



Date Specimen Collected	Time Specimen Collected	STAT <input type="checkbox"/>
<b>Laboratory Use Only</b>		
Accession Number	Date Received	Time Received

Group/Practice Name	Practice Contact Information		
Ordering Physicians	Address Line 1		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Address Line 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	City, State Zip
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phone Fax
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other

Patient and Insurance Information (Currently Not Accepting Medicaid or Managed Medicaid Plans - Contract Pending)					
First Name	Last Name	MI	DOB	Gender	
Address Line 1	Address Line 2	City	State	Zip	
Home Phone	Cell Phone	Race*	Ethnicity*		
Insured's Name	Relationship to Patient	Social Security #			
Home Phone	Cell Phone	DOB	Gender		
Primary Insurance			Secondary Insurance		
Group #	ID#	Group #	ID#		
Address			Address		
City	State	Zip	City	State	Zip

Test Panels	
<input type="checkbox"/> Diarrhea Pathogen Panel Only (Multiplexed Film Array 22 Pathogen Panel)	**See Reverse Side for Details
<input type="checkbox"/> Comprehensive GI Panel (Diarrhea Pathogen Panel and All Additional Tests Listed Below)	

Additional Stool Diagnostic Tests	
Fecal Immunoassays	
<input type="checkbox"/> Calprotectin	<input type="checkbox"/> Fecal <i>Helicobacter pylori</i> (Real-Time PCR)
<input type="checkbox"/> Lactoferrin	<input type="checkbox"/> Fecal <i>Listeria monocytogenes</i> (Real-Time PCR)
<input type="checkbox"/> Fecal ASCA (Anti <i>Saccharomyces cerevisiae</i> Antibody)	<input type="checkbox"/> Fecal Osmolality, Electrolytes (Performed on Liquid Stool Only)
<input type="checkbox"/> Antigliadin Ab (Fecal Anti-Gliadin Ab IgA)	<input type="checkbox"/> Fecal Immunohistochemical Test (FIT) for Occult Blood
<input type="checkbox"/> t-TTG (Fecal Tissue Transglutaminase Antibody IgA)	<input type="checkbox"/> Fecal Fat (Semiquantitative)† <input type="checkbox"/> Neutral Fats <input type="checkbox"/> Split Fats
<input type="checkbox"/> EDN/EPX (Fecal Eosinophilic Activity)	† If left unchecked we will default to Neutral Fats
<input type="checkbox"/> Fecal Zonulin (Test for Intestinal Permeability)	<input type="checkbox"/> Fecal Leukocytes
<input type="checkbox"/> Fecal Pancreatic Elastase (Test for Pancreatic Insufficiency)	<input type="checkbox"/> Ova and Parasite (Wet Mount and Trichrome Stain)
<input type="checkbox"/>	<input type="checkbox"/>

ICD-10 Codes	
<input type="checkbox"/> R19.7 Diarrhea, Unspecified	Duration of Diarrhea _____

Statement of Medical Necessity (Required for Testing)	
<input type="checkbox"/> The patient has immune deficiencies.	<input type="checkbox"/> The patient has a history of recent travel.
<input type="checkbox"/> The patient has chronic unexplained diarrhea.	<input type="checkbox"/> The patient has IBD and unexplained diarrhea.
<input type="checkbox"/> The patient has diarrhea with signs or risk factors for severe disease (fever, bloody diarrhea, dysentery, dehydration, severe abdominal pain, hospitalization and/or immunocompromised state).	

Physician Signature (Required for Testing)	Accessioner Initials 1 _____ 2 _____
--------------------------------------------	-----------------------------------------

\*Race and Ethnicity are required by certain states and the CDC

## **BACTERIA**

---

*Campylobacter* spp.  
Toxigenic *Clostridium difficile* (A/B)  
*Plesiomonas shigelloides*  
*Salmonella* spp.  
*Yersinia enterocolitica*  
*Vibrio* spp.  
*Vibrio cholerae*  
Diarrheagenic *E.coli/Shigella*  
Enteroaggregative *E.coli* (EAEC)  
Enteropathogenic *E.coli* (EPEC)  
Enterotoxigenic *E.coli* (ETEC)  
Shiga-like toxin producing *E.coli* (STEC) stx1/stx2 *E.coli* 0157  
*Shigella/Enteroinvasive E.coli* (EIEC)

## **PARASITES**

---

*Cryptosporidium*  
*Cyclospora cayetanesis*  
*Entamoeba histolytica*  
*Giardia lamblia*

## **VIRUSES**

---

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