SDI LABS

MOLECULAR TESTING REQUISITION FORM SN-010

CLIA: 05D0642622
ADDRESS: 2204 E 4th street Suite 103, Santa Ana, CA 92705
E: info@sdilabsinc.com | P: 949-620-0012 | F: 714 891-8697
MEDICAL DIRECTOR: Fan Zhou, MD, PhD, FCAP

1 PATIENT INFORMATION

☐ Male ☐ Female

Last Name / First Name / M.I.

Address / APT#

City / State / Zip

Phone | Email

DOB | SSN

Insurance

Policy Number | Group Number

Please provide copy (front and back) of current insurance card and photo ID

2 CONSENT FOR TESTING

The information I have provided on this form is accurate. I authorize SDI Laboratories to release the results of this test to my treating physician or facility. I hereby authorize my insurance or other payment to SDI Laboratories for services I receive. I am aware that SDI Laboratories may be an out of network provider with my insurer. I am aware that I am responsible for all co-pays and deductibles not covered by insurance or other payers.

Patient Signature:_____ Date:_____

3 PROVIDER INFORMATION

Client Name / Account #

Address / APT#

City / State / Zip

Phone / Fax

Ordering Physician | Date of Service (mm-dd-yyyy) ___/___/___

Collection Date (mm-dd-yyyy) ___/___/___ Time ___:___ ☐ AM ☐ PM

Specimen Collected By

4 MEDICAL NECESSITY

As part of my antibiotic stewardship policy, it is essential to rapidly differentiate viral from bacterial infections to ensure appropriate antibiotic use. Accurate and timely data is critical for proper treatment and patient management, as empiric approaches often lead to unnecessary antibiotic use (50% per CDC) and delayed diagnoses with severe consequences. Standard antibody/antigen tests detect limited pathogens, with high false negatives and sensitivity of 60-70% and specificity of 80-90%. These tests require days for sufficient antibody production, delaying detection. Qualitative Nucleic Acid Amplification Testing (NAAT) is superior, with >98% sensitivity and specificity. NAAT ensures adequate sample collection through built-in controls, reducing false negatives and identifying contamination to minimize false positives, improving diagnostic reliability.

Physician Signature:_____

5 PANEL LIST: *Please check appropriate panels that address your patient's needs. These tests are done by Molecular PCR technique.*

☐ RESPIRATORY PATHOGEN PANEL

VIRAL AGENTS: SARS-CoV-2, Influenza A&B, Coronavirus 229E, Coronavirus OC43, Coronavirus NL63, Coronavirus HKU1, Respiratory Syncytial Virus A&B, Human Rhinovirus, Enterovirus, Human Bocavirus, Human Metapneumovirus, Adenovirus, Epstein–Barr Virus, Parainfluenza Viruses 1, 2, 3, and 4
BACTERIAL AGENTS: Streptococcus pyogenes, Moraxella catarrhalis, Staphylococcus aureus, Klebsiella pneumoniae, Chlamydia pneumoniae, Legionella pneumophila, Streptococcus pneumoniae, Bordetella pertussis, Haemophilus influenzae, Mycoplasma pneumoniae

DIAGNOSIS (ICD-10 Codes)

- ☐ **J06.9:** Acute upper respiratory infection, unspecified
- ☐ **J18.9:** Pneumonia, unspecified organism
- ☐ **J20.9:** Acute bronchitis, unspecified
- ☐ **J02.9:** Acute pharyngitis, unspecified
- ☐ **J40:** Bronchitis, not specified as acute or chronic
- ☐ **J22:** Unspecified acute lower respiratory infection
- ☐ **J11.1:** Influenza with other respiratory manifestations
- ☐ **J12.9:** Viral pneumonia, unspecified
- ☐ **J10.1:** Influenza with other manifestations
- ☐ **J03.90:** Acute tonsillitis, unspecified
- ☐ **J04.0:** Acute laryngitis
- ☐ **J04.2:** Acute laryngotracheitis
- ☐ **J05.0:** Acute obstructive laryngitis
- ☐ **J05.1:** Acute epiglottitis
- ☐ **J06.0:** Acute laryngopharyngitis
- ☐ **J12.0:** Adenoviral pneumonia
- ☐ **J12.1:** Respiratory syncytial virus pneumonia
- ☐ **J12.2:** Parainfluenza virus pneumonia
- ☐ **J12.3:** Human metapneumovirus pneumonia
- ☐ **J12.89:** Other viral pneumonia
- ☐ **J15.9:** Unspecified bacterial pneumonia
- ☐ **J16.8:** Pneumonia due to other infection
- ☐ **J18.0:** Bronchopneumonia, unspecified

Collection Method ☐ Buccal swab ☐ Nasopharyngeal swab ☐ Oralpharyngeal swab

☐ STD/STI PANEL

BACTERIA: Streptococcus agalactiae, Treponema pallidum, Gardnerella vaginalis, Chlamydia trachomatis, Neisseria gonorrhoeae, Ureplasma, Mycoplasma hominis, Haemophilus ducreyi, Trichomonas vaginalis, Mycoplasma genitalium
VIRUS: Herpes simplex virus 1, Herpes simplex virus 2

DIAGNOSIS (ICD-10 Codes)

- ☐ **N34.2:** Other urethritis
- ☐ **N70.91:** Acute salpingitis and oophoritis, unspecified
- ☐ **N72:** Inflammatory disease of cervix uteri
- ☐ **A56.9:** Chlamydial infection, unspecified
- ☐ **A54.9:** Gonococcal infection, unspecified
- ☐ **A59.9:** Trichomoniasis, unspecified
- ☐ **A51.0:** Primary genital syphilis
- ☐ **A51.9:** Syphilis, unspecified
- ☐ **A52.3:** Neurosyphilis, unspecified
- ☐ **A53.9:** Syphilis, unspecified

Collection Method ☐ Urine (Male) ☐ Dirty catch urine ☐ Vaginal swab (Female)

☐ UTI PANEL

BACTERIA: Escherichia coli, Streptococcus agalactiae, Klebsiella oxytoca, Staphylococcus saprophyticus, Serratia marcescens, Proteus mirabilis, Aerococcus urinae, Treponema pallidum, Enterobacter cloacae, Pseudomonas aeruginosa ,Citrobacter freundii, Klebsiella aerogenes, Klebsiella pneumoniae, Morganella morganii, Corynebacterium urealyticum, Enterococcus faecium, Enterococcus faecalis, Acinetobacter baumannii, Proteus vulgaris, Staphylococcus aureus, Ureplasma ,Providencia stuartii
Fungi: Candida parapsilosis, Candida glabrata, Candida auris, Candida tropicalis, Candida krusei, Candida albicans

DIAGNOSIS (ICD-10 Codes)

- ☐ **N39.0:** UTI, site not specified
- ☐ **N30.90:** Cystitis, unspecified without hematuria
- ☐ **N30.00:** Acute cystitis without hematuria
- ☐ **N30.01:** Acute cystitis with hematuria
- ☐ **N10:** Acute pyelonephritis
- ☐ **N11.0:** reflux-associated chronic pyelonephritis
- ☐ **N11.8:** Other chronic pyelonephritis
- ☐ **N12:** Tubulointerstitial nephritis, not specified
- ☐ **N13.6:** Pyonephrosis
- ☐ **N39.3:** Stress incontinence (female) (male)
- ☐ **N34.1:** Nonspecific urethritis
- ☐ **N34.2:** Other urethritis
- ☐ **N35.9:** Urethral stricture, unspecified
- ☐ **R30.0:** Dysuria
- ☐ **R30.9:** Painful micturition, unspecified
- ☐ **R31.9:** Hematuria, unspecified
- ☐ **R32:** Unspecified urinary incontinence
- ☐ **R39.15:** Urgency of urination
- ☐ **N39.4:** Other specified urinary incontinence
- ☐ **R82.1:** Myoglobinuria
- ☐ **R82.2:** Hemoglobinuria
- ☐ **Z87.440:** Personal history of urinary tract

Collection Method ☐ urine

☐ GI PANEL

BACTERIA: Plesiomonas shigelloides, Vibrio vulnificus, Vibrio cholerae , Vibrio, parahaemolyticus, Salmonella spp, Campylobacter spp., Enteroaggregative E. coli (EAEC), Shiga toxin-producing E. coli (STEC), Shigella/Enteroinvasive E. coli (EIEC), Enteropathogenic E. coli (EPEC), Enterotoxigenic E. coli (ETEC), Yersinia enterocolitica, Clostridioides (Clostridium) difficile, toxin A, Clostridioides (Clostridium) difficile, toxin B, Clostridioides (Clostridium) difficile, binary toxin A/B
PARASITIC AGENTS: Giardia lamblia, Entamoeba histolytica, Cryptosporidium spp., Cyclospora cayetanensis
VIRUSES: Sapovirus (I, II, IV, and V), Adenovirus F40/41, Norovirus GI/GII, Astrovirus, Rotavirus A

DIAGNOSIS (ICD-10 Codes)

- ☐ **K63.9:** Disease of intestine, unspecified
- ☐ **K90.9:** Intestinal malabsorption
- ☐ **K92.0:** Hematemesis
- ☐ **K52.2:** Allergic and dietetic gastroenteritis and colitis
- ☐ **K52.1:** Toxic gastroenteritis and colitis
- ☐ **K52.89:** Other specified gastroenteritis and colitis
- ☐ **K59.09:** Other constipation
- ☐ **K59.2:** Neurogenic bowel, not elsewhere classified
- ☐ **K59.4:** Anal spasm
- ☐ **K59.8:** Other specified functional intestinal disorders
- ☐ **K59.9:** Functional intestinal disorder, unspecified
- ☐ **K63.89:** Other specified diseases of intestine
- ☐ **K63.5:** Polyp of colon
- ☐ **K52.9:** Noninfective gastroenteritis and colitis, unspecified
- ☐ **A09:** Infectious gastroenteritis and colitis, unspecified
- ☐ **K58.9:** Irritable bowel syndrome without diarrhea
- ☐ **K59.1:** Functional diarrhea
- ☐ **K59.00:** Constipation, unspecified
- ☐ **K92.1:** Melena
- ☐ **K92.2:** Gastrointestinal hemorrhage, unspecified
- ☐ **R19.7:** Diarrhea, unspecified
- ☐ **R10.9:** Unspecified abdominal pain
- ☐ **R11.10:** Vomiting, unspecified
- ☐ **R11.2:** Nausea with vomiting, unspecified
- ☐ **K31.9:** Disease of stomach and duodenum, unspecified

Collection Method ☐ Stool sample

☐ ANTIBIOTIC RESISTANCE PANEL

KPC – Carbapenem resistance | NDM – Carbapenem resistance | VIM – Carbapenem resistance | IMP – Carbapenem resistance | qnr - Quinolone resistance
vanB – Vancomycin resistance | OXA-48 – Carbapenem resistance | mecA/mecC – Methicillin resistance | CTX-M ESBL | sul – Sulfonamide resistance |
vanA - Vancomycin resistance | dfrA - Trimethoprim resistance

☐ WOUND PANEL

BACTERIA: E coli, S agalactiae, Klebsiella oxytoca, S saprophyticus, P aeruginosa, S haemolyticus, E faecium, E faecalis, A calcoaceticus-baumannii complex, Klebsiella aerogenes, Klebsiella pneumoniae, S aureus, S pyogenes, S pneumoniae, S dysgalactiae, S lugdunensis, S epidermidis
FUNGI: C krusei, C tropicalis, C glabrata, C parapsilosis, C albicans, Fusarium solani, Microsporum spp, Trichophyton spp
ANTIMICROBIAL RESISTANCE: Methicillin Resistance (MecA+C)
Viruses: Herpes Simplex Virus 1, Herpes Simplex Virus 2

DIAGNOSIS (ICD-10 Codes)

- ☐ L08.9: Local infection of the skin and subcutaneous tissue, unspecified
- ☐ L03.90: Cellulitis, unspecified
- ☐ T81.4XXA: Infection following a procedure, initial encounter
- ☐ L02.91: Cutaneous abscess, unspecified
- ☐ L08.0: Pyoderma
- ☐ L03.11: Cellulitis of other parts of limb
- ☐ L03.115: Cellulitis of right lower limb
- ☐ L03.116: Cellulitis of left lower limb
- ☐ L97.909: Chronic ulcer of unspecified part of unspecified lower leg with unspecified severity
- ☐ L08.9: Local infection of the skin and subcutaneous tissue, unspecified
- ☐ L08.89: Other specified local infections of the skin and subcutaneous tissue
- ☐ L03.125: Acute lymphangitis of right lower limb
- ☐ L03.126: Acute lymphangitis of left lower limb
- ☐ L03.90: Cellulitis, unspecified
- ☐ L03.91: Acute lymphangitis, unspecified
- ☐ L08.1: Erythrasma

☐ COVID-19 PANEL

☐ WOMEN'S HEALTH PANEL

BACTERIA: Haemophilus ducreyi, Bacterial Vaginosis Associated, Bacteria 2, Fannyhessea vaginae, Escherichia coli, Streptococcus agalactiae, Prevotella bivia, Lactobacillus gasseri, Lactobacillus iners, Lactobacillus crispatus, Lactobacillus jensenii, Megasphaera phylotypes 1, Megasphaera phylotypes 2, Staphylococcus aureus, Mobiluncus curtisii, Mobiluncus mulieris
Gardnerella vaginalis, Enterococcus faecalis, Trichomonas vaginalis
Fungi: Candida albicans, Candida glabrata, Candida parapsilosis, Candida tropicalis

DIAGNOSIS (ICD-10 Codes)

- ☐ **N83.20:** Unspecified ovarian cyst
- ☐ **N89.0:** Mild vaginal dysplasia
- ☐ **N76.0:** Acute vaginitis
- ☐ **N76.1:** Subacute and chronic vaginitis
- ☐ **N95.2:** Postmenopausal atrophic vaginitis
- ☐ **N89.8:** Noninflammatory disorders of vagina
- ☐ **N94.6:** Dysmenorrhea, unspecified
- ☐ **N92.6:** Irregular menstruation, unspecified
- ☐ **N91.2:** Amenorrhea, unspecified
- ☐ **N97.9:** Female infertility, unspecified

Collection Method ☐ Vaginal swab

6 HAS THE PATIENT TAKEN ANTIBIOTICS IN THE PAST 48 HOURS: ☐ YES ☐ NO

SDI LABS

Advantages of molecular PCR over traditional cultures

Molecular PCR

- ✔ Advanced technology replicates the tiny amount of genetic material to detect the pathogens present within hours.
- ✔ Quickly detects disease when there is only a small amount of pathogens thus catches infection at an early stage.
- ✔ Produces accurate results quickly.
- ✔ Leads to faster diagnosis and treatment options.
- ✔ Can detect antibiotic resistance and enables accurate prescribing & treatment.
- ✔ Patient can be taking antibiotics and undergo a PCR test – results are still accurate.
- ✔ Targeted treatment to treat patients efficiently and effectively.

Traditional Cultures

- ✖ Outdated technology. Relies on humans to isolate the organism to detect the pathogen. False sensitivity.
- ✖ Takes days to complete the test and depends on amount of pathogens in the sample to produce results.
- ✖ Accuracy is low. Human error can occur during test sequencing.
- ✖ Slows down diagnosis and effective treatment.
- ✖ Cannot detect resistance thus leads to inaccurate prescribing to resistant antibiotics.
- ✖ Patients cannot start antibiotics as they hinder in the cultures' result. Result is inaccurate.
- ✖ Unnecessary targets and inaccurate treatment. Increased chance of overprescribing due to inaccurate culture results.