



1307 Allen Drive, Ste. A  
Troy, MI 48083  
Ph: 248-846-0663  
Fx: 248-602-0627  
www.vibrahealthlab.com

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Collection Date/Time: \_\_\_\_\_

## Infectious Disease Requisition Form

Ordering Provider Name (Print)	Practice Information
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<b>A PATIENT INFORMATION</b>	<b>B DIAGNOSIS (ICD-10) CODES</b>	<b>C CLINICAL INFORMATION</b>
REQUIRED	REQUIRED	REQUIRED
Last Name: _____ First Name: _____ Date of Birth: ___/___/___ Gender: <input type="checkbox"/> M <input type="checkbox"/> F Race: _____ Email: _____ Phone: _____ Insurance Name: _____ Insurance ID: _____ Group Number: _____ Policyholder: _____	(Common ICD-10 Codes on Reverse)  _____ _____	<input type="checkbox"/> History of recent abnormal Pap smear/cervical biopsy <input type="checkbox"/> Elevated sexual history risk <input type="checkbox"/> History of recent chemotherapy for cancer <input type="checkbox"/> Hematologic neoplasm (leukemia, lymphoma) <input type="checkbox"/> Immunocompromised patient <input type="checkbox"/> Malnutrition (low immunoglobulins, vitamin deficiencies, etc.) <input type="checkbox"/> Corticosteroids, other immunosuppressive agent(s) <input type="checkbox"/> History of solid organ or marrow transplant <input type="checkbox"/> History of collagen-vascular or autoimmune disorder <input type="checkbox"/> History of diabetes mellitus <input type="checkbox"/> Current history of chronic opioid therapy <input type="checkbox"/> Recent first-order contact with known infectious person <input type="checkbox"/> Other _____

<b>D SPECIMEN INFORMATION</b>	<b>E TEST ORDER</b>								
REQUIRED	REQUIRED								
<table style="width: 100%;"> <tr> <td style="width: 50%;">           Respiratory Swab:  <input type="checkbox"/> Nasopharyngeal  <input type="checkbox"/> Oropharyngeal (CoV-2)  <input type="checkbox"/> Nasal/Anterior Nares (CoV-2)  <input type="checkbox"/> Throat Swab (Strep)         </td> <td style="width: 50%;">           Urogenital Swab:  <input type="checkbox"/> Urine (CCM/C&amp;S)  <input type="checkbox"/> Genital Ulcer Swab  <input type="checkbox"/> Vaginal Swab         </td> </tr> <tr> <td> <input type="checkbox"/> GI: Fecal Swab  <input type="checkbox"/> Skin/Wound/Soft Tissue            Location: _____  <input type="checkbox"/> Other: _____         </td> <td>           Blood/Serum            Collection            Initials: _____ VHL Collected <input type="checkbox"/>            Date: _____            Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM         </td> </tr> </table>	Respiratory Swab: <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Oropharyngeal (CoV-2) <input type="checkbox"/> Nasal/Anterior Nares (CoV-2) <input type="checkbox"/> Throat Swab (Strep)	Urogenital Swab: <input type="checkbox"/> Urine (CCM/C&S) <input type="checkbox"/> Genital Ulcer Swab <input type="checkbox"/> Vaginal Swab	<input type="checkbox"/> GI: Fecal Swab <input type="checkbox"/> Skin/Wound/Soft Tissue Location: _____ <input type="checkbox"/> Other: _____	Blood/Serum Collection Initials: _____ VHL Collected <input type="checkbox"/> Date: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<table style="width: 100%; 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<b>F PATIENT ACKNOWLEDGEMENT</b>	<b>REQUIRED</b>
This specimen was provided voluntarily for analysis and I authorize Vibra Health Lab to process, bill and provide results. I agree to the declarations and terms in the patient acknowledgment and irreversible assignment of benefits on the back of this form.	
Patient Signature: _____ Date: _____	
<b>G AUTHORIZED HEALTHCARE PROVIDER ACKNOWLEDGEMENT</b>	<b>REQUIRED</b>
I acknowledge that documentation to support medical necessity for all tests ordered is recorded in the patient's chart. If not signed, Authorized Healthcare Provider affirms that test orders are placed in patient file with provider signature and will be available upon request. The Office of the Inspector General requires documentation in patient medical chart including date of service, tests ordered and documentation to support medical necessity.	
Provider Signature: _____ Date: _____	

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<b>F PATIENT ACKNOWLEDGEMENT</b>	<b>REQUIRED</b>
This specimen was provided voluntarily for analysis and I authorize Vibra Health Lab to process, bill and provide results. I agree to the declarations and terms in the patient acknowledgment and irreversible assignment of benefits on the back of this form.	
Patient Signature: _____ Date: _____	

<b>G AUTHORIZED HEALTHCARE PROVIDER ACKNOWLEDGEMENT</b>	<b>REQUIRED</b>
I acknowledge that documentation to support medical necessity for all tests ordered is recorded in the patient's chart. If not signed, Authorized Healthcare Provider affirms that test orders are placed in patient file with provider signature and will be available upon request. The Office of the Inspector General requires documentation in patient medical chart including date of service, tests ordered and documentation to support medical necessity.	
Provider Signature: _____ Date: _____	

## PATIENT ACKNOWLEDGMENT AND IRREVOCABLE ASSIGNMENT OF BENEFITS

The information provided on this form and on the label affixed to the primary specimen container is accurate. The specimen identified on this form is my own. I have not adulterated it in any way. I am voluntarily submitting this specimen for analysis by my healthcare provider and/or third party lab. I authorize the lab to release the results of this test to the ordering healthcare provider. The lab is authorized to bill my insurance provider, or any payer, whether fully insured or self-insured, and I will irrevocably assign any payment of benefits, claims, rights, and interests related to the services my healthcare provider performed against any payer. I further authorize the lab and my healthcare provider to release to my insurance provider any medical information necessary to process this claim.

I acknowledge that VHL may be an out-of-network facility/provider with my insurance provider. I am also aware that in some circumstances my insurance provider may send the payment directly to me. I agree to endorse the insurance check and forward it to VHL within 15 days of receipt as payment towards the lab services provided by VHL. I acknowledge that I am responsible for any amounts not covered by my insurer including any deductibles and co-payments/co-insurance. I understand that VHL may use my specimen and any testing performed on that specimen for research and development so long as the information has been de-identified pursuant to law.

## DIAGNOSIS (ICD-10) CODES

The ICD-10 codes provided below are based on AMA guidelines and are for information purposes only. ICD-10 coding is the sole responsibility of the ordering provider.

### Antibiotic Resistance

- ( ) Z16.30 Resistance to unspecified antimicrobial drugs
- ( ) Z16.31 Resistance to antiparasitic drug(s)
- ( ) Z16.32 Resistance to antifungal drug(s)
- ( ) Z16.33 Resistance to antiviral drug(s)
- ( ) Z16.35 Resistance to multiple antimicrobial drugs
- ( ) Z16.39 Resistance to other specified antimicrobial drugs
- ( ) Z16.341 Resistance to single antimycobacterial drug
- ( ) Z16.342 Resistance to multiple antimycobacterial drugs

### Respiratory

- ( ) J00 Acute Nasopharyngitis
- ( ) J01.90 Acute Sinusitis, Unspecified
- ( ) J02.9 Acute Pharyngitis
- ( ) J03.90 Acute Tonsillitis
- ( ) J06.9 Acute Upper Respiratory Infections of Unspecified Site
- ( ) J31.0 Unspecified Rhinitis
- ( ) J32.9 Unspecified Sinusitis, Chronic
- ( ) J40 Bronchitis, Unspecified
- ( ) J43.2 Emphysema, Centrilobular
- ( ) J43.9 Emphysema, Unspecified
- ( ) J44.9 COPD, Unspecified
- ( ) R05 Cough
- ( ) R06.00 Dyspnea, Unspecified
- ( ) R06.01 Orthopnea
- ( ) R06.02 Shortness of Breath
- ( ) R06.2 Wheezing
- ( ) R06.9 Abnl of breathing, Unspecified
- ( ) R07.81 Pleurodynia
- ( ) R07.82 Intercostal chest pain
- ( ) R09.3 Abnormal Sputum
- ( ) R50.9 Fever, Unspecified
- ( ) R51.9 Headache, Unspecified
- ( ) R53.82 Chronic Fatigue, Unspecified
- ( ) R68.83 Chills (without fever)
- ( ) R91.1 Pulmonary Nodule, Solitary
- ( ) U07.1 Although the individual is asymptomatic, the individual has tested positive and is considered to have the COVID-19 infection.
- ( ) Z01.818 Encounter for other preprocedural examination
- ( ) Z03.818 Encounter for observation for suspected exposure to other biological agents ruled out
- ( ) Z11.52 Encounter for screening for COVID-19
- ( ) Z11.59 Encounter for screening for other viral diseases
- ( ) Z20.822 Contact with and (suspected) exposure to COVID-19
- ( ) Z20.828 Contact with and (suspected) exposure to other viral communicable diseases
- ( ) Z86.16 Personal history of COVID-19

### Gastrointestinal

- ( ) A03.9 Shigellosis, Unspecified
- ( ) A05.9 Food Poisoning, Unspecified
- ( ) A07.1 Giardiasis
- ( ) K29.70 Gastritis, Unspec. w/o Bleeding
- ( ) K29.90 Gastroenteritis, Unsp. w/o Bleeding
- ( ) K30 Functional Dyspepsia
- ( ) K51.90 Unspecified Ulcerative Colitis
- ( ) K57.30 Diverticulosis of Colon (w/o mention of hemorrhage)
- ( ) K58.9 Irritable Bowel Syndrome
- ( ) K85.90 Acute pancreatitis w/o necrosis or infection, Unspecified
- ( ) K92.1 Blood in Stool
- ( ) R10.84 Abdominal Pain, Generalized
- ( ) R19.7 Diarrhea
- ( ) A60.00 HSV of urogenital system, Unspecified
- ( ) A60.1 HSV infection, perianal skin/rectum
- ( ) A60.9 Anogenital herpes viral infection, Unspecified
- ( ) A63.0 Anogenital (venereal) warts
- ( ) A64 Unspecified sexually transmitted disease
- ( ) B00.9 Herpes viral infection, Unspecified
- ( ) B37.3 Candidiasis, vulva/vagina
- ( ) B37.49 Candidiasis, other urogenital
- ( ) B37.9 Candidiasis, Unspecified
- ( ) C53.9 Malignant neoplasm of cervix uteri, Unspecified
- ( ) C69.0 Carcinoma in situ of unspecified female genital organs (D07.2)
- ( ) D07.30 Carcinoma in situ of unspecified female genital organs
- ( ) D07.39 Carcinoma in situ of other female genital organs
- ( ) D07.60 Carcinoma in situ of unspecified male genital organs
- ( ) D07.61 Carcinoma in situ of scrotum
- ( ) D07.69 Carcinoma in situ of other male genital organs
- ( ) N30.00 Acute cystitis without hematuria
- ( ) N30.10 Interstitial cystitis (chronic) without hematuria
- ( ) N30.40 Irradiation cystitis without hematuria
- ( ) N30.90 Cystitis, NOS without hematuria
- ( ) N34.1 Nonspecific urethritis
- ( ) N34.3 Urethral syndrome, NOS
- ( ) N39.0 Urinary tract infection, site not specified
- ( ) N41.0 Acute prostatitis
- ( ) N41.1 Chronic prostatitis
- ( ) N41.9 Inflammatory disease of prostate, Unspecified
- ( ) N49.9 Inflammatory disorder of unspecified male genital organ
- ( ) N70.93 Salpingitis and oophoritis, NOS
- ( ) N71.9 Inflammatory disease of uterus, NOS
- ( ) N72 Inflammatory disease of cervix uteri (with or without ulcer or erosion)
- ( ) N73.9 Female pelvic inflammatory disease, NOS
- ( ) N76.0 Acute vaginitis
- ( ) N76.1 Subacute/chronic vaginitis
- ( ) N82.0 Ulceration of vagina (N76.5) or vulva (N76.6)
- ( ) N82.9 Vesicovaginal fistula
- ( ) N82.1 Other female urinary-genital tract fistulae
- ( ) N82.4 Other female intestinal-genital tract fistulae
- ( ) N82.9 Female genital tract fistula, NOS
- ( ) N86 Erosion, ectropion of cervix uteri
- ( ) N87.9 Dysplasia of cervix uteri
- ( ) N88.0 Leukoplakia of cervix uteri
- ( ) N89.3 Dysplasia of vagina
- ( ) N90.3 Dysplasia of vulva
- ( ) N90.4 Leukoplakia of vulva
- ( ) R10.2 Pelvic/perineal pain
- ( ) R30.0 Dysuria
- ( ) R30.9 Painful micturition, Unspecified
- ( ) R31.9 Hematuria, Unspecified
- ( ) R35.0 Frequency of micturition
- ( ) R35.8 Polyuria, NOS
- ( ) R36.9 Urethral discharge, Unspecified
- ( ) R39.15 Urgency of Urination
- ( ) R39.198 Other difficulties with micturition
- ( ) R39.89 Other and unspecified symptoms and signs involving the urinary system
- ( ) R39.9 Unspecified symptoms and signs involving the GU system
- ( ) R50.9 Fever, Unspecified
- ( ) R80.0 Isolated proteinuria
- ( ) R82.3 Hemoglobinuria
- ( ) R82.90 Other unspecified abnormal findings in urine (positive nitrite or leukocyte esterase)
- ( ) Atypical squamous cells of undetermined significance (ASCUS), cytologic smear of cervix (R87.610) or vagina (R87.620)
- ( ) ASC-US, can't exclude high grade squamous intraepithelial lesion (ASC-H), cervix (R87.611) or vagina (R87.621)
- ( ) Low grade squamous intraepithelial lesion (LGSIL), cytologic smear of cervix (R87.612) or vagina (R87.622)
- ( ) High grade squamous intraepithelial lesion (HGSIL), cytologic smear of cervix (R87.613) or vagina (R87.623)
- ( ) Cytologic evidence malignancy, cervix (R87.614) or vagina (R87.624)
- ( ) R87.810 Cervical high risk human papillomavirus (HPV) DNA test positive
- ( ) R87.811 Vaginal high risk human papillomavirus (HPV) DNA test positive

### Genito-Urinary

- ( ) E11.621 Type 2 diabetes mellitus with foot ulcer
- ( ) E11.622 Type 2 diabetes mellitus with other skin ulcer
- ( ) I70.203 Unsp. atherosclerotic native arteries of extremities, bilateral legs
- ( ) I70.232 Atherosclerotic native arteries of right leg w/ ulceration of calf
- ( ) I70.234 Atherosclerotic native arteries of right leg w/ ulcer of heel and mid-foot of calf
- ( ) I70.244 Atherosclerotic native arteries of left leg w/ ulcer of heel and mid-foot of calf
- ( ) I70.245 Atherosclerotic native arteries of left leg w/ ulceration oth prt foot
- ( ) I87.311 Chronic venous hypertension w/ ulcer of r low extremity
- ( ) I87.312 Chronic venous hypertension w/ ulcer of l low extremity
- ( ) I87.313 Chronic venous hypertension w/ ulcer of bilateral low extremity
- ( ) I87.332 Chronic venous hypertension w/ ulcer and inflammation of l low extremity
- ( ) L03.115 Cellulitis of right lower limb
- ( ) L03.116 Cellulitis of left lower limb
- ( ) L89.143 Pressure ulcer of left lower back, stage 3
- ( ) L89.144 Pressure ulcer of left lower back, stage 4
- ( ) L89.154 Pressure ulcer of sacral region, stage 4
- ( ) L89.313 Pressure ulcer of right buttock, stage 3
- ( ) L89.314 Pressure ulcer of right buttock, stage 4
- ( ) L89.323 Pressure ulcer of left buttock, stage 3
- ( ) L89.324 Pressure ulcer of left buttock, stage 4
- ( ) L89.513 Pressure ulcer of right ankle, stage 3
- ( ) L89.893 Pressure ulcer of other site, stage 3
- ( ) L89.894 Pressure ulcer of other site, stage 4
- ( ) L97.212 Non-pressure chronic ulcer of right calf w/ fat layer exposed
- ( ) L97.222 Non-pressure chronic ulcer of left calf w/ fat layer exposed
- ( ) L97.312 Non-pressure chronic ulcer of right ankle w/ fat layer exposed
- ( ) L97.411 Non-pressure chronic ulcer of right heel and mid-foot lmt to brkwn skin
- ( ) L97.412 Non-pressure chronic ulcer of right heel and mid-foot w/ fat layer exposed
- ( ) L97.413 Non-pressure chronic ulcer of right heel and mid-foot w/ necros muscle
- ( ) L97.419 Non-pressure chronic ulcer of right heel and mid-foot w/ unspecified sever
- ( ) L97.422 Non-pressure chronic ulcer of left heel and mid-foot w/ fat layer exposed
- ( ) L97.423 Non-pressure chronic ulcer of left heel and mid-foot w/ necros muscle
- ( ) L97.429 Non-pressure chronic ulcer of left heel and mid-foot w/ unspecified sever
- ( ) L97.512 Non-pressure chronic ulcer other part right foot w/ fat layer exposed
- ( ) L97.522 Non-pressure chronic ulcer other part left foot w/ fat layer exposed
- ( ) L97.811 Non-pressure chronic ulcer other part right low leg limited brkwn to skin
- ( ) L97.812 Non-pressure chronic ulcer other part right low leg w/ fat layer exposed
- ( ) L97.821 Non-pressure chronic ulcer other part left low leg limited brkwn to skin
- ( ) L97.822 Non-pressure chronic ulcer other part left low leg w/ fat layer exposed
- ( ) L97.912 Non-pressure chronic ulcer of left calf w/ fat layer exposed
- ( ) M86.171 Other acute osteomyelitis, right ankle and foot
- ( ) M86.172 Other acute osteomyelitis, left ankle and foot
- ( ) M86.18 Other acute osteomyelitis, other site
- ( ) S31.105S Unspecified open wound abd wall, periumb rgn w/o penet perit cav, sqla
- ( ) S81.001A Unspecified open wound, right knee, initial encounter
- ( ) S81.002A Unspecified open wound, left knee, initial encounter
- ( ) S81.801A Unspecified open wound, right lower leg, initial encounter
- ( ) S81.802A Unspecified open wound, left lower leg, initial encounter
- ( ) T81.31XA Disruption of external operation (surgical) wound, NEC, init
- ( ) T86.821 Skin graft (allograft) (autograft) failure
- ( ) T86.828 Other complications of skin graft (allograft) (autograft)

### Wound