SST		1018	Potassium, Serum	SST	
1028	AST	SST		1076	GGT	SST		1025	Protein, Total, Serum	SST	
1020	Bicarbonate (CO <sub>2</sub> )	SST		1023	Glucose	SST		1039	Sodium, Serum	SST	
1031	Bilirubin, Direct	SST		1079	HDL Cholesterol	SST		1040	Triglycerides	SST	
1030	Bilirubin, Total	SST		1033	Hemoglobin A1C	L		1021	Urea Nitrogen (BUN)	SST	
1024	Calcium, Total	SST		1034	Iron	SST		1041	Uric Acid, Serum	SST	
1019	Chloride	SST		1168	Iron and TIBC	SST					
REFERENCE											
21289	Ammonia	L		21104	D-Dimer	LB		21241	Phenytoin (Dilantin)	R	
21082	Amylase	SST		21294	Digoxin	R		21101	PT/INR	LB	
21128	BNP	L		21105	ESR	L		21084	PSA, Screen	SST	
21383	Carbamazepine	R		22133	Gabapentin	R		21085	PSA, Total	SST	
24033	C. Difficile	S		21096	Hematocrit	L		21341	Prealbumin, Serum	SST	
21077	CEA	SST		21408	Keppra	R		21017	Reticulocyte	L	
21176	C-Peptide	SST		21083	Lipase	SST		21065	Rheumatoid Factor	SST	
21064	CRP	SST		21240	Lithium	SST		22584	Troponin	SST	
21253	Creatinine, Urine	U		21264	Microalbumin, Urine	U		21295	Valproic Acid	SST	
21162	Creatine Kinase	SST		21365	Phenobarbital	R		21254	Vancomycin, Trough	R	
<input type="checkbox"/> UTI – PRO											
<input type="checkbox"/> WITH URINALYSIS		<input type="checkbox"/> Acinetobacter baumannii <input type="checkbox"/> Aerococcus urinae <input type="checkbox"/> Candida albicans <input type="checkbox"/> Candida auris <input type="checkbox"/> Candida glabrata/krusei <input type="checkbox"/> Candida parapsilosis <input type="checkbox"/> Candida tropicalis <input type="checkbox"/> Citrobacter sp.		<input type="checkbox"/> Coagulase-negative Staph (S.epidermidis/S.haemolyticus) <input type="checkbox"/> Enterobacter cloacae <input type="checkbox"/> Enterococcus faecalis <input type="checkbox"/> Enterococcus faecium <input type="checkbox"/> Escherichia coli <input type="checkbox"/> Klebsiella aerogenes <input type="checkbox"/> Klebsiella oxytoca		<input type="checkbox"/> Klebsiella pneumoniae <input type="checkbox"/> Morganella morganii <input type="checkbox"/> Proteus mirabilis/Proteus vulgaris <input type="checkbox"/> Providencia stuartii <input type="checkbox"/> Pseudomonas aeruginosa <input type="checkbox"/> Serratia marcescens <input type="checkbox"/> Staphylococcus aureus		<input type="checkbox"/> Staphylococcus lugdunensis <input type="checkbox"/> Stenotrophomonas maltophilia <input type="checkbox"/> Streptococcus agalactiae <input type="checkbox"/> Streptococcus dysgalactiae <input type="checkbox"/> Streptococcus pyogenes		<input type="checkbox"/> ANTIBIOTIC RESISTANCE GENES (see reverse)	
ICD CODES		<input type="checkbox"/> R30.0 Dysuria <input type="checkbox"/> R35.0 Frequency of micturition <input type="checkbox"/> N39.498 Other incontinence <input type="checkbox"/> R82.81 Pyuria <input type="checkbox"/> N39.0 UTI, site not specified <input type="checkbox"/> R39.15 Urgency of urination									
OTHER ICD CODES											

**PANEL COMPONENTS**

<b>Anemia Panel</b>	Ferritin, Folate, Iron, Total Iron-Binding Capacity (TIBC), UIBC, Vitamin B12
<b>BMP</b>	Anion Gap Ratio (calc); Bicarbonate (CO <sub>2</sub> ); Calcium, Total; Chloride; Creatinine; EGFR; Glucose; Potassium; Sodium; Urea Nitrogen (BUN)
<b>CMP</b>	Alanine Transaminase (ALT); Albumin; Alkaline Phosphatase (ALP); Anion Gap Ratio (calc); Aspartate Aminotransferase (AST); Bicarbonate (CO <sub>2</sub> ); Bilirubin; Calcium, Total; Chloride; Creatinine; EGFR; Globulin (calc); Glucose; Potassium; Protein, Total; Sodium; Urea Nitrogen (BUN)
<b>Electrolyte Panel</b>	Anion Gap Ratio (calc); Bicarbonate (CO <sub>2</sub> ); Calcium, Total; Chloride; Potassium; Sodium
<b>Hepatic Function Panel (standard)</b>	Alanine Transaminase (ALT); Albumin; Alkaline Phosphatase (ALP); Aspartate Aminotransferase (AST); Bilirubin, Direct; Bilirubin, Total; Globulin (calc); Protein, Total *Choose the Hepatic Function Panel w/ GGT to add Gamma-glutamyl transferase (GGT)
<b>Iron Profile</b>	Folate; Iron; Total Iron Binding Capacity (TIBC); UIBC; Vitamin B12
<b>Lipid Panel</b>	Cholesterol, Total; Cholesterol/HDL ratio (calc); LDL (calc); Lipoprotein; Triglycerides; VLDL (calc)
<b>Renal Function Panel</b>	Albumin; Bicarbonate (CO <sub>2</sub> ); BUN/Creatinine ratio (calc); Calcium, Total; Chloride; Creatinine; Glucose; Phosphorous; Potassium; Sodium; Urea Nitrogen (BUN)

**ANTIMICROBIAL RESISTANCE MARKERS**

Betalactams	Carbapenems	Fluoroquinolones	Macrolides	Aminoglycosides	Methicillin	Sulfonamide	Trimethoprim	Vancomycin	Tetracycline
- CTX-M - OXA - SHV - TEM - VEB/GES/PER	- FOX/MIR/ACC - MOX/LAT/DHA/ CMY/OXA - KPC/VIM/ NDM/IMP	- Gyrase A - D87NGTT - Gyrase A - S83LTTG - qnrA and qnrS	- erm(A) - erm(B) - erm(C)	- aac(b)-Ib' - aac(6)-Ib-cr	- mecA - mecC	- sul1 - sul2	- dfrA1 - dfrA5 - dfrA12 - dfrA17	- VanA - VanB - VanC	- tet(M) - tet(A) - tet(B) - tet(S)

**FREQUENTLY USED ICD-10 CODES**

<b>UTI-Pro and Culture</b>	<input type="checkbox"/> R30.9 Painful micturition, unspecified	<input type="checkbox"/> R35.0 Frequency of urination	<input type="checkbox"/> R39.15 Urgency of urination	<input type="checkbox"/> R82.90 Unspecified abnormal findings in urine	<input type="checkbox"/> Z79.899 Other long term (current) drug therapy
<b>Iron, TIBC, Ferritin</b>	<input type="checkbox"/> D50.9 Iron deficiency anemia, unspecified	<input type="checkbox"/> E61.1 Iron deficiency	<input type="checkbox"/> N18.9 Chronic kidney disease, unspecified	<input type="checkbox"/> R79.89 Other specified abnormal findings of blood chemistry	<input type="checkbox"/> R79.9 Abnormal finding of blood chemistry, unspecified
<b>Vitamin D (25-Hydroxy)</b>	<input type="checkbox"/> E43 Unspecified severe protein-calorie malnutrition	<input type="checkbox"/> E55.9 Vitamin D deficiency, unspecified	<input type="checkbox"/> M79.10 Myalgia, unspecified site	<input type="checkbox"/> M79.7 Fibromyalgia	<input type="checkbox"/> M89.9 Disorder of bone, unspecified
<b>BNP</b>	<input type="checkbox"/> I11.0 Hypertensive heart disease with heart failure	<input type="checkbox"/> I50.9 Heart failure, unspecified	<input type="checkbox"/> R06.02 Shortness of breath		
<b>Hemoglobin A1C</b>	<input type="checkbox"/> E11.9 Type 2 diabetes mellitus without complications	<input type="checkbox"/> R79.89 Other specified abnormal findings of blood chemistry	<input type="checkbox"/> R79.9 Abnormal finding of blood chemistry, unspecified	<input type="checkbox"/> Z79.4 Long term (current) use of insulin	<input type="checkbox"/> Z79.899 Other long term (current) drug therapy
<b>Vitamin B12</b>	<input type="checkbox"/> E11.9 Type 2 diabetes mellitus without complications	<input type="checkbox"/> R79.89 Other specified abnormal findings of blood chemistry	<input type="checkbox"/> R79.9 Abnormal finding of blood chemistry, unspecified	<input type="checkbox"/> Z79.4 Long term (current) use of insulin	<input type="checkbox"/> Z79.899 Other long term (current) drug therapy
<b>PT-INR</b>	<input type="checkbox"/> I25.10 Athscl heart disease of native coronary artery w/o ang pctr	<input type="checkbox"/> R06.02 Shortness of breath	<input type="checkbox"/> R79.1 Abnormal coagulation profile	<input type="checkbox"/> Z51.81 Encounter for therapeutic drug level monitoring	<input type="checkbox"/> Z79.01 Long term (current) use of anticoagulants

**SCHEDULE SAMPLE PICKUP**

Email [courier@plabs.com](mailto:courier@plabs.com) to request a pickup.

\* For pickups after 3:30 pm CT, please also call: (205) 820-0115

Please include the name of the clinic and any additional instructions such as an alternate address or changes to facility hours.

Pickups may also be coordinated with your assigned territory manager.

**SPECIMEN COLLECTION AND STORAGE REQUIREMENTS**

**\* Specimens should be sent to the lab within 24 hours of collection whenever possible \***

PANEL	SPECIMEN	COLLECTION METHOD	STORAGE REQUIREMENTS
UTI	Clean-catch urine, at least 10mL	THREE (3) BD gray-topped boric acid tubes	Stable 72H RT
		Sterile cup or orange tube	Stable 24H RT or 72H Refrigerated
STI	First-void urine; at least 4mL	Sterile cup or orange tube	Stable 5 Days RT / 7 Days Refrigerated
Urinalysis	Clean-catch urine	Sterile cup, orange tube, or preservative-free yellow tube.	Stable 24H RT / 72h Refrigerated
Urine C&S		BD gray-topped boric acid tube	Stable 48H RT / 72h Refrigerated <b>DO NOT FREEZE</b>
COVID/FLU/RSV	Nasopharyngeal swab	Red cap UTM swab	Stable 5 Days RT or Refrigerated
Respiratory	Nasopharyngeal swab	Red cap UTM swab	Stable 48H RT or 72h Refrigerated
Nail	At least 2x3 mm clipping.	Sterile cup or tube. Keep dry.	Stable 10 Days at RT
Wound		TWO (2) Copan eswab with white cap	Stable 24H RT / 72h Refrigerated
Wound C&S		Copan eswab with white cap	Stable 24H RT / 72H Refrigerated <b>DO NOT FREEZE</b>
GI*		Fecal sample or TWO (2) Fecal swabs (Cary Blair)	
HSV*	Genital swab or urine specimens		
Women's Health*	Urine specimens		

\* Send-out test