

10842 Noel St. #111 Los Alamitos, CA 90720
 Phone: (657)-214-2617 Fax: 657-214-2409

CLIA# 05D2284039

LABORATORY DIRECTOR: Dr Ahmad Charifa MD

NPI#:1093490112

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

Please include a copy of Insurance Card

Facility/Provider Name:

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

Code	Test	Sp.	Code	Test	Sp.
3100	<input type="checkbox"/> SAR Cov-2 COVID-19 RT PCR (U0003)	Sw	3105	<input type="checkbox"/> UTI Pathogens RT-PCR Profile	U
3101	<input type="checkbox"/> SARs Cov-2 COVID-19 + Flu A/B + RSV	Sw	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)	Sw	3107	<input type="checkbox"/> PGX (Pharmacogenomics) Profile	Sw
3103	<input type="checkbox"/> Respiratory Pathogen RT-PCR Profile	Sw	3108	<input type="checkbox"/> Gastrointestinal Pathogens RT-PCR Profile	Stool
3104	<input type="checkbox"/> Vaginitis STD RT-PCR Profile	Eswab/U	3109	<input type="checkbox"/> Wound Pathogens/AB Markers RT-PCR Profile	Cul/ESwab

COVID & RPP DIAGNOSIS (ICD-10 Code)

- B97.29 Other coronavirus as the cause of diseases classified elsewhere
- D80.9 Immunodeficiency with predominantly antibody defects, unspecified
- J06.9 Acute upper respiratory infection, unspecified
- J12.81 Pneumonia due to SARS-associated coronavirus
- J12.82 Pneumonia due to coronavirus disease
- J12.89 Other viral pneumonia
- J12.9 Viral pneumonia, unspecified
- J15.8 Pneumonia due to other specified bacteria
- J16.8 Pneumonia due to other specified infectious organisms
- J18.0 Bronchopneumonia, unspecified organism
- J18.9 Pneumonia, unspecified organism
- Z20.822 Contact with a (suspected) exposure to Covid-19
- Z86.16 Personal history of Covid-19
- J20.8 Acute bronchitis due to other specified organisms
- J20.8 Acute bronchitis due to other specified organisms

- J22 Unspecified acute lower respiratory infection
- R05.9 Cough
- R06.2 Wheezing
- R50.9 Fever, unspecified
- U07.1 COVID-19
- Z11.52 Encounter for screening for Covid-19
- Z11.59 Encounter for screening for other viral diseases
- Z20.828 Contact with and (suspected) exposure to other viral communicable diseases

PGX DIAGNOSIS (ICD-10 Code)

- I20.0 Unstable angina
- I20.9 Angina pectoris, unspecified
- I24.0 Acute coronary thrombosis not resulting in myocardial infarction
- I24.9 Acute ischemic heart disease, unspecified
- I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
- I25.700 Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
- F31.9 Bipolar disorder, unspecified
- F32.9 Major depressive disorder, single episode, unspecified
- F33.0 Major depressive disorder, recurrent, mild
- F33.1 Major depressive disorder, recurrent, moderate
- F33.3 Major depressive disorder, recurrent, severe, with psychotic symptoms
- F33.9 Major depressive disorder, recurrent, unspecified

UTI DIAGNOSIS (ICD-10 Code)

- A54.00-A54.9 Gonococcal infection of lower genitourinary tract, unspecified
- A74.0 Chlamydial conjunctivitis
- A56.01 Chlamydial cystitis and urethritis
- B30.9 Viral conjunctivitis, unspecified
- B34.9 Viral infection, unspecified
- B37.1 Candidal cystitis & urethritis
- G89.4 Chronic pain syndrome
- I10 Essential (primary) hypertension
- N30.80 Other cystitis without hematuria
- N34.1 Nonspecific urethritis
- N34.3 Urethral syndrome, unspecified
- N39.0 Urinary tract infections, site not specified
- N41.0 Acute prostatitis
- N41.8 Other inflammatory diseases of prostate
- N41.9 Inflammatory disease of prostate, unspecified

- N73.9 Female pelvic inflammatory disease unspecified
- N76.2 Acute vulvitis
- N94.89 Other specified conditions associated with female genital organs & menstrual cycle
- R10.9 Unspecified abdominal pain
- R30.0 Dysuria
- R30.9 Painful micturition, unspecified
- R39.15 Urgency of urination
- R78.81 Bacteremia
- R80.9 Proteinuria, unspecified
- R82.71 Bacteriuria
- R82.79 Other abnormal findings on micro-biological examination of urine
- R82.90 Unspecified abnormal findings in urine
- Z20.2 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission

GI DIAGNOSIS (ICD-10 Code)

- A04.3 Enterohemorrhagic E. coli infection
- B82.9 Intestinal parasitism, unspecified
- K29.50 Unspecified chronic gastritis without bleeding
- K29.60 Other gastritis without bleeding
- K31.89 Other diseases of stomach and duodenum
- K50.00 Crohn's disease of small intestine without complications
- K52.9 Gastroenteritis
- K50.018-K50.919 Crohn's disease and others unspecified
- K51.919 Ulcerative colitis unspecified
- K56.0 Paralytic ileus
- K58.0 Irritable bowel syndrome with diarrhea
- K59.1 functional diarrhea
- K63.89 Other specified diseases of intestine
- R10.10 Upper abdominal pain, unspecified
- R10.13 Epigastric pain

- R10.2 Pelvic and perineal pain
- R10.30 Lower abdominal pain, unspecified
- R10.84 Generalized abdominal pain
- R10.9 Unspecified abdominal pain
- R11.0 Nausea
- R11.2 Nausea with vomiting, unspecified
- R12 Heartburn
- R13.10 Dysphagia, unspecified
- R14.3 Flatulence
- R19.4 Change in bowel habit
- R19.5 Other fecal abnormalities
- R19.7 Diarrhea, unspecified
- R63.4 Abnormal weight loss
- R74.0 Nonspecific elevation of levels of transaminase and lactic acid dehydrogenase (LDH)
- R93.3 Abnormal findings on diagnostic imaging of other parts of digestive tract

TOENAIL FUNGAL (ICD-10 Code)

- B35.8 Other dermatophytosis
- B35.9 Dermatophytosis, unspecified
- B36.9 Superficial mycosis, unspecified
- L00-L99 Diseases of the skin and subcutaneous tissue
- L00-L08 Infections of the skin and subcutaneous tissue
- L03.0 Cellulitis and acute lymphangitis of finger and toe
- L03.03 Cellulitis of toe
- L60.0 Ingrown nail
- L60.2 Onychogryphosis
- L60.3 Nail dystrophy
- L60.4 Beau's lines
- L60.5 Yellow nail syndrome
- L60.8 Other nail disorders
- L60.9 Nail disorders, unspecified
- Z16.30 Resistance to unspecified antimicrobial drugs
- Z16.31 Resistance to antiparasitic drug(s)
- Z16.32 Resistance to antifungal drug(s)
- Z16.33 Resistance to antiviral drug(s)
- Z16.35 Resistance to multiple antimicrobial drugs

WOUND DIAGNOSIS (ICD-10 Code)

- Z16.39 Resistance to other specified antimicrobial drugs
- Z16.341 Resistance to single antimicrobial drug
- Z16.342 Resistance to multiple
- E11.621 Type 2 diabetes mellitus with foot ulcer
- E11.622 Type 2 diabetes mellitus with other skin ulcer
- I70.203 Unspecified atherosclerotic native arteries of extremities, bilateral legs
- I70.232-I70.234 Atherosclerotic native arteries of right/left leg with ulcer of heel and mid/other part of foot
- I70.244-I70.245 Atherosclerotic native arteries of left leg with ulcer of heel and mid foot
- I87.311-I87.313 Chronic venous hypertension with ulcer of right, left, bilateral low extremity
- L03.115-L03.116 Cellulitis of right/left lower limb
- L03.143-L03.144 Pressure ulcer of left lower back, stage 3 & 4
- M86.171-M86.172 Other acute osteomyelitis, right & left ankle and foot
- M86.18 Other acute osteomyelitis, another site
- S81.801A-S802A Unspecified open wound right/left lower leg, initial encounter
- T 86.821 Skin graft (allo- or autograft) failure

Patient's Signature: _____ Date: _____

Provider's Signature: _____ Date: _____

Patient Informed Consent

I request and authorize a CLIA certified laboratory to perform the above designated test(s) on the nasal sample 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 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 am 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.

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.

MOLECULAR REQUISITION FORM

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Molecular Profile Targets

RESPIRATORY TRACT (RPP) PROFILE ASSAYS

Bordetella, Bordetella pertussis, Chlamydomphila 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

TOENAIL PROFILE ASSAYS

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, Neofusicoccum mangiferae, Trichophyton interdigitale, Trichophyton rubrum, Aspergillus fumigatus, Geotrichum candidum, Microsporum gypseum, Trichosporon, Trichophyton tonsurans, Aspergillus versicolor, Curvularia lunata

GI PROFILE ASSAYS

Campylobacter (jejuni, coli and upsaliensis), Clostridium difficile (toxin A / B), Plesiomonas shigelloides, Salmonella, Yersinia enterocolitica, Vibrio (parahaemolyticus, vulnificus), Vibrio cholerae, Escherichia coli, Enterococci, 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 cayetanensis, Entamoeba histolytica, Giardia lamblia, Adenovirus F 40/41, Astrovirus, Norovirus GI, Rotavirus A, Sapovirus (I, II, IV)

UTI PROFILE ASSAYS

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

PGX PROFILE GENES

APOE, COMT, F2, F5, CYP2B6, CYP2C19, CYP2C9, CYP3A5
 CYP2D6, MTHFR, VKORC1, SLC01B1, TPMT

Wound Pathogens/AB Markers RT-PCR Profile

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

VAGINITIS/STD RT-PCR PROFILE

Candida parapsilosis, Candida albicans, Candida glabrata, Chlamydia trachomatis (CT), Neisseria gonorrhoeae (NG), Trichomonas vaginalis (TV), Gardnerella vaginalis

Wound/ UTI AB Resistance Markers RT-PCR Profile

mecA, "ampC FOX ACC", "DHA MOX/CMY BIL/LAT/CMY", "TEM SHV VEB", "IMP-1 group IMP-16 IMP-7", "OXA-1 GES", "OXA-23 OXA-72 OXA-40 blaOXA-48", "PER-1 PER-2", "CTX-M group 1, CTX-M group 2 , CTX-M group 9 CTX-M group 8/25", "VIM KPC", "vanA1 vanA2 vanB", "QnrA QnrS Qnr B", "dfrA5 dfrA1", "Sul1, Sul2", "tetM tetB tetS"