

# Urology Minor Report Correction Add-On Test Order Form

**MRC INSTRUCTIONS - MANDATORY**

<p><b>PAGE 1</b></p> <ol style="list-style-type: none"> <li>1. Fill in requestor's first and last name in field 1.</li> <li>2. Fill in the patient name in field 2 exactly as it appears in on the final report.</li> <li>3. Fill in patient's date of birth (DOB) in field 3.</li> <li>4. Fill in the appropriate lab accession number in field 4 (lab accession number found in top right of results).</li> <li>5. Fill in the appropriate phone number for the patient in field 5.</li> <li>6. Choose whether this is an add-on, replacement, or deletion of order in field 6.</li> <li>7. Choose a panel, then the swab site in field. You may only choose one whole panel.</li> </ol>	<p><b>PAGE 2</b></p> <ol style="list-style-type: none"> <li>1. Update ICD code as necessary in field 7.</li> <li>2. Print ordering provider's name in field 8.</li> <li>3. Ordering provider must leave a signature in field 9.</li> <li>4. Fill out the date in field 10.</li> <li>5. Submit paperwork to HealthTrackRx via fax at <b>(940) 222-2702</b>, or via email at <b>mrcsubmission@healthtrackrx.com</b></li> </ol>
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**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  Replace  Delete

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](http://WWW.HEALTHTRACKRX.COM/ONLINE-PRIVACY-POLICY).

**URINARY TRACT INFECTION** Sample Type:  Urine (voided)  Urine (catheter) **WHITE TUBE**

<ul style="list-style-type: none"> <li>• Acinetobacter baumannii</li> <li>• Candida albicans, parapsilosis, tropicalis</li> <li>• Candida glabrata (Nakaseomyces glabratus)</li> <li>• Candida krusei (Pichia kudriavzevii)</li> <li>• Citrobacter freundii</li> <li>• Enterobacter cloacae complex, Klebsiella (Enterobacter) aerogenes</li> <li>• Enterococcus faecalis, faecium</li> </ul>	<ul style="list-style-type: none"> <li>• Escherichia coli</li> <li>• Klebsiella pneumoniae, oxytoca</li> <li>• Morganella morganii</li> <li>• Proteus mirabilis, vulgaris</li> <li>• Pseudomonas aeruginosa</li> <li>• Serratia marcescens</li> <li>• Staphylococcus aureus</li> </ul>	<ul style="list-style-type: none"> <li>• Staphylococcus epidermidis, haemolyticus, lugdunensis</li> <li>• Staphylococcus saprophyticus</li> <li>• Streptococcus agalactiae (Group B Strep)</li> <li>• <b>Resistance Genes</b> ACT, MIR, FOX, ACC Groups CTX-M Groups</li> </ul>
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dfp (A1, A5), sul(1, 2)  
ermA, B, C; mefA  
IMP, NDM, VIM Groups  
mecA (Methicillin Resistance)  
OXA Groups  
qnrA, qnrB  
SHV, KPC Groups  
tet B, tet M  
VanA, VanB

PANEL CODES INCLUDE PATHOGENS ABOVE AND ADDITIONAL PATHOGENS LISTED BELOW. ORDER USING ONLY THE CODE BELOW; IT INCLUDES THE BASE PANEL AND THE ADDITIONAL PATHOGENS LISTED.

**UTI + STI COMBINED** • Chlamydia trachomatis • Mycoplasma genitalium • Neisseria gonorrhoeae • Trichomonas vaginalis

**UTI + STI - ATYPICAL (MYCOPLASMA/ UREAPLASMA)** • Mycoplasma hominis • Ureaplasma parvum • Ureaplasma urealyticum

**CHLAMYDIA / GONORRHEA / TRICHOMONAS (CGT)** Sample Type:  Urine (voided)  Vaginal  Rectal **WHITE TUBE**

• Chlamydia trachomatis	• Neisseria gonorrhoeae	• Trichomonas vaginalis
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**URETHRITIS** Sample Type:  Urine (voided)  Internal Urethra **WHITE TUBE**

• Chlamydia trachomatis	• Mycoplasma genitalium	• Trichomonas vaginalis
• Herpes simplex virus 1	• Mycoplasma hominis	• Ureaplasma parvum
• Herpes simplex virus 2	• Neisseria gonorrhoeae	• Ureaplasma urealyticum

**GENITAL LESION** Sample Type:  Genital Ulcer/Lesion  Ulcer/Lesion **WHITE TUBE**

• Chlamydia trachomatis	• Herpes simplex virus 2	• Mpox (Monkeypox)
• Herpes simplex virus 1	• Haemophilus ducreyi (Chancroid)	• Treponema pallidum (Syphilis)

**PELVIC INFLAMMATORY DISEASE** Sample Type:  Cervical/Vaginal/Cervicovaginal/Endometrial **WHITE TUBE**

• Actinomyces israelii	• Mycoplasma genitalium	• Neisseria gonorrhoeae
• Chlamydia trachomatis	• Mycoplasma hominis	• Treponema pallidum (Syphilis)

**AEROBIC VAGINITIS** Sample Type:  Vaginal **WHITE TUBE**

<ul style="list-style-type: none"> <li>• Enterococcus faecalis, faecium</li> <li>• Escherichia coli</li> <li>• Staphylococcus aureus</li> </ul>	<ul style="list-style-type: none"> <li>• Streptococcus agalactiae (Group B Strep)</li> <li>• <b>Resistance Genes:</b> ACT, MIR, FOX, ACC Groups CTX-M Groups</li> </ul>	<ul style="list-style-type: none"> <li>dfp (A1, A5), sul (1, 2) ermA, B, C; mefA IMP, NDM, VIM Groups mecA (Methicillin Resistance)</li> <li>OXA Groups qnrA, qnrB SHV, KPC Groups</li> </ul>
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**VAGINITIS** Sample Type:  Vaginal **WHITE TUBE**

<ul style="list-style-type: none"> <li>• BVAB2,3 (Bacterial vaginosis-associated bacteria 2,3); Mobiluncus spp</li> <li>• Candida albicans, parapsilosis, tropicalis</li> </ul>	<ul style="list-style-type: none"> <li>• Candida glabrata (Nakaseomyces glabratus)</li> <li>• Candida krusei (Pichia kudriavzevii)</li> <li>• Chlamydia trachomatis</li> </ul>	<ul style="list-style-type: none"> <li>• Fannyhessea (Atopobium) vaginae</li> <li>• Gardnerella vaginalis</li> <li>• Megaspheara (types 1, 2)</li> </ul>
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• Mycoplasma genitalium  
• Neisseria gonorrhoeae  
• Trichomonas vaginalis

PANEL CODES INCLUDE PATHOGENS ABOVE AND ADDITIONAL PATHOGENS LISTED BELOW. ORDER USING ONLY THE CODE BELOW; IT INCLUDES THE BASE PANEL AND THE ADDITIONAL PATHOGENS LISTED.

**VAGINITIS - RECURRENT** • Herpes simplex virus 1 • Herpes simplex virus 2 • Mycoplasma hominis • Ureaplasma parvum • Ureaplasma urealyticum

# Urology Health Minor Report Correction Add-On Test Order Form

<b>DIARRHEAL INFECTION</b>	Sample Type: <input type="checkbox"/> Rectal (fecal) <input type="checkbox"/> Stool	<b>WHITE TUBE</b>
<ul style="list-style-type: none"> <li>• Adenovirus F40/41</li> <li>• Astrovirus</li> <li>• Campylobacter coli, jejuni, upsaliensis</li> <li>• Enteroinvasive E. coli (EIEC) / Shigella spp</li> <li>• Enteropathogenic E. coli (EPEC)</li> <li>• Enterotoxigenic E. coli (ETEC)</li> <li>• Norovirus (Genogroup 1, 2)</li> <li>• Rotavirus A</li> <li>• Salmonella</li> <li>• Sapovirus</li> <li>• Shiga toxin-producing E. coli (STEC)</li> <li>• Shiga toxin-producing E. coli O157 (STEC O157)</li> <li>• Vibrio cholerae, parahaemolyticus, vulnificus</li> <li>• Yersinia enterocolitica</li> </ul>		

PANEL CODES INCLUDE PATHOGENS ABOVE AND ADDITIONAL PATHOGENS LISTED BELOW. ORDER USING ONLY THE CODE BELOW;  
IT INCLUDES THE BASE PANEL AND THE ADDITIONAL PATHOGENS LISTED.

<b>DI + C. DIFF</b>	• Clostridioides difficile (toxins A,B)
<b>DI + PARASITES</b>	<ul style="list-style-type: none"> <li>• Cryptosporidium</li> <li>• Cyclospora cayetanensis</li> <li>• Dientamoeba fragilis</li> <li>• Entamoeba histolytica</li> <li>• Giardia lamblia (intestinalis)</li> <li>• Microsporidium (Enterocytozoon bienersi, Encephalitozoon intestinalis)</li> </ul>

<b>WOUND</b>	Sample Type: Wound Location:	<b>WHITE TUBE</b>
<ul style="list-style-type: none"> <li>• Bacteroides fragilis, Phocaeicola vulgatus</li> <li>• Candida albicans, glabrata, parapsilosis, tropicalis</li> <li>• Enterobacter cloacae complex, Klebsiella (Enterobacter) aerogenes</li> <li>• Escherichia coli</li> <li>• Herpes simplex virus 1</li> <li>• Herpes simplex virus 2</li> <li>• Klebsiella pneumoniae, oxytoca</li> <li>• Proteus mirabilis, vulgaris</li> <li>• Pseudomonas aeruginosa</li> <li>• Serratia marcescens</li> <li>• Staphylococcus aureus</li> <li>• Streptococcus agalactiae (Group B Strep)</li> <li>• Streptococcus pyogenes (Group A Strep)</li> <li>• Varicella zoster virus (Human Herpesvirus 3, VZV)</li> <li>• Vibrio cholerae, parahaemolyticus, vulnificus</li> <li>• Resistance Genes: ACT, MIR, FOX, ACC Groups, CTX-M Groups, dfr (A1, A5), sul (1, 2)</li> <li>ermA, B, C; mefA, IMP, NDM, VIM Groups, mecA (Methicillin Resistance), OXA Groups, qnrA, qnrB, SHV, KPC Groups, tet B, tet M, VanA, VanB</li> </ul>		

<b>BLISTERING LESION</b>	Sample Type: Wound Location:	<b>WHITE TUBE</b>
<ul style="list-style-type: none"> <li>• Herpes simplex virus 1</li> <li>• Herpes simplex virus 2</li> <li>• Staphylococcus aureus</li> <li>• Streptococcus pyogenes (Group A Strep)</li> <li>• Varicella zoster virus (Human Herpesvirus 3, VZV)</li> <li>• Resistance Genes: mecA (Methicillin Resistance)</li> </ul>		

**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)-222-2702 or via EMAIL: mrcsubmission@healthtrackrx.com**