



Florida Laboratory Analysis

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David Klein, MD - Medical Director
CLIA#: 10D2104401

DATE COLLECTED: _____ TIME COLLECTED: _____
COLLECTED BY: _____
Sample type:
 Nasopharyngeal swab Clean Catch Urine Swab
 Nasal Swab Oropharyngeal Swab Aspiration
 Tonsil/Uvula Swab

PHYSICIAN		Primary Payer Group (REQUIRED)	
ORDERING PHYSICIAN:	CLINIC LOCATION:	Insurance Carrier: _____	Insurance ID: _____
CLINIC PHONE:	CLINIC FAX:	Name of Insured: _____	Group #: _____
Patient Information (REQUIRED)		MI:	
Gender:	Last Name:	First Name:	
Home Address:		Telephone Number:	Social Security Number:
City:	State:	Zip:	Date of Birth:
Diagnosis Codes (ICD-10) (REQUIRED)			
<input type="checkbox"/> R09.81 Congestion <input type="checkbox"/> J02.9 Pharyngitis <input type="checkbox"/> R05 Cough <input type="checkbox"/> R50.9 Fever <input type="checkbox"/> J06.9 Acute upper respiratory infection, unspecified		<input type="checkbox"/> J09.X2 Influenza due to identified novel influenza A virus with other respiratory manifestations <input type="checkbox"/> R35.0 Frequency of Micturition <input type="checkbox"/> Z22.39 Carrier of other specified bacterial disease <input type="checkbox"/> N39.0 Urinary Tract Infection, site not specified <input type="checkbox"/> R30.0 Dysuria	
		<input type="checkbox"/> L08.9 Local infection of skin and subcutaneous tissue, unspecified <input type="checkbox"/> Z22.322 Carrier or suspected carrier of MRSA <input type="checkbox"/> A09 Infectious gastroenteritis and colitis, unspecified	
		<input type="checkbox"/> K58.0 Irritable bowel syndrome with diarrhea <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

TEST PANELS: PLACE APPROPRIATE MARK NEXT TO PANEL THAT ADDRESSES YOUR PATIENTS NEEDS.

<input type="checkbox"/> Gastrointestinal Panel	<input type="checkbox"/> Respiratory Panel	<input type="checkbox"/> Advanced UTI Panel w/Broth Enrichment	<input type="checkbox"/> Wound/Infection	Additional Tests
<input type="checkbox"/> <i>Campylobacter</i> <i>C. jejuni, C. coli, C. upsaliensis</i> <input type="checkbox"/> <i>Clostridium Difficile</i> (toxin A/B) <input type="checkbox"/> <i>Plesiomonas Shigelloides</i> <input type="checkbox"/> <i>Salmonella</i> <input type="checkbox"/> <i>Yersinia enterocolitica</i> <input type="checkbox"/> <i>Vibrio</i> <i>V. cholerae, V. parahaemolyticus, V. vulnificus, V. cholerae</i> <input type="checkbox"/> <i>Enterogaagregative E.coli</i> (EAEC) <input type="checkbox"/> <i>Enteropathogenic E. coli</i> (EPEC) <input type="checkbox"/> <i>Enterotoxigenic E. coli</i> (ETEC) <input type="checkbox"/> <i>Shiga-like toxin-producing E. coli</i> (STEC) <input type="checkbox"/> <i>E. coli</i> 0157 <input type="checkbox"/> <i>Shigella/Enteroinvasive E. coli</i> (EIEC) <input type="checkbox"/> <i>Cryptosporidium</i> <input type="checkbox"/> <i>Cyclospora Cayetanensis</i> <input type="checkbox"/> <i>Entamoeba histolytica</i> <input type="checkbox"/> <i>Giardia lamblia</i> <input type="checkbox"/> <i>Adenovirus F40/41</i> <input type="checkbox"/> <i>Astrovirus</i> <input type="checkbox"/> <i>Norovirus GI/GII</i> <input type="checkbox"/> <i>Rotavirus A</i> <input type="checkbox"/> <i>Saporvirus</i> (I, II, IV, and V)	<input type="checkbox"/> <i>Adenovirus</i> <input type="checkbox"/> <i>Coronavirus</i> <i>C. 229E, C. HKU1, C. NL63, C. OC43</i> <input type="checkbox"/> <i>Human Metapneumovirus</i> <input type="checkbox"/> <i>Human Rhinovirus/Enterovirus</i> <input type="checkbox"/> <i>Influenza</i> <i>I. A, I. A/H1, I. A/H1-2009, I. A/H3, I. B</i> <input type="checkbox"/> <i>Middle East Respiratory Syndrome (MERS-CoV)</i> <input type="checkbox"/> <i>Parainfluenza</i> <i>P. Virus 1, P. Virus 2, P. Virus 3, P. Virus 4</i> <input type="checkbox"/> <i>Respiratory Syncytial Virus</i> <input type="checkbox"/> <i>Bordetella parapertusis</i> <input type="checkbox"/> <i>Bordetella pertussis</i> <input type="checkbox"/> <i>Chlamydia pneumoniae</i> <input type="checkbox"/> <i>Mycoplasma pneumoniae</i>	<input type="checkbox"/> Urinalysis w/mirco UTI Panel, DNA w/Broth Enrichment <input type="checkbox"/> <i>Escherichia Coli</i> <input type="checkbox"/> <i>Klebsiella pneumoniae</i> <input type="checkbox"/> <i>Acinetobacter baumannii</i> <input type="checkbox"/> <i>Staphylococcus aureus</i> <input type="checkbox"/> <i>Staphylococcus epidermidis</i> <input type="checkbox"/> <i>Staphylococcus saprophyticus</i> <input type="checkbox"/> <i>Citrobacter freundii</i> <input type="checkbox"/> <i>Citrobacter koseri</i> <input type="checkbox"/> <i>Citrobacter braakii</i> <input type="checkbox"/> <i>Enterobacter aerogenes</i> <input type="checkbox"/> <i>Enterobacter cloacae</i> <input type="checkbox"/> <i>Enterococcus faecalis</i> <input type="checkbox"/> <i>Enterococcus faecium</i> <input type="checkbox"/> <i>Klebsiella oxytoca</i> <input type="checkbox"/> <i>Morganella morganii</i> <input type="checkbox"/> <i>Proteus mirabilis</i> <input type="checkbox"/> <i>Pseudomonas aeruginosa</i> <input type="checkbox"/> <i>Serratia marcescens</i> Culture <input type="checkbox"/> <i>Urine Culture</i>	<input type="checkbox"/> <i>Acinetobacter baumannii</i> <input type="checkbox"/> <i>Citrobacter freundii</i> <input type="checkbox"/> <i>Enterobacter aerogenes</i> <input type="checkbox"/> <i>Enterobacter cloacae</i> <input type="checkbox"/> <i>Enterococcus faecalis</i> <input type="checkbox"/> <i>Enterococcus faecium</i> <input type="checkbox"/> <i>Escherichia coli</i> <input type="checkbox"/> <i>Klebsiella pneumoniae</i> <input type="checkbox"/> <i>Morganella morganii</i> <input type="checkbox"/> <i>Proteus mirabilis</i> <input type="checkbox"/> <i>Pseudomonas aeruginosa</i> <input type="checkbox"/> <i>Staphylococcus aureus</i> <input type="checkbox"/> <i>mecA (MRSA)</i> <input type="checkbox"/> <i>Strptococcus pyogenes (Group A)</i>	<input type="checkbox"/> Urinalysis w/micro <input type="checkbox"/> Urinalysis w/micro w/reflex PCR <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ Notes: _____ _____ _____ _____
Patient presents with signs and symptoms consistent with a gastrointestinal infection:	Patient presents with signs and symptoms consistent with an upper respiratory infection:	Patient presents with signs and symptoms consistent with a urinary tract infection:	Patient presents with signs and symptoms consistent with a wound/infection:	 

Physician's Authorization Of Medical Necessity

As part of my antibiotic stewardship policy, I find it medically necessary to rapidly determine and differentiate a viral and/or bacterial infection in order to treat with or without appropriate antibiotics. Having the most accurate and timely data available to me directly guides my treatment and patient management. Empiric treatment and management leads to inappropriate and unnecessary antibiotic use and delayed diagnosis which can lead to severe consequences.

PHYSICIAN'S SIGNATURE: _____ DATE _____

Patient Authorization

I certify that I have voluntarily provided a fresh and unadulterated specimen for analytical testing. The information provided on this form and on the label affixed to the specimen bottle is accurate. I authorize Florida Laboratory Analysis (FLA) to release the results of this testing to the treating physician or facility. I hereby authorize my insurance benefits to be paid directly to Florida Laboratory Analysis for services I received. I acknowledge that Florida Laboratory Analysis may be an out-of-network provider with my insurer. I am also aware that in some circumstances my insurer will send the payment directly to me. I agree to endorse the insurance check and forward it to Florida Laboratory Analysis within 30 days of receipt. Failure to do so may result in my account being forwarded to collections and reported to a Credit Bureau. I understand that Florida Laboratory Analysis may use specimen and any testing performed on that specimen, for research, development and potential publication purposes, so long as the information has been properly de-identified pursuant to law.

PATIENT'S SIGNATURE: _____ DATE: _____

Advanced Beneficiary Notice

Medicare will only pay for services that it determines to be reasonable and necessary under section 1882 (a) (1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not reasonable and necessary under the Medicare Program standards, Medicare will deny payment for that service. Medicare usually does not pay for these tests for the reported diagnosis. By signing the Patient/Responsible Party Signature on the front of this requisition, you are confirming your agreement to assume financial responsibility for the payment of these tests.

Specimen Handling Requirements:

Stool Specimen Collection	Stool Specimen should be collected in Cary Blair transport media. Place approximately one (1) gram of fecal material into Cary Blair transport medium. If specimen is received on a swab, place the swab in Cary Blair transport medium and cut off the protruding portion of the swab.
Acceptable Specimen	Only stool specimens will be accepted for GI panel, with a minimum of 0.2mL sample volume.
Transport	Specimens should be processed and tested within four (4) days under refrigeration (2-8°C).
Specimen Stability	Specimens are viable up to four (4) days under refrigeration (2-8°C).
Specimen Rejection	Specimens that are improperly labeled and specimens sent less than the minimum volume requirements.

Specimen Handling Requirements:

Respiratory Specimen Collection	Nasopharyngeal Swab (NPS) collected according to standard technique and immediately placed in 1-3 mL of Universal Viral transport media.
Acceptable Specimen	Only Nasopharyngeal specimens will be accepted for Respiratory panel, with a minimum of 0.3mL sample volume.
Transport	Specimens should be processed and tested within four(4) hours at room temperature, within three (3) days under refrigeration (2-8°C) or within thirty (30) days if frozen ($\leq -15^{\circ}\text{C}$).
Specimen Stability	Specimens are viable up to 4 hours at room temperature, up to three (3) days under refrigeration (2-8°C) or up to thirty (30) days frozen ($\leq -15^{\circ}\text{C}$).
Specimen Rejection	Sputum is not an accepted specimen type, specimens that are improperly labeled and specimens sent less than the minimum volume requirements.

Specimen Handling Requirements:

Urine Specimen Collection	Urine specimen collected according to standard clean catch technique and collected into a sterile cup.
Acceptable Specimen	Only urine specimens will be accepted for Urinary Tract Infection panel, with a minimum of 5 mL sample volume.
Transport	Urine specimens should be processed and tested within Seventy-Two (72) hours at room temperature.
Specimen Stability	Specimens are viable up to 72 hours at room temperature.
Specimen Rejection	Sample not collected according to clean catch technique may be subject to rejection.

Patient Billing Policy:

Florida Laboratory Analysis accepts payments from the majority of insurance companies; although FLA reserves the right to reject unacceptable settlement offers from non-contracted insurance plans. Patient billing will occur for the entire cost of the services if no coverage agreement is in place between FLA and the insurance company, or if the insurance company has determined that no coverage is available for the FLA test. FLA will work with patients on an individual basis to establish payment options on any outstanding balances through the financial assistance program. All invoices include a contact number for patients to contact FLA directly with questions or concerns. Uninsured patients will be billed directly at specified rates. I authorize disclosure by FLA of lab results directly to the worker's compensation carriers, as applicable.

Practitioner Acknowledgement:

In my professional judgement, the tests I order ARE MEDICALLY NECESSARY, I also understand that my order and a requisition are required for each specimen sent to Florida Laboratory Analysis. If any member of my staff requests confirmation testing or additional testing not covered by this form, I understand that the patient's medical record must clearly reflect my order for such confirmations and tests.