1912 Highway 35 South,
Suite 203
Oakhurst, NJ 07755
T: (732) 389-1530
F: (732) 389-0352

Date Collected:	Date Received:
Laboratory Use Only	
Accession Number:	Time Reported:

Group or Practice Name and Ordering Physician	Ordering Physician(s) Location and Contact Information	
	Address:	
	City:	Main:
	State:	Fax:
	Zip Code:	Other:

Diarrhea Pathogen Panel (DPP) And Other Stool Tests

☐ **Diarrhea Pathogen Panel** *(DPP) (See 22 Targets Below)*

☐ **Diarrhea Pathogen Panel and All Additional Stool Tests**

Additional Stool Tests

Fecal Calprotectin	EDN/EPX (Stool Eosinophilic Activity)
Fecal Elastase	Antigliadin Ab (Fecal Anti-Gliadin Ab IgA)
Fecal H. Pylori (Real Time PCR)	Ova and Parasite (Wet Mount and Trichrome Stain)
Fecal Lactoferrin	Fecal Fat (Qualitative)
Fecal Listeria Monocytogenes (Real Time PCR)	Fecal Osmolality, Electrolytes
Fecal Immunohistochemical Test (FIT) for Occult Blood	Zonulin

Diarrhea Pathogen Panel (DPP Panel) Targets

Bacteria: Campylobacter *(jejuni, coli and upsaliensis)*, Clostridium difficile *(toxin A/B)*, Plesiomonas shigelloides, Salmonella, Yersinia enterocolitica, Vibrio *(parahaemolyticus, vulnificus and cholerae)*, Vibrio cholerae, **Diarrheagenic E. coli/Shigella,** Enteroaggregative E. coli (EAEC), Enteropathogenic E. coli (EPEC), Enterotoxigenic E. coli (ETEC) lt/st, Shiga-like toxin-producing E. coli (STEC) stx1/stx2
E. coli 0157, Shigella/Enteroinvasive E. coli (EIEC)

Parasites: Cryptosporidium, Cyclospora cayetanensis, Entamoeba histolytica, Giardia lamblia

Viruses: Adenovirus F 40/41, Astrovirus, Norovirus GI/GII, Rotavirus A, Sapovirus (I, II, IV and V)

ATTENTION: Patient Information: All fields required and **MUST** be completed. This document **MUST** be submitted with your specimen

Last Name:	First Name:	Date of Birth:	Gender:
Home Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Mobile Phone:	

Primary Insurance:			Secondary Insurance:		
Group #:	ID#		Group #:	ID#:	
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:

Applicable ICD-10 Code(s)

R19.7	Diarrhea, Unspecified	A04.71	Enterocolitis Due to Clostridium Difficile, Recurrent
K59.1	Functional Diarrhea	A04.72	Enterocolitis Due to Clostridium Difficile, Not Specified As Recurrent
R19.4	Change in Bowel Habit	K50.00	Crohn's Disease of The Small Intestine Without Complications
K92.89	Other Specified Diseases of Digestive System	Other	
K90.9	Intestinal Malabsorption of Digestive System	Other	
K58.0	Irritable Bowel Syndrome, With Diarrhea	Other	
A07.9	Protozoal Intestinal Disease, Unspecified	Other	

Patient Assignment of Benefits

I authorize payment to be paid to Genesis Laboratory Management, LLC shown above for laboratory testing benefits otherwise payable to me. I understand I am financially responsible to Genesis Laboratory Management, LLC for charges not paid or payable under my insurance program attached. I understand that my insurance may not be able to honor this request. If they cannot, they will pay the benefits directly to me as the insured and will direct the payment to Genesis Laboratory Management, LLC.

Insured or Guardian Signature: **Date:**

Clinician Signature: **Date:**

Laboratory Use Only	
Accessioner's Initials	Lab Technician's Initials: