

How to fill out an MRC Free Fill Form



If you need to correct patient or specimen information, this is the form to use.

Must be filled out whenever patient or sample information is being changed.

Fill out only if changing the pathogens or resistance genes being tested. Orders must be specifically listed by compound, pathogen, or specific gene you wish to have added.

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.

We do not require physician name or signature when only modifying patient information or sample identifiers. The provider name and signature must be filled out when order changes are being that alter pathogen or resistance genes being tested.

The signature must be a wet signature or e-signature. Printed or stamped signatures will not be accepted.

Minor Report Correction & Pathogen Add-On Test Order Free Fill Form

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

Office Contact Name

Office Contact Title Phone Number

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

Correct the following Patient/Sample Demographics:

Patient Name is/should be corrected to:

Patient DOB is/should be corrected to:

Patient Gender is/should be corrected to:

Sample Date-of-Collection is/should be corrected to:

Sample swab site is/should be corrected to:

Accurate specimen identification is in the best interest of the patient and you, or client. Laboratory regulations and good laboratory practice require proper identification of all specimens.

Other correction to be made (please describe):

Ordering Provider Name (printed):

Ordering Provider Name (signed):

Date:

**Signature of the ordering provider is REQUIRED for updating test orders

CUSTOMER CARE
Fax: 940-295-1483
Email: customer@healthtrackrx.com

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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.

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

Fill out when changing patient or sample information

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

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.

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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.

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

■ COMPLICATED GENITOURINARY INFECTION			Sample Type: <input type="checkbox"/> Urine (voided) <input type="checkbox"/> Internal Urethra <input type="checkbox"/> Cervical/Endometrial <input type="checkbox"/> Vulva/Labia/Vestibule/Perineal
<input type="checkbox"/> Acinetobacter baumannii	<input type="checkbox"/> Enterococcus faecalis, faecium	<input type="checkbox"/> Serratia marcescens	<input type="checkbox"/> Oropharynx/Throat/Oral <input type="checkbox"/> Penile Meatus <input type="checkbox"/> Genital Skin <input type="checkbox"/> Rectal/Anal
<input type="checkbox"/> Atopobium vaginae	<input type="checkbox"/> Escherichia coli	<input type="checkbox"/> Staphylococcus aureus	
<input type="checkbox"/> BVAB 2, 3 (bacterial vaginosis-associated bacteria 2, 3); Mobiluncus spp.	<input type="checkbox"/> Gardnerella vaginalis	<input type="checkbox"/> Staphylococcus epidermidis, haemolyticus, lugdunensis	
<input type="checkbox"/> Candida albicans, parapsilosis, tropicalis	<input type="checkbox"/> Klebsiella pneumoniae, oxytoca	<input type="checkbox"/> Staphylococcus saprophyticus	
<input type="checkbox"/> Candida glabrata (Nakaseomyces glabratus)	<input type="checkbox"/> Megasphaera (Types 1, 2)	<input type="checkbox"/> Streptococcus agalactiae ¹	
<input type="checkbox"/> Candida krusei (Pichia kudriavzevii)	<input type="checkbox"/> Morganella morganii	<input type="checkbox"/> Streptococcus pyogenes ²	
<input type="checkbox"/> Chlamydia trachomatis	<input type="checkbox"/> Mycoplasma genitalium	<input type="checkbox"/> Trichomonas vaginalis	
<input type="checkbox"/> Citrobacter freundii	<input type="checkbox"/> Mycoplasma hominis	<input type="checkbox"/> Ureaplasma urealyticum	
<input type="checkbox"/> Enterobacter cloacae complex, Klebsiella (Enterobacter) aerogenes	<input type="checkbox"/> Neisseria gonorrhoeae	<input type="checkbox"/> Ureaplasma parvum	
	<input type="checkbox"/> Proteus mirabilis, vulgaris		
	<input type="checkbox"/> Pseudomonas aeruginosa		

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

■ Antibiotic Resistance Genes	
<input type="checkbox"/> VanA, VanB ⁴	<input type="checkbox"/> SHV, KPC Groups ⁶
<input type="checkbox"/> ermB, C, mefA ⁵	<input type="checkbox"/> dfr (A1, A5), sul (1, 2) ⁷
	<input type="checkbox"/> mecA ⁸
	<input type="checkbox"/> qnrA1, qnrA2, qnrB2 ⁹
	<input type="checkbox"/> tet B, tet M ¹⁰
	<input type="checkbox"/> IMP, NDM, VIM Groups ¹¹
	<input type="checkbox"/> ACT, MIR, FOX, ACC Groups ¹²
	<input type="checkbox"/> OXA-48, -51 ¹³
	<input type="checkbox"/> CTX-M1 (15), M2 (2), M9 (9), M8/25 Groups ¹⁴

■ URETHRITIS / DISCHARGE			Sample Type: <input type="checkbox"/> Urine (voided) <input type="checkbox"/> 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 for 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

1. SUBMIT TO CUSTOMER CARE AT:

2. FAX TO (940) 295-1483 or via EMAIL: customer@healthtrackrx.com

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

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