



**Birmingham**  
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**Hattiesburg**  
 CLIA# 25D2263964  
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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		<input type="checkbox"/> AM <input type="checkbox"/> PM	
CITY		STATE		COLLECTOR'S NAME	
PHONE		EMAIL		<input type="checkbox"/> FASTED <input type="checkbox"/> NON-FASTED	
PRIMARY INSURANCE		SUBSCRIBER ID		GROUP ID	
<small>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.</small>					
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 unpaid 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/ordering 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:	

CULTURE & SUSCEPTIBILITY						TAT:	
URINE C&S		ROUTINE (WOUND) C&S					
RESPIRATORY						TAT:	
<b>COVID/FLU/RSV</b> <input type="checkbox"/> COVID-19 (Coronavirus) <input type="checkbox"/> Influenza A & B <input type="checkbox"/> RSV (types A & B)		<b>RESPIRATORY EXPRESS</b> <input type="checkbox"/> Bordetella parapertussis <input type="checkbox"/> Bordetella pertussis <input type="checkbox"/> Chlamydia pneumoniae		<input type="checkbox"/> Coronavirus 229E/HKU1/NL63/OC43 <input type="checkbox"/> Haemophilus influenzae <input type="checkbox"/> Human Adenovirus		<input type="checkbox"/> Human Bocavirus <input type="checkbox"/> Human metapneumovirus <input type="checkbox"/> Influenza A <input type="checkbox"/> Influenza B	
<input type="checkbox"/> Klebsiella pneumoniae <input type="checkbox"/> Legionella pneumophila <input type="checkbox"/> Mycoplasma pneumoniae <input type="checkbox"/> Parainfluenza viruses 1-4		<input type="checkbox"/> Respiratory Syncytial Virus (RSV) <input type="checkbox"/> Rhinovirus/Enterovirus <input type="checkbox"/> SARS-CoV-2 (COVID-19) <input type="checkbox"/> Streptococcus pneumoniae					
ICD CODES		<input type="checkbox"/> J06.9 Acute upper respiratory infection, unspecified <input type="checkbox"/> R05.1 Acute cough <input type="checkbox"/> R06.2 Wheezing					
GI - PRO						TAT: 48 HRS	
<input type="checkbox"/> Campylobacter <input type="checkbox"/> Clostridioides difficile <input type="checkbox"/> EHEC/STEC E. coli		<input type="checkbox"/> EIEC E. coli <input type="checkbox"/> Salmonella <input type="checkbox"/> Shigella		<input type="checkbox"/> Yersinia enterocolitica <input type="checkbox"/> Adenovirus <input type="checkbox"/> Norovirus		<input type="checkbox"/> Rotavirus <input type="checkbox"/> Cryptosporidium <input type="checkbox"/> Entamoeba histolytica	
ICD CODES		<input type="checkbox"/> A06.0 Acute dysentery <input type="checkbox"/> E86.0 Dehydration <input type="checkbox"/> R19.7 Diarrhea, unspecified					
WOMEN'S HEALTH - PRO						TAT: 48 HRS	
<input type="checkbox"/> Atopobium vaginae <input type="checkbox"/> Bacteroides fragilis <input type="checkbox"/> BVAB2 <input type="checkbox"/> Gardnerella vaginalis		<input type="checkbox"/> Megasphaera type I <input type="checkbox"/> Megasphaera type II <input type="checkbox"/> Mobiluncus curtisii <input type="checkbox"/> Mobiluncus mulieris		<input type="checkbox"/> Mycoplasma genitalium <input type="checkbox"/> Prevotella bivia <input type="checkbox"/> Ureaplasma urealyticum/parvum		<b>AEROBIC VAGINITIS:</b> <input type="checkbox"/> Enterococcus faecalis <input type="checkbox"/> Escherichia coli <input type="checkbox"/> Staphylococcus aureus <input type="checkbox"/> Streptococcus agalactiae	
<input type="checkbox"/> Candidiasis: <input type="checkbox"/> Candida albicans <input type="checkbox"/> Candida glabrata <input type="checkbox"/> Candida parapsilosis <input type="checkbox"/> Candida tropicalis		<input type="checkbox"/> N76.0 Acute vaginitis <input type="checkbox"/> N93.9 Abnormal uterine & vaginal bleeding, unspecified <input type="checkbox"/> Z30.9 Encounter for contraceptive management <input type="checkbox"/> L29.2 Pruritus vulvae					
UTI - PRO						TAT:	
<input type="checkbox"/> WITH URINALYSIS <input type="checkbox"/> WITH URINE C&S		<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"/> 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					
STI - PRO						TAT:	
<input type="checkbox"/> Chlamydia trachomatis <input type="checkbox"/> Neisseria gonorrhoeae		<input type="checkbox"/> Trichomonas vaginalis		<input type="checkbox"/> Mycoplasma genitalium			
ICD CODES		<input type="checkbox"/> Z72.51 High risk heterosexual behavior <input type="checkbox"/> Z11.3 Screening for STIs					
HSV						TAT: 48 HRS	
<input type="checkbox"/> Herpes simplex virus 1 & 2		<input type="checkbox"/> Z72.51 High risk heterosexual behavior <input type="checkbox"/> Z11.3 Screening for STIs					
NAIL						TAT: 48 HRS	
<input type="checkbox"/> Acinetobacter baumannii <input type="checkbox"/> Actinotignum schaalii <input type="checkbox"/> Aerococcus urinae <input type="checkbox"/> Bacteroides fragilis <input type="checkbox"/> Candida albicans <input type="checkbox"/> Candida auris		<input type="checkbox"/> Candida glabrata <input type="checkbox"/> Candida parapsilosis <input type="checkbox"/> Candida tropicalis <input type="checkbox"/> Citrobacter freundii/braakii/koseri <input type="checkbox"/> Enterobacter cloacae <input type="checkbox"/> Enterococcus faecalis		<input type="checkbox"/> Enterococcus faecium <input type="checkbox"/> Epidermophyton floccosum <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"/> Prevotella bivia <input type="checkbox"/> Proteus mirabilis <input type="checkbox"/> Proteus vulgaris <input type="checkbox"/> Pseudomonas aeruginosa <input type="checkbox"/> Serratia marcescens	
<input type="checkbox"/> Staphylococcus aureus <input type="checkbox"/> Staphylococcus haemolyticus <input type="checkbox"/> Staphylococcus saprophyticus <input type="checkbox"/> Streptococcus agalactiae <input type="checkbox"/> Streptococcus pyogenes <input type="checkbox"/> Trichophyton rubrum		<input type="checkbox"/> RESISTANCE GENES, including: Fluoroquinolone (gyrA, qnr), Beta Lactamase (CTX-M grn 1, SHV, TEM), Carbapenem (NDM, KPC, OXA), Aminoglycoside (aph3, antIIa), Vancomycin (VanA, VanB, VanM), Trimethoprim (DfrA1), Methicillin (MecA), Tetracycline (tetB, tetM), Sulfonamide (Sul1)					
ICD CODES		<input type="checkbox"/> B35.1 Tinea unguium <input type="checkbox"/> L60.1 Onycholysis <input type="checkbox"/> L60.3 Nail dystrophy <input type="checkbox"/> L60.8 Other nail disorder					
WOUND - PRO						TAT: 48 HRS	
<input type="checkbox"/> WITH ROUTINE C&S		<b>BACTERIA:</b> <input type="checkbox"/> Acinetobacter baumannii <input type="checkbox"/> Bacteroides fragilis <input type="checkbox"/> Citrobacter sp. <input type="checkbox"/> Clostridium perfringens <input type="checkbox"/> Coag. Neg. Staph (S.epidermidis/S.haemolyticus) <input type="checkbox"/> Corynebacterium striatum <input type="checkbox"/> Enterobacter cloacae <input type="checkbox"/> Enterococcus faecalis		<input type="checkbox"/> Enterococcus faecium <input type="checkbox"/> Proteus mirabilis/Proteus vulgaris <input type="checkbox"/> Providencia stuartii <input type="checkbox"/> Escherichia coli <input type="checkbox"/> Finegoldia magna <input type="checkbox"/> Klebsiella aerogenes <input type="checkbox"/> Klebsiella oxytoca <input type="checkbox"/> Klebsiella pneumoniae <input type="checkbox"/> Morganella morganii <input type="checkbox"/> Peptostreptococcus anaerobius		<input type="checkbox"/> Prevotella bivia <input type="checkbox"/> Pseudomonas aeruginosa <input type="checkbox"/> PVL (Panton-Valentine leucocidin) <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"/> FUNGUS: <input type="checkbox"/> Candida albicans <input type="checkbox"/> Candida auris <input type="checkbox"/> Candida glabrata/ Candida krusei <input type="checkbox"/> Candida parapsilosis <input type="checkbox"/> Candida tropicalis		<input type="checkbox"/> ANTIBIOTIC RESISTANCE GENES (see reverse)					
ICD CODES		<input type="checkbox"/> L03.90 Cellulitis, unspecified <input type="checkbox"/> L08.9 Local infection of the skin & subcutaneous tissue, unspecified					
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 - S83LTTGG - 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 <a href="mailto:courier@plabs.com">courier@plabs.com</a> to request a pickup.	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.
* For pickups after 3:30 pm CT, please also call: (205) 820-0115		

### 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