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Urinary Tract Infection (UTI) Test Requisition Form

Place Barcode Label Here

Urine Specimen Information
Collection Date: ____ / ____ / _____
Collection Time: ____ : ____ ☐ AM ☐ PM

PATIENT INFORMATION

Last Name:	First Name:	Date of Birth:
Email:	Phone:	Gender: ☐ M ☐ F
Address:	City: State:	Zip:

ICD-10 DIAGNOSIS CODES

- ☐ N30.00: Acute cystitis without hematuria
- ☐ N30.90: Cystitis, unspecified without hematuria
- ☐ N40.1: Benign prostatic hyperplasia with lower urinary tract symptoms
- ☐ R31.0: Gross Hematuria
- ☐ R33.9: Retention of Urine, unspecified
- ☐ R35.1: Nocturia
- ☐ R39.9: Unspecified symptoms and signs involving the genitourinary system
- ☐ N30.1: Acute cystitis with hematuria
- ☐ N39.0: Urinary tract infection, site not specified
- ☐ R30.0: Dysuria
- ☐ R31.9: Hematuria, unspecified
- ☐ R35.0: Frequency of micturition
- ☐ R39.15: Urgency of Urination

PATIENT CONSENT/AUTHORIZATION

I authorize Virant Diagnostics to analyze my/my child's urine specimen for the tests ordered by my healthcare provider. My healthcare provider has explained the tests and their limitations to me. Test results will only be released to the healthcare providers as specified on the test requisition form. Furthermore, I authorize Virant Diagnostics to submit claims to my healthcare insurers for the lab services provided. I also authorize Virant Diagnostics and my healthcare provider to release any medical information necessary to the insurers to process this claim. Payment will be made directly to Virant Diagnostics from my insurers. If my insurers pay me directly, I agree to forward the payment to Virant Diagnostics. I understand that I am responsible for any amounts not covered or paid by my insurers. Should there be no insurance coverage, Virant Diagnostics reserves the right to bill me directly.

Patient Signature: _____ **Date:** ____ / ____ / _____

INSURANCE AND PAYMENT INFORMATION

☐ Bill Insurance (Attach copy of insurance card, front and back) ☐ Bill Client ☐ Bill Patient (Cash/Check/Credit Card) ☐ Other:

Primary Plan Name:	Policy Holder Name:
Policy #:	Group #:
Secondary Plan Name:	Policy Holder Name:
Policy #:	Group #:

HEALTHCARE PROVIDER INFORMATION

Provider Name:		NPI:	
Organization:		Phone:	
Address:	City:	State:	Zip:

Provider Authorization Signature: _____ **Date:** ____ / ____ / _____

PANEL INFORMATION

Specimen Requirements: *See specimen collection and handling information on the back.*

☐ **UTI Panel**

Includes the targets listed below:

1. **Gram-negative Bacteria** (x17)
   Acinetobacter baumannii, Citrobacter freundii, Citrobacter koseri, Enterobacter cloacae, Escherichia coli, Klebsiella aerogenes, Klebsiella oxytoca, Klebsiella pneumoniae, Morganella morganii, Mycoplasma hominis, Pantoea agglomerans, Proteus mirabilis, Proteus vulgaris, Providencia stuartii, Pseudomonas aeruginosa, Serratia marcescens, Ureaplasma urealyticum
2. **Gram-positive Bacteria** (x9, see back for pool details)
   Actinotignum schaalii, Aerococcus urinae, Alloscardovia omnicolens, Corynebacterium riegelii, Staphylococcus aureus, Streptococcus agalactiae, Enterococci (pool)[1], Coagulase-negative staphylococci (pool)[2], Viridans streptococci (pool)[3]
3. **Fungi** (x4)
   Candida albicans, Candida auris, Candida glabrata, Candida parapsilosis
4. **Antibiotic Resistance Genes** (x15, see back for interpretations)
   mecA, ampC/FOX/ACC (pool), DHA/MOX/CMY/LAT (pool), TEM/SHV/VEB (pool), IMP, OXA/GES (pool), OXA, PER, CTX/M (pool), VIM/KPC (pool), van, Qnr, dfrA, Sul, tet

PANEL INFORMATION (CONT.)

Bacteria Pool Details

1. The enterococci pool includes the following bacteria: *Enterococcus faecalis, Enterococcus faecium*
2. The coagulase-negative staphylococci pool includes the following bacteria: *Staphylococcus epidermis, Staphylococcus haemolyticus, Staphylococcus lugdunensis, Staphylococcus saprophyticus, Staphylococcus warneri, Staphylococcus xylosus*
3. The Viridians streptococci pool includes the following bacteria: *Streptococcus anginosus, Streptococcus constellatus, Streptococcus equinus, Streptococcus gallolyticus, Streptococcus infantarius, Streptococcus lutetiensis, Streptococcus macedonicus, Streptococcus mitis, Streptococcus pasteurianus, Streptococcus sanguinis*

Gene Name	Interpretation
mecA	Methicillin (for MRSA)
ampC/FOX/ACC (pool)	Cephalosporins, carbapenem, monobactam, penem
DHA/MOX/CMY/LAT (pool)	Cephalosporins, cephamycin, penem
TEM/SHV/VEB (pool)	Extended Spectrum Beta-Lactamases (ESBLs)
IMP	Carbapenems (Imipenem, for Pseudomonas or Acinetobacter)
OXA/GES (pool)	Cephalosporins, carbapenem
OXA	Cephalosporins, carbapenem (Oxacillinase), ampicillin
PER	Extended Spectrum Beta-Lactamases (ESBLs)
CTX-M	Cephalosporins (Cefotaxime)
VIM/KPC (pool)	Carbapenem, cephalosporin (for *Pseudomonas aeruginosa* or *Klebsiella pneumoniae*)
van	Glycopeptides (Vancomycin, teicoplanin)
Qnr	Quinolone, fluroquinolone (PMQR)
dfrA	Trimethoprim
Sul	Sulfonamides
tet	Tetracyclines

URINE COLLECTION INSTRUCTIONS FOR PATIENT

1. Wash your hands thoroughly using soap and water. Retrieve the sample cup and make sure the “STERILE” seal is unbroken. If this seal has been broken, please discard and use a sterile sealed specimen cup.
2. Open the sterile cup carefully. DO NOT touch the inside of the cup.
3. Tear open the “Castile Soap Wipe” and remove towelette.
4. Use as many towelettes as needed to clean the penis or vaginal area following the appropriate instructions down below.
   a. MALE: If uncircumcised, retract the foreskin and wipe from tip to shaft.
   b. FEMALE: Spread labia (folds of skin) apart with one hand and wipe with the towelette from front to back. Repeat this process two more times with a new towelette each time (using 3 towelettes total).
5. Begin urinating in the toilet. While urinating, place the specimen cup in position to collect midstream in the sterile cup. Be careful to not touch the inside of the cup as that will contaminate the specimen.
6. After at least 7mL of urine is in the cup, put the lid back on. The lid should click twice as you twist to ensure it is properly sealed.
7. Place all soiled items into the wastebasket and wash hands thoroughly.
8. Give the specimen container to the nurse for transfer into a sterile monovette for transport. Review the test requisition and sign if all the information is correct.

URINE SPECIMEN HANDLING INSTRUCTIONS

1. Place the urine cup on a paper towel.
2. Use the vacutainer to collect urine from the cup.
3. Place the tube into a biosafety bag.
4. Make sure the collection date and the patient’s name and date of birth are clearly provided on the tube.

For more details, please see the following video: https://www.youtube.com/watch?v=2rNMFt5WPlg&t=1s

FOR LABORATORY USE ONLY

Accession #:	Patient ID:
Client/Physician ID:	Date Received: ____ / ____ / _____ Time Received: ____ : ____ ☐ AM ☐ PM

Please visit the webpage at virantdx.com/testing-solutions/molecular-microbiology/.
Please contact us at microbiologylab@virantdx.com or (877) 888-2973 for any inquiries.