

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, 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 fields for Medical Necessity including Verbal Order and 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.

Form fields for Provider Information including 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 ICD 10 Codes for UTI.

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

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

Panel List section containing STI, Gastrointestinal, Gastrointestinal with C. difficile Add On, ICD 10 Codes, and Specimen Source.

Panel List section containing Fungal Infection, Bacterial Add On, Candida, ICD 10 Codes, and Specimen Source.

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