

How to fill out an MRC Add-On Form



If you need additional pathogens or resistance genes added to the original test order, this is the form to use.

SPECIMEN INFORMATION
Lab Accession Number: 9433672
Date Collected: 11/15/2023
Date Received by Lab: 11/15/2023
Date Reported: 11/15/2023
Sample Type: Urinary Tract
Area of Interest: Urine (Voided)
Cross Reference #:
Order Category: Urinary Tract Infection;
 Antibiotic Resistance

Must always be filled out with patient information from the existing order. The sample/lab ID/order number can be located on the original report.

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Minor Report Correction Sexual Health Add-On Test Order Form

HEALTHTRACKRx
 Customer Care: 866-287-3218
 Fax: 940-295-1483
 www.HealthTrackRx.com

I, _____ request that the following information be corrected and/or tests (listed below) be added to the previously submitted sample. This is to serve as a correction and/or as an addendum to the originally submitted requisition and to each of the previous test orders originally submitted.

Patient Name (as it appears on the final report): _____

Patient DOB (as it appears on the final report): _____

Sample/Lab ID/Order Number: _____

Please update the following tests to this sample*: Add-On Replace Delete *required

Orders must be specifically listed either by compound, pathogen, or specific gene you wish to have added. If you need additional room, please submit a corrected requisition
 **Signature of the ordering provider is REQUIRED for updating test orders

GENITOURINARY	Sample Type:	Urine (voided)	Urine (catheter)	Cervical/Vaginal/Cervicovaginal/Endometrial	Vulva/Labia/Vestibule/Perineal
<input type="checkbox"/> Acinetobacter baumannii	<input type="checkbox"/> Oropharynx/Throat/Oral	<input type="checkbox"/> Penis	<input type="checkbox"/> Genital Skin	<input type="checkbox"/> Rectal/Anal	
<input type="checkbox"/> Atopobium vaginae	<input type="checkbox"/> Enterococcus faecalis, faecium	<input type="checkbox"/> Pseudomonas aeruginosa	<input type="checkbox"/> Serratia marcescens	<input type="checkbox"/> Haemophilus ducreyi ¹⁴	
<input type="checkbox"/> BVAB 2, 3 (bacterial vaginosis-associated bacteria 2, 3); Mobiluncus spp.	<input type="checkbox"/> Gardnerella vaginalis	<input type="checkbox"/> Staphylococcus aureus	<input type="checkbox"/> Staphylococcus epidermidis, haemolyticus, lugdunensis	<input type="checkbox"/> Herpes simplex virus 1	
<input type="checkbox"/> Candida albicans, parapsilosis, tropicalis	<input type="checkbox"/> Klebsiella pneumoniae, oxytoca	<input type="checkbox"/> Megasphaera (Types 1, 2)	<input type="checkbox"/> Staphylococcus saprophyticus	<input type="checkbox"/> Herpes simplex virus 2	
<input type="checkbox"/> Candida glabrata	<input type="checkbox"/> Morganella morganii	<input type="checkbox"/> Mycoplasma genitalium	<input type="checkbox"/> Streptococcus pyogenes ⁷	<input type="checkbox"/> Mpox (Monkeypox)	
<input type="checkbox"/> Candida krusei	<input type="checkbox"/> Mycoplasma hominis	<input type="checkbox"/> Neisseria gonorrhoeae	<input type="checkbox"/> Trichomonas vaginalis	<input type="checkbox"/> Treponema pallidum ³	
<input type="checkbox"/> Chlamydia trachomatis	<input type="checkbox"/> Proteus mirabilis, vulgaris	<input type="checkbox"/> Ureaplasma urealyticum	<input type="checkbox"/> Ureaplasma parvum	<input type="checkbox"/> Varicella zoster virus ¹⁵	
<input type="checkbox"/> Citrobacter freundii				Antibiotic Resistance Genes (listed below)	
<input type="checkbox"/> Enterobacter cloacae complex, Klebsiella (Enterobacter) aerogenes					

Add-on Only – Select for add-on testing: High Risk HPV types 16, 18, 45 Notes: If add-ons are ordered, sample cannot be urine

Antibiotic Resistance Genes	SHV, KPC Groups ⁸	dfr (A1, A5), sul (1, 2) ⁷	mecA ⁸	qnrA1, qnrA2, qnrB2 ⁹	tet B, tet M ¹⁰	IMP, NDM, VIM Groups ¹¹	ACT, MIR, FOX, ACC Groups ¹²	OXA-48, -51 ¹³	CTX-M1 (15), M2 (2), M9 (9), M8/25 Groups ⁶
<input type="checkbox"/> VanA, VanB ⁴									
<input type="checkbox"/> ermB, C, mefA ⁵									

URETHRITIS / DISCHARGE	Sample Type:	Urine (voided)	Urethral Swab
<input type="checkbox"/> Chlamydia trachomatis	<input type="checkbox"/> Mycoplasma hominis	<input type="checkbox"/> Ureaplasma parvum	
<input type="checkbox"/> Herpes simplex virus 1	<input type="checkbox"/> Neisseria gonorrhoeae		
<input type="checkbox"/> Herpes simplex virus 2	<input type="checkbox"/> Trichomonas vaginalis		
<input type="checkbox"/> Mycoplasma genitalium	<input type="checkbox"/> Ureaplasma urealyticum		

Fill out only if changing the pathogens or resistance genes being tested.

When deciding whether to Add-On, Replace, or Delete Testing:

- ▶ Select **Add-On** to add individual pathogens when adding additional testing within the same syndrome area.
- ▶ Select **Replace** when adding additional testing from a different syndrome area. The specimen type must be a validated swab site for the new panel.
- ▶ Select **Delete** if the order was placed in error.

It is important to check the box of the swab site that was originally tested.

If adding a full panel, checking the box next to the panel name will cover both pathogens and antibiotics. Checking the antibiotic resistance genes adds the antibiotics alone.

If any additional diagnosis need to be included, they can be added here.

This section **must always** be filled out. Provider signature must be a wet signature or an e-signature. Printed or stamped signatures will not be accepted.

Updated Diagnosis Code(s): _____

Ordering Provider Name (printed): _____

Ordering Provider Name (signed): _____ Date: _____

**Signature of the ordering provider is REQUIRED for updating test orders
 SUBMIT TO CUSTOMER CARE AT:
 FAX TO: (940) 295-1483 or via EMAIL: customer@healthtrackrx.com

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The completed form can be faxed to **940-295-1483** or emailed to customer@healthtrackrx.com