

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 with checkboxes for Verbal Order and Standing Order, and a line for Provider Signature.

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 with a line for Patient Signature and Date.

5 Panel List

Panel List section containing COVID-19 Only, COVID/Flu/RSV, COVID Respiratory Lite, COVID Respiratory, COVID Respiratory Plus, and COVID Vaccination Status.

Panel List section containing UTI w/ ABX Resistance, UTI Plus, and UTI w/ ABX Resistance.

Panel List section containing Wound/Derm w/ ABX Resistance, ABX Resistance Markers, and Culture ID w/ Reflexive Antimicrobial Susceptibility Testing.

Panel List section containing Vaginitis, STI, and Gastrointestinal.

Panel List section containing Gastrointestinal with C. difficile Add On, and Gastrointestinal.

Panel List section containing Fungal Infection, Bacterial Add On, and Candida.

6 Please indicate if your patient has taken antibiotics in the past 72 hours: Yes No