

Minor Report Correction for FDA-Approved Test Kits

MRC INSTRUCTIONS - MANDATORY

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1. Fill in requestor's first and last name in field 1.
2. Fill in the patient name in field 2 exactly as it appears in on the final report.
3. Fill in patient's date of birth (DOB) in field 3.
4. Fill in the appropriate lab accession number in field 4 (lab accession number found in top right of results).
5. Fill in the appropriate phone number for the patient in field 5.
6. Choose if this is an add-on of order in field 6.
7. Choose a panel, then the swab site in field. You may only choose one whole panel.

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1. Update ICD code as necessary in field 7.
2. Print ordering provider's name in field 8.
3. Ordering provider must leave a signature in field 9.
4. Fill out the date in field 10.
5. Submit paperwork to HealthTrack via fax at (940) 222-2702, or via email at mrcsubmission@healthtrackrx.com

THE FOLLOWING FIELDS MUST BE FILLED OUT BEFORE SUBMITTING PAPERWORK

I, request that the following information be corrected and/or tests (listed below) be added to the previously submitted sample. This is to serve as a correction and/or as an addendum to the originally submitted requisition and to each of the previous test orders originally submitted.

Patient Name (as it appears on the final report):

Patient DOB (as it appears on the final report): Lab Accession Number:

Phone Number

Please update the following tests to this sample: Add-on

Orders must be specifically listed by the whole panel you wish to have changed.

**Signature of the ordering provider is REQUIRED for updating test orders

BY PROVIDING A MOBILE NUMBER, THE PATIENT CONSENTS TO RECEIVE TEXT MESSAGES FROM HEALTHTRACK. MESSAGE AND DATA RATES MAY APPLY. CONSENT IS NOT REQUIRED FOR SERVICE. PATIENTS MAY OPT-OUT UPON RECEIPT OF FIRST NOTIFICATION. VISIT WWW.HEALTHTRACKRX.COM/ONLINE-PRIVACY-POLICY.

<input type="checkbox"/> MULTITEST SWAB - SEXUAL HEALTH ORAL/RECTAL SCREEN	Sample Type: Oral, Rectal
Supported Test Combinations:	
● CT/NG	
● Chlamydia trachomatis	● Neisseria gonorrhoeae

<input type="checkbox"/> PIPETTE - SEXUAL HEALTH SCREEN	Sample Type: Urine Only
Supported Test Combinations:	
● CT/NG (<i>Chlamydia trachomatis</i> , <i>Neisseria gonorrhoeae</i>)	
● CGT (<i>Chlamydia trachomatis</i> , <i>Neisseria gonorrhoeae</i> , <i>Trichomonas vaginalis</i>)	
● Trichomonas Vaginalis	

<input type="checkbox"/> MULTITEST SWAB - COMMON VAGINITIS	Sample Type: Vaginal Only
Supported Test Combinations:	
● BV, Vaginitis, and CT/NG	● BV and CGT
● BV and Vaginitis	● Vaginitis and CT/NG
● BV and CT/NG	
● BV (<i>Lactobacillus spp.</i> , <i>Gardnerella vaginalis</i> , <i>Atopobium vaginae</i>)	
● Vaginitis (CV/TV) (<i>Candida species group (C. albicans, C. tropicalis, C. parapsilosis, and C. dubliniensis)</i> , <i>Candida glabrata</i> , <i>Trichomonas vaginalis</i>)	
● CT/NG (<i>Chlamydia trachomatis</i> , <i>Neisseria gonorrhoeae</i>)	
● <i>Trichomonas vaginalis</i>	

Updated Diagnosis Code(s):

Ordering Provider Name (printed):

Ordering Provider Name (Signed, stamp signature not accepted):

Date:

**Signature of the ordering provider is REQUIRED for updating test orders

SUBMIT TO CUSTOMER CARE AT:

FAX TO: (940) 295-2702 or

via EMAIL: mrcsubmission@healthtrackrx.com