GENESYS Diagnostics INC.

Urinary Tract Infection (UTI) Panel with Antibiotic Resistance

Requisition Form

*Information required for testing

Patient Information

			MM/DD/YYYY	
LAST NAME*	FIRST NAME*	MI	DOB*	SEX

ADDRESS	CITY	STATE	ZIPCODE	PHONE NUMBER	EMAIL ADDRESS

Billing Information (Please include a copy of insurance card(s) for billing purposes.)

*☐ CLIENT BILL   ☐ INSURANCE   ☐ SELF PAY   ☐ MEDICARE/MEDICAID (☐ PRIMARY ☐ SECONDARY)   RELATIONSHIP: ☐ SELF   ☐ SPOUSE   ☐ DEPENDENT

INSURANCE NAME	MEMBER/POLICY ID	GROUP #

	MM/DD/YYYY	
POLICY HOLDER NAME	POLICY HOLDER DOB	TEST INDICATION/ICD-10 CODE(S)*

Account Information

FACILITY/PRACTICE NAME*	PHONE NUMBER	FAX NUMBER	ORDERING PHYSICIAN NAME*

Specimen Information

☐ URINE (CLEAN CATCH)   COLLECTION DATE:_____ MM/DD/YYYY _____   COLLECTION TIME:____ 00:00 AM/PM ____

Background Information (Please check all that apply)

RACE AND ETHNICITY: ☐ WHITE ☐ ASIAN ☐ HISPANIC ☐ AFRICAN ☐ ASHKENAZI JEWISH ☐ OTHER (PLEASE SPECIFY):_____

Test Requested*

☐ Urinary Tract Infection (UTI) Panel with Antibiotic Resistance

ICD-10 Code(s)*			
☐ N39.0	Urinary tract infection, site not specified	☐ O23.40	Unspecified infection of urinary tract in pregnancy, unspecified trimester
☐ Z87.440	Personal history of urinary (tract) infections	☐ O23.30	Infections of other parts of urinary tract in pregnancy, unspecified trimester
☐ N99.531	Infection of continent stoma of urinary tract	☐ O03.38	Urinary tract infection following incomplete spontaneous abortion
☐ N99.521	Infection of incontinent external stoma of urinary tract	☐ O03.88	Urinary tract infection following complete or unspecified spontaneous abortion
☐ P39.3	Neonatal urinary tract infection	☐ O04.88	Urinary tract infection following (induced) termination of pregnancy
☐ O86.20	Urinary tract infection following delivery, unspecified	☐ O07.38	Urinary tract infection following failed attempted termination of pregnancy

Patient Authorization and Consent

I understand that I am responsible for providing accurate information about my insurance to Genesys Diagnostics Inc. I understand that Genesys Diagnostics Inc. will be providing testing services and billing my insurance. However, I understand that charges that are not covered by my insurance, including any applicable co- payments and deductibles, are my responsibility and I agree to pay such charges promptly.

Patient/Guardian Signature:*   Date:*

☐ I do not consent to having my deidentified DNA sample used for internal research purposes.

Healthcare Provider Authorization

I certify that (i) this test is medically necessary, (ii) the patient (or authorized representative on the patient's behalf) has given informed consent (which includes written informed consent or written authorization when required by law) to have this testing performed, and (iii) the informed consent obtained from the patient meets the requirements of applicable law. I agree to provide Genesys, or its designee, any and all additional information reasonably required for this testing to be performed.

Healthcare Provider Signature:*   Date:*

Medical Necessity Statement: Tests ordered on Medicare patients must follow CMS rules regarding medical necessity and FDA approval guidelines and must include diagnosis, symptoms and reason for testing as indicated in the medical record. If testing does not come under Medicare guidelines for payment a 'signed' Advanced Beneficiary Notice must be included.

**Certain regions in various genes have poor coverage and are not included in the panel (if you would like more coverage information regarding any specific genes of interest, please contact Genesys Diagnostics Inc.). All genes that have pseudogenes will have poorer performance on the MiSeq instrument. Variants in genes with pseudogenes may not be reliably detected. DNA alterations in regions not covered by this test such as deep intronic or regulatory regions, or in poorly covered regions will not be detected using Next Generation Sequencing analysis. There are technical limitations on the ability of Next Generation Sequencing to detect small insertions and deletions and these types of alterations are not detected as reliably as single nucleotide variants. This assay is not designed or validated for the detection of low-level mosaicism or somatic mutations.