

1 Patient Information

Form for Patient Information including fields for Last Name / First Name, Address, City / State / Zip / County, Phone, Email, DOB, SSN, Insurance, Subscriber ID, and Group #.

2 Provider Information

Form for Provider Information including fields for Client Name / Account, Address / APT#, City / State / Zip, Phone, Fax #, Ordering Provider, Specimen Collected, State Collected, Collection Date, and Collection Time.

3 Medical Necessity

As part of my antibiotic stewardship policy, I find it medically necessary to rapidly determine and differentiate a viral and/or bacterial infection in order to treat with or without appropriate antibiotics.

Form for Medical Necessity including fields for Provider Signature and checkboxes for Verbal Order and Standing Order.

4 Provider Information

The information I have provided on this form is accurate. I authorize Streamline Scientific to release the results of this test to my treating physician or facility.

Form for Provider Information including fields for Provider Signature and Date.

5 Panel List

COVID-19 Only, COVID/Flu/RSV, COVID Respiratory Lite, COVID Respiratory, COVID Respiratory Plus, UTI Plus, COVID Vaccination Status, and Specimen Source panels.

UTI w/ ABX Resistance, ABX Resistance Markers, ICD 10 CODES, and Specimen Source panels.

Wound/Derm w/ ABX Resistance, ICD 10 CODES, SPECIMEN SOURCE, Culture ID w/ Reflexive Antimicrobial Susceptibility Testing, and Specimen Source panels.

Vaginitis, ICD 10 CODES, SPECIMEN SOURCE, Prenatal GBS Screen, ICD 10 CODES, SPECIMEN SOURCE, and Vaginal Swab panels.

STI, ICD 10 CODES, SPECIMEN SOURCE, Gastrointestinal, ICD 10 CODES, SPECIMEN SOURCE, Gastrointestinal with C. difficile Add On, ICD 10 CODES, SPECIMEN SOURCE, and Stool Specimen panels.

Fungal Infection, ICD 10 CODES, SPECIMEN SOURCE, Bacterial Add On, ICD 10 CODES, SPECIMEN SOURCE, Candida, ICD 10 CODES, SPECIMEN SOURCE, and Urine panels.

6 Please indicate if your patient has taken antibiotics in the past 72 hours:

Yes No