

1 Patient Information

Last Name / First Name /		Male Female
Address		Race: Asian Black Caucasian Hispanic Native American Other N/A
City / State / Zip / County		Ethnicity: Hispanic Non-Hispanic N/A
Phone	Email	
DOB	SSN	
Insurance	Subscriber ID	
Group #	Bill to: Insurance Uninsured	Facility Patient

2 Provider Information

Client Name / Account		
Address / APT#		
City / State / Zip		
Phone	Fax #	
Ordering Provider		Collection Date
Specimen Collected	State Collected	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. Having the most accurate and timely data available to me directly guides my treatment and patient management. Empiric treatment and management leads to inappropriate and unnecessary antibiotic use (50% according to the CDC) and delayed diagnosis which can lead to severe consequences.

Provider Signature

4 Patient Notification

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. I hereby authorize my insurance or other payment to Streamline Scientific for services I receive. I am aware that Streamline Scientific may be an out of network provider with my insurer. I am aware that I am responsible for all co-pays and deductibles not covered by insurance or other payers.

Patient Signature

Date

5 Panel List Select the panel or targets associated with this sample submission

☐ COVID-19 Only ☐ COVID/Flu/RSV COVID-19 (Coronavirus) Influenza A & B RSV (types A & B) ☐ COVID Respiratory Lite (includes all the pathogens in the panel) Haemophilus influenzae Moraxella catarrhalis Mycoplasma pneumoniae Strep. pyogenes (Group A) ☐ COVID Respiratory (includes all the pathogens in the panel) Adenovirus Bocavirus Bordetella pertussis Chlamydia pneumoniae Coronavirus (229E, HKU1, NL63, OC43) EBV (mononucleosis) Enterovirus HMPV A & B Parainfluenza virus (type 1-4) Rhinovirus (type A&B) Staphylococcus aureus Streptococcus pneumoniae ☐ COVID Respiratory Plus (includes all the pathogens in the panel) Acinetobacter baumannii Enterobacter cloacae Klebsiella aerogenes Klebsiella pneumoniae Legionella pneumophila Proteus mirabilis Pseudomonas aeruginosa Staphylococcus epidermidis ABX Resistance Marker Methicillin/Oxacillin (mecA) ICD 10 CODES R09.81 Congestion R50.9 Fever J02.9 Pharyngitis Z20.89 Exposure R05.9 Cough, unspecified	☐ UTI w/ ABX Resistance Acinetobacter baumannii Bacteroides fragilis Citrobacter braakii/freundii Citrobacter koseri Enterobacter cloacae Enterococcus spp. Klebsiella aerogenes K. oxytoca/michiganensis Klebsiella pneumoniae Morganella morganii Proteus mirabilis Pseudomonas aeruginosa Serratia marcescens Staphylococcus aureus Staphylococcus epidermidis Staphylococcus saprophyticus Strep. pyogenes (Group A) ABX Resistance Markers β-lactamase (blaKPC) β-lactamase (CTX-M-Group 1) Metallo-β-lactamase (blaNDM) Fluoroquinolones Methicillin/Oxacillin (mecA) Sulfonamides Trimethoprim vanA/vanB ☐ UTI Plus (includes all the pathogens in the panel) Candida albicans Candida dubliniensis Candida glabrata Candida krusei Candida parapsilosis Candida tropicalis Mycoplasma genitalium Mycoplasma hominis Prevotella bivia Strep. agalactiae (Group B) Ureaplasma urealyticum ICD 10 CODES R35.0 Frequency of Micturition Z22.39 Carrier of other specified bacterial disease R30.0 Dysuria N30.00- Acute cystitis without hematuria N30.20 Other chronic cystitis w/o hematuria N41.0- Acute prostatitis SPECIMEN SOURCE Clean catch urine Urethral swab	☐ Wound/Derm w/ ABX Resistance Acinetobacter baumannii Bacteroides fragilis Citrobacter braakii/freundii Citrobacter koseri Enterobacter cloacae Enterococcus spp. Klebsiella aerogenes K. oxytoca/michiganensis Klebsiella pneumoniae Morganella morganii Proteus mirabilis Pseudomonas aeruginosa Staphylococcus aureus Staphylococcus epidermidis Staphylococcus saprophyticus Strep. pyogenes (Group A) Varicella Zoster (Shingles) ABX Resistance Markers β-lactamase (blaKPC) β-lactamase (CTX-M-Group 1) Metallo-β-lactamase (blaNDM) Fluoroquinolones Methicillin/Oxacillin (mecA) Sulfonamides Trimethoprim ICD 10 CODES L08.9 Local infection of the skin and subcutaneous tissue, unspecified Z22.39 Carrier of other specified bacterial diseases Z22.322 Carrier or suspected carrier of MRSA SPECIMEN SOURCE Aspiration Other: _____ ☐ Culture ID w/ Reflexive Antimicrobial Susceptibility Testing (AST is not available for STI or Vaginosis) ICD 10 CODES SPECIMEN SOURCE	☐ Vaginosis Atopobium vaginae Bacteroides fragilis BVAB-2 Candida albicans Candida dubliniensis Candida glabrata Candida krusei Candida lusitanae Candida parapsilosis Candida tropicalis Chlamydia trachomatis Enterococcus spp. Escherichia coli Gardnerella vaginalis Haemophilus ducreyi HHV-1 & 2 (Herpes Simplex) Lactobacillus crispatus Lactobacillus gasseri Lactobacillus iners Lactobacillus jensenii Megaspheara Type 1 & 2 Mobiluncus curtisii Mobiluncus mulieris Mycoplasma genitalium Mycoplasma hominis Neisseria gonorrhoeae Prevotella bivia Staphylococcus aureus Strep. agalactiae (Group B) Treponema pallidum Trichomonas vaginalis Ureaplasma urealyticum ICD 10 CODES N76.0 Acute vaginitis N77.1 Vaginitis, vulvitis, & vulvovaginitis B37.3 Candidiasis of vulva & vagina Z30.9 Encounter for contraceptive management SPECIMEN SOURCE Vaginal Swab	☐ STI Atopobium vaginae Chlamydia trachomatis Gardnerella vaginalis Haemophilus ducreyi HHV-1 & 2 (Herpes Simplex) Neisseria gonorrhoeae Treponema pallidum Trichomonas vaginalis ICD 10 CODES N76.0 Acute vaginitis N89.8 Other specified noninflammatory disorders of vagina R36.9 Urethral discharge unspecified Z30.9 Encounter for contraceptive management SPECIMEN SOURCE Urine _____ Other: _____ ☐ Gastrointestinal Adenovirus F40/F41 Astrovirus Campylobacter C. coli C. jejuni C. lari C. upsaliensis Cryptosporidium spp. Entamoeba histolytica Enterotoxigenic E. coli (ETEC) Enteroinvasive E. coli (EIEC)/Shigella spp. Shiga-like Toxin producing E. coli (STEC) Giardia lamblia Norovirus GI/GII Rotavirus A Salmonella spp. Vibrio spp. Yersinia enterocolitica ☐ Gastrointestinal with C. difficile Add On C. difficile (tcdA/tcdB) ICD 10 CODES R19.7 Diarrhea, unspecified A06.0 Acute Dysentery R50.9 Fever E86.0 Dehydration SPECIMEN SOURCE *Cary-Blair media required Rectal Swab _____ Other: _____ Stool Specimen	☐ Fungal Infection Alternaria spp. Aspergillus spp. Fusarium spp. Scytalidium dimidiatum Sarcocladium strictum Candida albicans Candida glabrata Candida krusei Candida parapsilosis Candida tropicalis Cryptococcus spp. Malassezia spp. Meyerozyma guilliermondii Trichophyton anthropophilic spp. Trichophyton zoophilic spp. Microsporum canis ☐ Bacterial Add On Pseudomonas aeruginosa ABX Resistance Markers Methicillin/Oxacillin (mecA) ICD 10 CODES B35.1 Onychomycosis SPECIMEN SOURCE Nail Clipping _____ Other: _____ Skin Scraping	☐ Candida Candida albicans Candida dubliniensis Candida glabrata Candida krusei Candida lusitanae Candida parapsilosis Candida tropicalis ICD 10 CODES N76.0 Acute Vaginitis N89.8 Other specified noninflammatory disorders of vagina SPECIMEN SOURCE Urine _____ Other: _____	☐ Antibiotic Resistance β-lactamase (blaKPC) β-lactamase (CTX-M-Group 1) metallob-β-lactamase (blaNDM) Fluoroquinolones Methicillin/Oxacillin (mecA) Sulfonamides Trimethoprim Vancomycin (vanA, vanB) ICD 10 CODES Z22.322 Carrier or suspected carrier of MRSA Z16.19 Resistance to other specified Beta Lactam antibiotics
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6 Result Interpretation and Prescriptive Guidance Report*

☐ Yes ☐ No

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

☐ Yes ☐ No