

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, Group #, and checkboxes for gender, race, and ethnicity.

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 checkboxes for Verbal Order and Standing Order, and a field 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 including fields 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, COVID Vaccination Status, and Specimen Source options.

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

Panel List section containing Wound/Derm w/ ABX Resistance, ICD 10 CODES, and Specimen Source options.

Panel List section containing Vaginitis, ICD 10 CODES, and Specimen Source options.

Panel List section containing STI, Gastrointestinal, ICD 10 CODES, and Specimen Source options.

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

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

Form for Antibiotic Resistance including checkboxes for various antibiotic resistance markers and ICD 10 CODES.