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CLIA# 05D2284039

LABORATORY DIRECTOR: Dr Ahmad Charifa MD

NPI#:1093490112

TEST REQUISITION FORM

PATIENT INFORMATION

Date Collected:.....Time Collected:..... Fax Results to :Fasting? Yes No STAT

Patient Name (Last): _____ (First) _____ DOB: ____/____/____

Gender: M or F If female: Currently pregnant? No Yes Unknown

Address: _____ Phone: _____ SSN: _____

Race: American Indian / Alaska Native Asian Black or African American
 Native Hawaiian / Pacific Islander White Other

Diagnosis Codes (ICD-10 Codes)

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown

BILLING INFORMATION

PROVIDER INFORMATION

Insurance Carrier:

Subscriber ID: _____ Group No. _____

Subscriber Name/ Rel.:

Bill Medicare Bill Medicaid Bill Patient

Others _____ Please include a copy of Insurance Card

Client:

Ordering Provider:

MOLECULAR TESTS (Profiles) (See Back Page for Profile Assays)

Code	Test	Sp.	Code	Test	Sp.
3100	<input type="checkbox"/> SAR Cov-2 COVID-19 RT PCR	Swab	3105	<input type="checkbox"/> UTI Pathogens + ABR Markers RT-PCR Profile	Urine
3101	<input type="checkbox"/> SARs Cov-2 COVID-19 + Flu A/B + RSV	Swab	3106	<input type="checkbox"/> Toenail Fungal RT-PCR Profile	Nail
3102	<input type="checkbox"/> Covid-19 & FLU A/B, RSV RT-PCR w/ Reflex to RPP if Indicated (Symptomatic with negative Covid, Flu A/B & RSV results)	Swab	3107	<input type="checkbox"/> PGX (Pharmacogenomics) Profile	Mouth buccal swab
3103	<input type="checkbox"/> Upper/Lower Respiratory Pathogen RT-PCR Profile	Swab/Sputum	3108	<input type="checkbox"/> Gastrointestinal Pathogens RT-PCR Profile	Stool
3104	<input type="checkbox"/> Vaginitis/STI RT-PCR Profile (CT, NG, TV, CA, BV, M.Gen, others)	Eswab/U	3109	<input type="checkbox"/> Wound Pathogens + ABR Markers RT-PCR Profile	Cul/Eswab

CLINICAL PANELS/PROFILES

CLINICAL INDIVIDUAL TESTS

CODE	TEST	CPT	Sp.	CODE	TEST	CPT	Sp.	CODE	TEST	CPT	Sp.
3304	<input type="checkbox"/> CBC With Auto Diff	85027	L	112	<input type="checkbox"/> BUN	84520	SS	179	<input type="checkbox"/> PTT, Activated	85730	LB
3300	<input type="checkbox"/> CMP Panel "Random"	80053	SS	117	<input type="checkbox"/> Calcium	82310	SS	181	<input type="checkbox"/> Rheumatoid Factor	86431	SS
3301	<input type="checkbox"/> CMP Panel "Fasting**"	80053	SS	120	<input type="checkbox"/> Cholesterol	82465	SS	183	<input type="checkbox"/> Sedimentation Rate (ESR)	85651	L
3302	<input type="checkbox"/> BMP Panel "Random"	80048	SS	122	<input type="checkbox"/> CPK	82550	SS	185	<input type="checkbox"/> SGOT (AST)	84450	SS
3303	<input type="checkbox"/> BMP Panel "Fasting**"	80048	SS	131	<input type="checkbox"/> Estradiol	82670	SS	186	<input type="checkbox"/> SGPT (ALT)	84460	SS
3306	<input type="checkbox"/> LIPID Panel	80061	SS	132	<input type="checkbox"/> Ferritin*	82728	SS	187	<input type="checkbox"/> Sodium	84295	SS
3307	<input type="checkbox"/> LIVER Function Panel	80010	SS	133	<input type="checkbox"/> Folate	82746	SS	189	<input type="checkbox"/> Triglycerides	84478	SS
3308	<input type="checkbox"/> Renal Function Panel	80069	SS	134	<input type="checkbox"/> FSH	83001	SS	190	<input type="checkbox"/> TSH, 3rd Gen.	84443	SS
199	<input type="checkbox"/> URINALYSIS Dip Stick	81005	U	135	<input type="checkbox"/> GGT	82977	SS	191	<input type="checkbox"/> T3, Free	84481	SS
3003	<input type="checkbox"/> Male Wellness Profile	See Back Page	L,SS,U	103	<input type="checkbox"/> Alkaline Phosphatase	84075	SS	192	<input type="checkbox"/> T3, Total	84480	SS
3004	<input type="checkbox"/> Female Wellness Profile	See Back Page	L,SS,U	136	<input type="checkbox"/> Glucose, Fasting	82947	GY	193	<input type="checkbox"/> T3, Uptake	84479	SS
3309	<input type="checkbox"/> Anemia Profile	See Back Page	SS	137	<input type="checkbox"/> Glucose, Random	82947	GY	194	<input type="checkbox"/> T4, Free	84439	SS
3310	<input type="checkbox"/> Diabetes Profile	See Back Page	L, SS	141	<input type="checkbox"/> HCG, (Qual) Urine	81025	U	195	<input type="checkbox"/> T4, Total	84436	SS
3311	<input type="checkbox"/> Thyroid Profile	See Back Page	SS	142	<input type="checkbox"/> HCG, (Qual) Serum	84703	SS	196	<input type="checkbox"/> Testosterone, Free (Calc), SHBG	84403, 84270	SS
3200	<input type="checkbox"/> Urine Drug Confirmation EIA/LCMS Profile (Specimen Validity, Ethyl Alcohol EIA, 22+ Drugs LCMS)	G0483, 80307	U	144	<input type="checkbox"/> HDL, Cholesterol	83718	SS	197	<input type="checkbox"/> Testosterone, Total	84403	SS
				145	<input type="checkbox"/> Hemoglobin A1C	83036	L	200	<input type="checkbox"/> Uric Acid	84550	SS
				159	<input type="checkbox"/> Insulin	83525	SS	201	<input type="checkbox"/> Vitamin B12	82607	SS

Other Tests Not listed (Please write below)

160	<input type="checkbox"/> Iron + UIBC (TIBC)*	83550	SS	202	<input type="checkbox"/> Vitamin D, 25-OH	82306	SS
161	<input type="checkbox"/> LDH	83615	SS	3010	<input type="checkbox"/> Urine Drug Screen	80305	U
162	<input type="checkbox"/> LDL, Cholesterol	83721	SS	CODE	HEPATITIS/INFECTIOUS TESTS	CPT	Sp.
163	<input type="checkbox"/> LH	83002	SS	146	<input type="checkbox"/> Hepatitis A Ab, Tot.	86708	SS
167	<input type="checkbox"/> Magnesium	83735	SS	150	<input type="checkbox"/> Hepatitis B Surface Ab	86706	SS
171	<input type="checkbox"/> Phosphorus	84100	SS	151	<input type="checkbox"/> Hepatitis B Surface Ag	87340	SS
172	<input type="checkbox"/> Potassium	84132	SS	152	<input type="checkbox"/> Hepatitis C Ab	86803	SS
173	<input type="checkbox"/> Progesterone	88144	SS	153	<input type="checkbox"/> HIV Ab	87389	SS
175	<input type="checkbox"/> PSA, Total	84153	SS	184	<input type="checkbox"/> Syphilis Screen w/ Rflx RPR*	86780+	SS
178	<input type="checkbox"/> PT/INR	85610	LB	Others:			

L: Lavender SS: Serum Separator B: Blue U: Urine Sw: Swab R: Red Top St: Stool GY: Grey

Patient Informed Consent
I request and authorize a CLIA certified laboratory to perform the above designated test(s) on all sample types provided by me. My signature below constitutes my acknowledgment that I have been informed of the benefits and limitations of this testing which have been explained to my satisfaction by a qualified health professional. I hereby authorize my physician to release personal health information to Biogene Diagnostics Inc or their designee for any purposes, consistent with HIPAA, including billing, audits, and other purposes.

Assignment of Benefits
I hereby authorize Biogene Diagnostics, or their designee to bill my insurance company and receive payment from them on my behalf. I acknowledge, however, that I'm responsible for payment of my account and any and all charges associated with its collection. I hereby authorize my insurance company to pay Biogene Diagnostics or their designee directly for services rendered. This may include late fees and collection fees.

Appeal Authorization
In the event of an underpayment or denial by my insurance carrier, I hereby authorize Biogene Diagnostics or their designee, to appeal my health plan on my behalf* to provide the actions and information necessary to overturn the denial or receive reimbursement for the underpaid claim. The authorization shall remain valid until the charges for the orders on this form are paid in full. (*Biogene Diagnostics or their designee may perform this appeal on my behalf, but is not obligated to do so).

Provider Health Provider Authorization
By the signature below, the healthcare provider authorizes performance of the test(s) and indicates that he or she has explained the purpose of the test, procedures, the benefits and risk that are involved in testing to their patient and obtained the patient's informed consent in accordance with state and local laws.
Statement of Medical Necessity
I affirm each of the following: I have provided respiratory testing information to the patient and patient has consented to the respiratory pathogen panel testing. This is medically necessary for the diagnosis of a disease, illness, impairment, symptom, syndrome or disorder. The results will be used for the patient's medical management treatment and decisions. The person listed as the Ordering Physician is authorized by law to order test(s) requested herein.

Patient's Signature: _____ Date: _____ Provider's Signature: _____ Date: _____

BGD Clinical Panels and Profiles

BGD Clinical Panels and Profiles						
General Panel 82728, 80053, 84443,	Anemia Profile 82728, 82746, 82607, 83550x2	Diabetes Profile 82947, 83036, 83525	Thyroid Profile 84443, 84481, 84480, 84479 84439, 84436	Acute Hepatitis 86708, 86706, 87340, 86803	STD Panel (Blood and Ur/Sw) 86780, 86803, 87340, 87389, 87661x5	OB Profile 82728, 87389, 86803, 86762, 86780
CBC with Auto Diff CMP HbA1c TSH UA	CBC Ferritin Folate Vit B12 Iron + UIBC	Glucose HbA1c Insuline	TSH FT3 FT4 TT3 TT4	Hep A Total Hep B Surface Ab Hep B Surface Ag Hep C Hep B Core Ab	Syphilis HIV Ab I/II Hep C Hep B Surface Ag Urine STI RT-PCR Tests (CT,GC,M.Gen,BV,TV and Others)	CBC with Auto Diff Hep B Surface Ag HIV Ab I/II Rubella IgG Syphilis
Male Wellness Profile 2 SST, 2 LAV, UA				Female Wellness Profile 2 SST, 2 LAV, UA		
CBC with Auto Diff, CMP, Lipid Panel, Thyroid Panel, Mg, Phos, Uric, LDH, Iron, UIBC, E2, Folate, Ferritin, Vit B12, Testosterone Total, SHBG, PSA, Vit-D, HbA1c, UA				CBC with Auto Diff, CMP, Lipid Panel, Thyroid Panel, Mg, Phos, Uric, LDH, Iron, UIBC, E2, Prog, FSH, LH, Folate, Ferritin, Vit B12, Testosterone Total, SHBG, Vit-D, HbA1c, UA		

COVID & RPP DIAGNOSIS (ICD-10 Code)		PGX DIAGNOSIS (ICD-10 Code)	
<ul style="list-style-type: none"> <input type="checkbox"/> B97.29 Other coronavirus as the cause of diseases classified elsewhere <input type="checkbox"/> D80.9 Immunodeficiency with predominantly antibody defects, unspecified <input type="checkbox"/> J06.9 Acute upper respiratory infection, unspecified <input type="checkbox"/> J12.81 Pneumonia due to SARS-associated coronavirus <input type="checkbox"/> J12.82 Pneumonia due to coronavirus disease <input type="checkbox"/> J12.89 Other viral pneumonia <input type="checkbox"/> J12.9 Viral pneumonia, unspecified 	<ul style="list-style-type: none"> <input type="checkbox"/> J15.8 Pneumonia due to other specified bacteria <input type="checkbox"/> J16.8 Pneumonia due to other specified infectious organisms <input type="checkbox"/> J18.0 Bronchopneumonia, unspecified organism <input type="checkbox"/> J18.9 Pneumonia, unspecified organism <input type="checkbox"/> Z20.822 Contact with a (suspected) exposure to Covid-19 <input type="checkbox"/> Z86.16 Personal history of Covid-19 <input type="checkbox"/> J20.8 Acute bronchitis due to other specified organisms <input type="checkbox"/> J20.8 Acute bronchitis due to other specified organisms 	<ul style="list-style-type: none"> <input type="checkbox"/> J22 Unspecified acute lower respiratory infection <input type="checkbox"/> R05.9 Cough <input type="checkbox"/> R06.2 Wheezing <input type="checkbox"/> R50.9 Fever, unspecified <input type="checkbox"/> U07.1 COVID-19 <input type="checkbox"/> Z11.52 Encounter for screening for Covid-19 <input type="checkbox"/> Z11.59 Encounter for screening for other viral diseases <input type="checkbox"/> Z20.828 Contact with and (suspected) exposure to other viral communicable diseases 	<ul style="list-style-type: none"> <input type="checkbox"/> I20.0 Unstable angina <input type="checkbox"/> I20.9 Angina pectoris, unspecified <input type="checkbox"/> I24.0 Acute coronary thrombosis not resulting in myocardial infarction <input type="checkbox"/> I24.9 Acute ischemic heart disease, unspecified <input type="checkbox"/> I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris <input type="checkbox"/> I25.700 Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris

UTI DIAGNOSIS (ICD-10 Code)		GI DIAGNOSIS (ICD-10 Code)	
<ul style="list-style-type: none"> <input type="checkbox"/> A54.00-A54.9 Gonococcal infection of lower genitourinary tract, unspecified <input type="checkbox"/> A74.0 Chlamydial conjunctivitis <input type="checkbox"/> A56.01 Chlamydial cystitis and urethritis <input type="checkbox"/> B30.9 Viral conjunctivitis, unspecified <input type="checkbox"/> B34.9 Viral infection, unspecified <input type="checkbox"/> B37.1 Candidal cystitis & urethritis <input type="checkbox"/> G89.4 Chronic pain syndrome <input type="checkbox"/> I10 Essential (primary) hypertension <input type="checkbox"/> N30.80 Other cystitis without hematuria <input type="checkbox"/> N34.1 Nonspecific urethritis <input type="checkbox"/> N34.3 Urethral syndrome, unspecified <input type="checkbox"/> N39.0 Urinary tract infections, site not specified <input type="checkbox"/> N41.0 Acute prostatitis <input type="checkbox"/> N41.8 Other inflammatory diseases of prostate <input type="checkbox"/> N41.9 Inflammatory disease of prostate, unspecified 	<ul style="list-style-type: none"> <input type="checkbox"/> N73.9 Female pelvic inflammatory disease unspecified <input type="checkbox"/> N76.2 Acute vulvitis <input type="checkbox"/> N94.89 Other specified conditions associated with female genital organs & menstrual cycle <input type="checkbox"/> R10.9 Unspecified abdominal pain <input type="checkbox"/> R30.0 Dysuria <input type="checkbox"/> R30.9 Painful micturition, unspecified <input type="checkbox"/> R39.15 Urgency of urination <input type="checkbox"/> R78.81 Bacteremia <input type="checkbox"/> R80.9 Proteinuria, unspecified <input type="checkbox"/> R82.71 Bacteriuria <input type="checkbox"/> R82.79 Other abnormal findings on micro- biological examination of urine <input type="checkbox"/> R82.90 Unspecified abnormal findings in urine <input type="checkbox"/> Z20.2 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission 	<ul style="list-style-type: none"> <input type="checkbox"/> A04.3 Enterohemorrhagic E. coli infection <input type="checkbox"/> B82.9 Intestinal parasitism, unspecified <input type="checkbox"/> K29.50 Unspecified chronic gastritis without bleeding <input type="checkbox"/> K29.60 Other gastritis without bleeding <input type="checkbox"/> K31.89 Other diseases of stomach and duodenum <input type="checkbox"/> K50.00 Crohn's disease of small intestine without complications <input type="checkbox"/> K52.9 Gastroenteritis <input type="checkbox"/> K50.018-K50.919 Crohn's disease and others unspecified <input type="checkbox"/> K51.919 Ulcerative colitis unspecified <input type="checkbox"/> K56.0 Paralytic ileus <input type="checkbox"/> K58.0 Irritable bowel syndrome with diarrhea <input type="checkbox"/> K59.1 functional diarrhea <input type="checkbox"/> K63.89 Other specified diseases of intestine <input type="checkbox"/> R10.10 Upper abdominal pain, unspecified <input type="checkbox"/> R10.13 Epigastric pain 	<ul style="list-style-type: none"> <input type="checkbox"/> R10.2 Pelvic and perineal pain <input type="checkbox"/> R10.30 Lower abdominal pain, unspecified <input type="checkbox"/> R10.84 Generalized abdominal pain <input type="checkbox"/> R10.9 Unspecified abdominal pain <input type="checkbox"/> R11.0 Nausea <input type="checkbox"/> R11.2 Nausea with vomiting, unspecified <input type="checkbox"/> R12 Heartburn <input type="checkbox"/> R13.10 Dysphagia, unspecified <input type="checkbox"/> R14.3 Flatulence <input type="checkbox"/> R19.4 Change in bowel habit <input type="checkbox"/> R19.5 Other fecal abnormalities <input type="checkbox"/> R19.7 Diarrhea, unspecified <input type="checkbox"/> R63.4 Abnormal weight loss <input type="checkbox"/> R74.0 Nonspecific elevation of levels of transaminase and lactic acid dehydrogenase (LDH) <input type="checkbox"/> R93.3 Abnormal findings on diagnostic imaging of other parts of digestive tract

TOENAIL FUNGAL/WOUND DIAGNOSIS (ICD-10 Code)			
<ul style="list-style-type: none"> <input type="checkbox"/> B35.8 Other dermatophytosis <input type="checkbox"/> B35.9 Dermatophytosis, unspecified <input type="checkbox"/> B6.9 Superficial mycosis, unspecified <input type="checkbox"/> L00-L99 Diseases of the skin and subcutaneous tissue <input type="checkbox"/> L00-L08 Infections of the skin and subcutaneous tissue <input type="checkbox"/> L03.0 Cellulitis and acute lymphagitis of finger and toe <input type="checkbox"/> L03.03 Cellulitis of toe <input type="checkbox"/> L60.0 Ingrown nail <input type="checkbox"/> L60.2 Onychogryphosis 	<ul style="list-style-type: none"> <input type="checkbox"/> L60.3 Nail dystrophy <input type="checkbox"/> L60.4 Beau's lines <input type="checkbox"/> L60.5 Yellow nail syndrome <input type="checkbox"/> L60.8 Other nail disorders <input type="checkbox"/> L60.9 Nail disorders, unspecified <input type="checkbox"/> Z16.30 Resistance to unspecified antimicrobial drugs <input type="checkbox"/> Z16.31 Resistance to antiparasitic drug(s) <input type="checkbox"/> Z16.32 Resistance to antifungal drug(s) <input type="checkbox"/> Z16.33 Resistance to antiviral drug(s) <input type="checkbox"/> Z16.35 Resistance to multiple antimicrobial drugs 	<ul style="list-style-type: none"> <input type="checkbox"/> Z16.39 Resistance to other specified antimicrobial drugs <input type="checkbox"/> Z16.341 Resistance to single antimicrobial drug <input type="checkbox"/> Z16.342 Resistance to multiple <input type="checkbox"/> E11.621 Type 2 diabetes mellitus with foot ulcer <input type="checkbox"/> E11.622 Type 2 diabetes mellitus with other skin ulcer <input type="checkbox"/> I70.203 Unspecified atherosclerotic native arteries of extremities, bilateral legs <input type="checkbox"/> I70.232-I70.234 Atherosclerotic native arteries of right/left leg with ulcer of heel and mid/other part of foot 	<ul style="list-style-type: none"> <input type="checkbox"/> I70.244-I70.245 Atherosclerotic native arteries of left leg with ulcer of heel and mid foot <input type="checkbox"/> I87.311-I87.313 Chronic venous hypertension with ulcer of right, left, bilateral low extremity <input type="checkbox"/> L03.115-L03.116 Cellulitis of right/left lower limb <input type="checkbox"/> L03.143-L03.144 Pressure ulcer of left lower back, stage 3 & 4 <input type="checkbox"/> M86.171-M86.172 Other acute osteomyelitis, right & left ankle and foot <input type="checkbox"/> M86.18 Other acute osteomyelitis, another site <input type="checkbox"/> S81.801A-S802A Unspecified open wound right/left lower leg, initial encounter <input type="checkbox"/> T 86.821 Skin graft (allo- or autograft) failure

RESPIRATORY TRACT (RPP) PROFILE ASSAYS
<p>Bordetella, Bordetella pertussis, Chlamydia pneumoniae, Haemophilus influenzae, Klebsiella pneumoniae complex, Legionella pneumophila, Moraxella catarrhalis, Mycoplasma pneumoniae, Staphylococcus aureus, Streptococcus pneumoniae, Adenovirus, Bocavirus, Coronavirus 229E, Coronavirus HKU1, Coronavirus NL63, Coronavirus OC43, Enterovirus, Enterovirus D68, Human herpesvirus 6 (HHV-6), HHV3 (varicella zoster virus), HHV5 (cytomegalovirus), Human metapneumovirus (hMPV), Influenza A (pan), Influenza A/H1-2009, Influenza A/H3, Influenza B, Parainfluenza virus 1, Parainfluenza virus 2, Parainfluenza virus 3, Parainfluenza virus 4, Parechovirus, Respiratory syncytial virus A (RSV A), Respiratory syncytial virus B (RSV B), Rhinovirus</p>

TOENAIL PROFILE ASSAYS
<p>Acremonium strictum, Alternaria spp, Aspergillus niger, Aspergillus terreus, Candida albicans, Candida glabrata, Candida krusei, Candida lusitanae, Candida parapsilosis, Candida tropicalis, Epidermophyton floccosum, Fusarium solani, Microsporum ferrugineum, Microsporum audouinii, Microsporum canis, Neofusarium mangiferae, Trichophyton interdigitale, Trichophyton rubrum, Aspergillus fumigatus, Geotrichum candidum, Microsporum gypseum, Trichosporon, Trichophyton tonsurans, Aspergillus versicolor, Curvularia lunata</p>

GI PROFILE ASSAYS
<p>Campylobacter (jejuni, coli and upsaliensis), Clostridium difficile (toxin A / B), Plesiomonas shigelloides, Salmonella, Yersinia enterocolitica, Vibrio (parahaemolyticus, vulnificus), Vibrio cholerae, Escherichia coli, Enterococcus faecalis (EAE), Enteropathogenic E. coli (EPEC), Enterotoxigenic E. coli (ETEC), Shiga-like toxin-producing E. coli (STEC) stx1 / stx 2, E. coli O157, Shigella/Enteroinvasive E. coli (EIEC), Cryptosporidium, Cyclospora cayatanensis, Entamoeba histolytica, Giardia lamblia, Adenovirus F 40/41, Astrovirus, Norovirus G1, Rotavirus A, Sapovirus (I, II, IV)</p>

UTI PROFILE ASSAYS		PGX PROFILE GENES	
<p>Acinetobacter baumannii, Enterobacter cloacae, Enterococcus faecalis+faecium, Citrobacter freundii, Escherichia coli, Klebsiella oxytoca, Klebsiella pneumoniae, Morganella morganii, Proteus mirabilis, Pseudomonas aeruginosa, Streptococcus agalactiae, Serratia marcescens, Staphylococcus aureus, Candida albicans, Proteus vulgaris, Ureaplasma urealyticum, Mycoplasma hominis, Enterobacter aerogenes, Providencia stuartii, Mycoplasma genitalium & AB Resistance Markers</p>	<p>APOE, COMT, F2, F5, CYP2B6, CYP2C19, CYP2C9, CYP3A5, CYP2D6, MTHFR, VKORC1, SLC01B1, TPMT</p>		

Wound Pathogens/AB Markers RT-PCR Profile		VAGINITIS/STD RT-PCR PROFILE	
<p>Acinetobacter baumannii, Enterobacter cloacae, Enterococcus faecalis+faecium, Citrobacter freundii, Escherichia coli, Klebsiella oxytoca, Klebsiella pneumoniae, Morganella morganii, Proteus mirabilis, Pseudomonas aeruginosa, Streptococcus agalactiae (GBS), Serratia marcescens, Staphylococcus aureus, Candida albicans, Proteus vulgaris, Staphylococcus epidermidis, Prevotella bivia, Strep Pyrogenese (GAS), Bacteroides fragilis</p>	<p>Candida parapsilosis, Candida albicans, Candida glabrata, Chlamydia trachomatis (CT), Neisseria gonorrhoeae (NG), Trichomonas vaginalis (TV), Gardnerella vaginalis</p>		