

1 Patient Information

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

2 Provider Information

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

Provider Signature and Verbal/Standing Order checkboxes.

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.

Patient Signature and Date fields.

5 Panel List

COVID-19 Only, COVID Respiratory Lite, COVID Respiratory, COVID Respiratory Plus, COVID Vaccination Status, and Specimen Source options.

UTI w/ ABX Resistance, UTI Plus, and Specimen Source options.

Wound/Derm w/ ABX Resistance, Culture ID w/ Reflexive Antimicrobial Susceptibility Testing, and Specimen Source options.

Vaginitis, ICD 10 CODES, and Specimen Source options.

STI, Gastrointestinal, ICD 10 CODES, and Specimen Source options.

Fungal Infection, Bacterial Add On, Candida, Antibiotic Resistance, ICD 10 CODES, and Specimen Source options.

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