

Women's Health Minor Report Correction Add-On Test Order Form

MRC INSTRUCTIONS - MANDATORY

PAGE 1

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 whether this is an add-on, replacement, or deletion 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 HealthTrackRx 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 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.

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

<ul style="list-style-type: none"> Acinetobacter baumannii Candida albicans, parapsilosis, tropicalis Candida glabrata (Nakaseomyces glabratus) Candida krusei (Pichia kudriavzevii) Citrobacter freundii Enterobacter cloacae complex, Klebsiella (Enterobacter) aerogenes Enterococcus faecalis, faecium 	<ul style="list-style-type: none"> Escherichia coli Klebsiella pneumoniae, oxytoca Morganella morganii Proteus mirabilis, vulgaris Pseudomonas aeruginosa Serratia marcescens Staphylococcus aureus 	<ul style="list-style-type: none"> Staphylococcus epidermidis, haemolyticus, lugdunensis Staphylococcus saprophyticus Streptococcus agalactiae (Group B Strep) Resistance Genes: ACT, MIR, FOX, ACC Groups CTX-M Groups 	<ul style="list-style-type: none"> dfr (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
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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

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

<ul style="list-style-type: none"> Chlamydia trachomatis Herpes simplex virus 1 	<ul style="list-style-type: none"> Herpes simplex virus 2 Haemophilus ducreyi (Chancroid) 	<ul style="list-style-type: none"> Mpox (Monkeypox) Treponema pallidum (Syphilis)
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PELVIC INFLAMMATORY DISEASE Sample Type: Cervical/Vaginal/Cervicovaginal/Endometrial WHITE TUBE

<ul style="list-style-type: none"> Actinomyces israelii Chlamydia trachomatis 	<ul style="list-style-type: none"> Mycoplasma genitalium Mycoplasma hominis 	<ul style="list-style-type: none"> Neisseria gonorrhoeae Treponema pallidum (Syphilis)
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AEROBIC VAGINITIS Sample Type: Vaginal WHITE TUBE

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

<ul style="list-style-type: none"> Bacterial Vaginosis 	<ul style="list-style-type: none"> Candida albicans, parapsilosis, tropicalis, dubliensis 	<ul style="list-style-type: none"> Candida glabrata (Nakaseomyces glabratus) Candida krusei (Pichia kudriavzevii) 	<ul style="list-style-type: none"> Trichomonas vaginalis
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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 + CG Chlamydia trachomatis Neisseria gonorrhoeae

CHLAMYDIA / GONORRHEA / TRICHOMONAS (CGT) Sample Type: Urine (voided) Vaginal YELLOW TUBE GREEN TUBE

<ul style="list-style-type: none"> Chlamydia trachomatis 	<ul style="list-style-type: none"> Neisseria gonorrhoeae 	<ul style="list-style-type: none"> Trichomonas vaginalis
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CHLAMYDIA / GONORRHEA (CG) Sample Type: Urine (voided) Vaginal Rectal Oral YELLOW TUBE GREEN TUBE

<ul style="list-style-type: none"> Chlamydia trachomatis 	<ul style="list-style-type: none"> Neisseria gonorrhoeae
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Women's Health Minor Report Correction

Add-On Test Order Form

■ RESPIRATORY TRACT INFECTION	Sample Type: <input type="checkbox"/> Nasopharyngeal/Nares <input type="checkbox"/> Oropharynx/Throat/Oral <input type="checkbox"/> Cough Sputum	WHITE TUBE
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- | | | | |
|---|--|--|---|
| <ul style="list-style-type: none"> • Adenovirus • Bordetella pertussis, parapertussis, bronchiseptica • Chlamydia pneumoniae | <ul style="list-style-type: none"> • Coronaviruses (229E, NL63, HKU1, OC43) • COVID-19 Coronavirus (SARS-CoV-2) • Enterovirus D68 | <ul style="list-style-type: none"> • Human metapneumovirus • Influenza virus A, B • Mycoplasma pneumoniae | <ul style="list-style-type: none"> • Parainfluenza virus (types 1, 2, 3, 4) • Respiratory syncytial virus • Rhinovirus/Enterovirus |
|---|--|--|---|

PANEL CODES INCLUDE PATHOGENS ABOVE AND ADDITIONAL PATHOGENS LISTED BELOW. ORDER USING ONLY THE CODE BELOW;
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■ RTI - PERSISTENT	<ul style="list-style-type: none"> • Haemophilus influenzae • Moraxella catarrhalis • Streptococcus pneumoniae 	
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■ RTI - ATYPICAL PHARYNGITIS	Sample Type: Oropharynx/Throat/Oral ONLY	
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|--|--|--|--|
| <ul style="list-style-type: none"> • Epstein-Barr Virus (Human Herpesvirus 4) | <ul style="list-style-type: none"> • Fusobacterium nucleatum, necrophorum | <ul style="list-style-type: none"> • Streptococcus dysgalactiae (Group C/G Strep) | |
|--|--|--|--|

■ PHARYNGITIS	Sample Type: <input type="checkbox"/> Oropharynx/Throat/Oral	WHITE TUBE
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- | | | | |
|--|---|---|---|
| <ul style="list-style-type: none"> • Adenovirus • Chlamydia pneumoniae • Coronaviruses (229E, NL63, HKU1, OC43) | <ul style="list-style-type: none"> • COVID-19 Coronavirus (SARS-CoV-2) • Enterovirus D68 • Human metapneumovirus | <ul style="list-style-type: none"> • Influenza virus A, B • Mycoplasma pneumoniae • Parainfluenza virus (types 1, 2, 3, 4) | <ul style="list-style-type: none"> • Respiratory syncytial virus • Rhinovirus/Enterovirus • Streptococcus pyogenes (Group A Strep) |
|--|---|---|---|

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.

■ PHARYNGITIS - PERSISTENT	<ul style="list-style-type: none"> • Epstein-Barr Virus (Human Herpesvirus 4) • Fusobacterium nucleatum, necrophorum • Streptococcus dysgalactiae (Group C/G Strep) 	
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■ FLU, COVID, RSV	Sample Type: <input type="checkbox"/> Nasopharyngeal/Nares	WHITE TUBE
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- | | | |
|---|--|---|
| <ul style="list-style-type: none"> • COVID-19 Coronavirus (SARS-CoV-2) | <ul style="list-style-type: none"> • Influenza virus A, B | <ul style="list-style-type: none"> • Respiratory syncytial virus |
|---|--|---|

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

PANEL CODES INCLUDE PATHOGENS ABOVE AND ADDITIONAL PATHOGENS LISTED BELOW. ORDER USING ONLY THE CODE BELOW;
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■ DI + C. DIFF	<ul style="list-style-type: none"> • Clostridioides difficile (toxins A,B) 	
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■ DI + PARASITES	<ul style="list-style-type: none"> • Cryptosporidium • Cyclospora cayatanensis • Dientamoeba fragilis • Entamoeba histolytica • Giardia lamblia (intestinalis) • Microsporidium (Enterocytozoon bienersi, Encephalitozoon intestinalis) 	
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■ WOUND	Sample Type: Wound Location:	WHITE TUBE
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|---|---|--|---|
| <ul style="list-style-type: none"> • Bacteroides fragilis, Phocaeicola vulgatus • Candida albicans, glabrata, parapsilosis, tropicalis • Enterobacter cloacae complex, Klebsiella (Enterobacter) aerogenes • Escherichia coli • Herpes simplex virus 1 • Herpes simplex virus 2 | <ul style="list-style-type: none"> • Klebsiella pneumoniae, oxytoca • Proteus mirabilis, vulgaris • Pseudomonas aeruginosa • Serratia marcescens • Staphylococcus aureus • Streptococcus agalactiae (Group B Strep) • Streptococcus pyogenes (Group A Strep) | <ul style="list-style-type: none"> • Varicella zoster virus (Human Herpesvirus 3, VZV) • Vibrio cholerae, parahaemolyticus, vulnificus • Resistance Genes:
ACT, MIR, FOX, ACC Groups
CTX-M Groups
dfr (A1, A5), sul (1, 2) | <ul style="list-style-type: none"> ermA, B, C; mecA
IMP, NDM, VIM Groups
mecA (Methicillin Resistance)
OXA Groups
qnrA, qnrB
SHV, KPC Groups
tet B, tet M
VanA, VanB |
|---|---|--|---|

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

Women's Health Minor Report Correction Add-On Test Order Form

SENIOR 65+

■ VAGINITIS	Sample Type: <input type="checkbox"/> Vaginal	GREEN TUBE
<ul style="list-style-type: none"> • Bacterial Vaginosis • Candida albicans, parapsilosis, tropicalis, dubliniensis • Candida glabrata (Nakaseomyces glabratus) • Candida krusei (Pichia kudriavzevii) • 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 + CG	<ul style="list-style-type: none"> • Chlamydia trachomatis • Neisseria gonorrhoeae 	

■ CHLAMYDIA / GONORRHEA / TRICHOMONAS (CGT)	Sample Type: <input type="checkbox"/> Urine (voided) <input type="checkbox"/> Vaginal	YELLOW TUBE	GREEN TUBE
<ul style="list-style-type: none"> • Chlamydia trachomatis • Neisseria gonorrhoeae • Trichomonas vaginalis 			

■ CHLAMYDIA / GONORRHEA (CG)	Sample Type: <input type="checkbox"/> Urine (voided) <input type="checkbox"/> Vaginal <input type="checkbox"/> Rectal <input type="checkbox"/> Oral	YELLOW TUBE	GREEN TUBE
<ul style="list-style-type: none"> • Chlamydia trachomatis • Neisseria gonorrhoeae 			

■ FLU, COVID, RSV	Sample Type: <input type="checkbox"/> Nasopharyngeal/Nares	WHITE TUBE
<ul style="list-style-type: none"> • COVID-19 Coronavirus (SARS-CoV-2) • Influenza virus A,B • Respiratory syncytial virus 		

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**