

PHYSICIAN INFORMATION:

Ordering Physician's Signature: _____
 (REQUIRED)

COLLECTION DATE: ____/____/____

STAT

<input checked="" type="checkbox"/>	ICD CODE	UTI SYMPTOM
	N39.0	Urinary Tract Infection
	R30.0	Dysuria
	N30.01	Acute Cystitis with Hematuria
	R31.0	Gross Hematuria
	N30.00	Acute Cystitis without Hematuria
	N20.0	Calculus Of Kidney
	R39.15	Urgency Of Urination
	R35.0	Frequency Of Micturition
	R82.90	Unspecified Abnormal Findings In Urine
	N39.46	Mixed Incontinence
	R82.99	Cloudy Discolored Urine
	R31.21	Bloody Urine
	R53.1	Weakness
	R10.30	Flank Pain / Low Abdominal
	Z79.899	Long Term Drug Therapy
	R68.83	Chills
	R35.0	Frequent Urination
	R30.9	Painful Urination
		Other:

ACU-ID STANDARD UTI #7500-SU

COLLECTION METHOD:

Clean Catch Cath Voided Other: _____

FOR LAB USE ONLY:

PATIENT INFORMATION

SS# _____ DATE OF BIRTH _____ M F

LAST NAME _____ FIRST NAME _____ M.I. _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TEL # _____ CHART # _____ PATH# _____

**PLEASE ATTACH COPIES OF FRONT AND BACK OF
 INSURANCE CARD, OR FILL OUT INSURANCE SECTION BELOW.**

PATIENT'S PRIMARY INSURANCE

BILL TO MEDICARE BILL TO MEDICAID BILL TO INSURANCE BILL TO PATIENT

INSURED'S NAME _____ D.O.B. ____/____/____

PT RELATIONSHIP TO INSURED: SELF SPOUSE CHILD OTHER

NAME OF INSURANCE CO: _____

POLICY # _____ SS# _____ - _____ - _____

GROUP NAME: _____ REFERRAL# _____

*INSURANCE ADDRESS: _____

CITY _____ STATE _____ ZIP _____

SECONDARY INSURANCE

INSURED'S NAME _____ D.O.B. ____/____/____

PT RELATIONSHIP TO INSURED: SELF SPOUSE CHILD OTHER

NAME OF INSURANCE CO: _____

POLICY # _____ SS# _____ - _____ - _____

GROUP NAME: _____ REFERRAL# _____

*INSURANCE ADDRESS: _____

CITY _____ STATE _____ ZIP _____

I authorize the release to my insurance carrier of all medical information necessary to process this claim, and I authorize payment of medical benefits directly to Acupath Laboratories, Inc. I understand that if I do not have insurance, I will be billed directly by Acupath Laboratories, Inc. I hereby give my consent to PCR based UTI Testing. I also acknowledge that my physician has explained the reason for the test and about possible medical decisions that will be made based on the findings from the test. I understand that the lab test may be sent to a non-participating laboratory for quicker turn around and quality of the service and I am made aware of possible higher out of pocket expenses. I hereby authorize the lab and its personnel to appeal on my behalf with the insurance for any denial of payment. I also authorize release of my pathology results to my doctor utilizing all methods of transmission according to HIPAA regulations.

Patient Signature: _____

(REQUIRED)

Authorized Signature: _____

* De-identified patient data may be used for R&D purposes.

**Remove labels and affix to urine container or tube.
 (1 label per container)**

SPECIMEN REQUIREMENTS FOR OPTIMAL TESTING

ALL SPECIMENS SHOULD BE RECEIVED WITHIN 24 HOURS AFTER OBTAINED FROM PATIENT FOR OPTIMAL RESULTS.

URINARY PATHOGENS

AEROBIC GRAM-POSITIVE				
Aerococcus turicensis	Enterococcus faecalis	Enterococcus faecium	Streptococcus agalactiae	Streptococcus pyogenes

AEROBIC GRAM-NEGATIVE				
Acinetobacter sp.	Citrobacter freundii	Enterobacter cloacae	Escherichia coli	Klebsiella (Enterococcus) aerogenes
Klebsiella oxytoca	Klebsiella pneumoniae	Proteus mirabilis	Proteus vulgaris	Pseudomonas aeruginosa

ANAEROBIC GRAM-POSITIVE			
Staphylococcus aureus	Staphylococcus epidermidis	Staphylococcus haemolyticus	Staphylococcus saprophyticus

ANAEROBIC GRAM-NEGATIVE			
Citrobacter amalonaticus	Citrobacter roserei	Morganella morganii	Providencia stuartii
Serratia marcescens			

OTHER			
Mycoplasma hominis	Ureaplasma Parvum	Ureaplasma urealyticum	

FUNGI			
Candida albicans	Candida glabrata	Candida parapsilosis	Candida tropicalis

ANTIBIOTIC RESISTANCE RELATED GENES	ANTIBIOTIC CLASS	DRUG NAME, BRANDS	DRUG NAME, GENERIC
Sulfonamide resistance sul1, sul2	Sulfonimides	Truxazole, Sulfatrim, Zonegran, Sulfadiazine	sulfizoxazole, sulfamethoxazole, zonisamide, sulfadiazine
Trimethoprim resistance dfrA1,dfrA2	Trimethoprim	Bactrim	trimethoprim, trimethoprimoxazole
Extended -spectrum β lactamases PER1, VEB, CTXM, OXA1	Beta-lactams Cephalosporins	Moxatag, Omnipen/ Amcil, Acef/Ketzol, Omnicef, Maxipime, Cefotan, Mefoxin, Vantin, Ceptaz, Tazicef, Zerbaxa, Rocephin, Ceftin, Keflex, Dycil, Azactam, Primaxin, Merrem, Bactocil, Penicillin, Tazocin/Zosyn	amoxicillin, ampicillin, cefazolin, cefdinir, cefepime, cefotetan, cefoxitin, cefpodoxime, tazobactam, ceftriaxone, cefuroxime, axetil, cephalixin, dicloxacillin, aztreonam, imipenem, meropenem, oxacillin/nafcillin, penicillin, piperacilin, tazobactam
Methicillin resistance mecA, mec B	Beta-lactams Cephalosporins	Moxatag, Omnipen/ Amcil, Acef/Ketzol, Omnicef, Maxipime, Cefotan, Mefoxin, Vantin, Ceptaz, Tazicef, Zerbaxa, Rocephin, Ceftin, Keflex, Dycil, Azactam, Primaxin, Merrem, Bactocil, Penicillin, Tazocin/Zosyn	amoxicillin, ampicillin, cefazolin, cefdinir, cefepime, cefotetan, cefoxitin, cefpodoxime, tazobactam, ceftriaxone, cefuroxime, axetil, cephalixin, dicloxacillin, aztreonam, imipenem, meropenem, oxacillin/nafcillin, penicillin, piperacilin, tazobactam
Klebsiella pneumoniae carbapenase resistance kpc, GES	Carbapenems (Class A)	Doribax, Invanz, Primaxin, Merrem	doripenem, ertopenem, imipenem, meropenem
Carbapenem Resistance IMP1, NDM1	Carbapenems (Class B)	Doribax, Invanz, Primaxin, Merrem	doripenem, ertopenem, imipenem, meropenem
Carbapenem Resistance FOX-AmpC	Carbapenems (Class C)	Doribax, Invanz, Primaxin, Merrem	doripenem, ertopenem, imipenem, meropenem
Carbapenem Resistance blaOXA-48	Carbapenems (Class D)	Doribax, Invanz, Primaxin, Merrem	doripenem, ertopenem, imipenem, meropenem
Glycopeptide resistance vanA, vanB	Glycopeptides	Vancocin, Targocid, Vibativ, Ramoplanin, Decaplanin	vancomycin, teicoplanin, telavancin, ramoplanin, decaplanin
Macrolide resistance ermB	Macrolides	Zithromax/Zmax, Biaxin, Erythrocin, Spiramucin, Ketek	azithromycin, clarithromycin, erythromycin, spiramycin, telithromycin
Quinolone and fluoroquinolone resistance QnrA, QnrS, gyrA	Quinolones	Cetraxal/Ciloxan, Levaquin, Civalox/Vigamox	ciprofloxacin, levofloxacin, moxifloxacin, delafloxacin, gemifloxacin, ofloxacin