

Minor Report Correction Sexual Health Add-On Test Order Form

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: Urine (voided) Urine (catheter) Internal Urethra Cervical/Endometrial Oropharynx/Throat/Oral
 Penile Meatus Genital Skin Rectal/Anal Vaginal Vulva/Labia/Vestibule/Perineal

<input type="checkbox"/> Acinetobacter baumannii	<input type="checkbox"/> Citrobacter freundii	<input type="checkbox"/> Mycoplasma genitalium	<input type="checkbox"/> Staphylococcus saprophyticus
<input type="checkbox"/> Atopobium vaginae	<input type="checkbox"/> Enterobacter cloacae complex, Klebsiella (Enterobacter) aerogenes	<input type="checkbox"/> Mycoplasma hominis	<input type="checkbox"/> Streptococcus agalactiae ¹
<input type="checkbox"/> BVAB 2, 3 (bacterial vaginosis-associated bacteria 2, 3); Mobiluncus spp.	<input type="checkbox"/> Enterococcus faecalis, faecium	<input type="checkbox"/> Neisseria gonorrhoeae	<input type="checkbox"/> Streptococcus pyogenes ²
<input type="checkbox"/> Candida albicans, parapsilosis, tropicalis	<input type="checkbox"/> Escherichia coli	<input type="checkbox"/> Proteus mirabilis, vulgaris	<input type="checkbox"/> Trichomonas vaginalis
<input type="checkbox"/> Candida glabrata (Nakaseomyces glabratus)	<input type="checkbox"/> Gardnerella vaginalis	<input type="checkbox"/> Pseudomonas aeruginosa	<input type="checkbox"/> Ureaplasma urealyticum
<input type="checkbox"/> Candida krusei (Pichia kudriavzevii)	<input type="checkbox"/> Klebsiella pneumoniae, oxytoca	<input type="checkbox"/> Serratia marcescens	<input type="checkbox"/> Ureaplasma parvum
<input type="checkbox"/> Chlamydia trachomatis	<input type="checkbox"/> Megasphaera (Types 1, 2)	<input type="checkbox"/> Staphylococcus aureus	
	<input type="checkbox"/> Morganella morganii	<input type="checkbox"/> Staphylococcus epidermidis, haemolyticus, lugdunensis	

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

■ URETHRITIS / DISCHARGE Sample Type: Urine (voided) Internal Urethra

<input type="checkbox"/> Chlamydia trachomatis	<input type="checkbox"/> Mycoplasma hominis	<input type="checkbox"/> Ureaplasma parvum	<input type="checkbox"/> Antibiotic Resistance Genes:
<input type="checkbox"/> Herpes simplex virus 1	<input type="checkbox"/> Neisseria gonorrhoeae		dfr (A1, A5), sul (1, 2) ⁷
<input type="checkbox"/> Herpes simplex virus 2	<input type="checkbox"/> Trichomonas vaginalis		ermB, C; mefA ⁵
<input type="checkbox"/> Mycoplasma genitalium	<input type="checkbox"/> Ureaplasma urealyticum		tet B, tet M ¹⁰

■ VAGINITIS Sample Type: Cervical/Endometrial Vaginal Vulva/Labia/Vestibule/Perineal Urine (voided)

<input type="checkbox"/> Atopobium vaginae	<input type="checkbox"/> Candida krusei (Pichia kudriavzevii)	<input type="checkbox"/> Neisseria gonorrhoeae	<input type="checkbox"/> Antibiotic Resistance Genes:
<input type="checkbox"/> BVAB 2, 3 (bacterial vaginosis-associated bacteria 2, 3); Mobiluncus spp.	<input type="checkbox"/> Chlamydia trachomatis	<input type="checkbox"/> Trichomonas vaginalis	dfr (A1, A5), sul (1, 2) ⁷
<input type="checkbox"/> Candida albicans, parapsilosis, tropicalis	<input type="checkbox"/> Gardnerella vaginalis		ermB, C; mefA ⁵
<input type="checkbox"/> Candida glabrata (Nakaseomyces glabratus)	<input type="checkbox"/> Herpes simplex virus 1		tet B, tet M ¹⁰
	<input type="checkbox"/> Herpes simplex virus 2		
	<input type="checkbox"/> Megasphaera (types 1, 2)		

■ RECURRENT VAGINITIS Sample Type: Cervical/Endometrial Vaginal Vulva/Labia/Vestibule/Perineal Urine (voided)

<input type="checkbox"/> Atopobium vaginae	<input type="checkbox"/> Candida krusei (Pichia kudriavzevii)	<input type="checkbox"/> Mycoplasma genitalium	<input type="checkbox"/> Antibiotic Resistance Genes:
<input type="checkbox"/> BVAB 2, 3 (bacterial vaginosis-associated bacteria 2, 3); Mobiluncus spp.	<input type="checkbox"/> Chlamydia trachomatis	<input type="checkbox"/> Mycoplasma hominis	dfr (A1, A5), sul (1, 2) ⁷
<input type="checkbox"/> Candida albicans, parapsilosis, tropicalis	<input type="checkbox"/> Gardnerella vaginalis	<input type="checkbox"/> Neisseria gonorrhoeae	ermB, C; mefA ⁵
<input type="checkbox"/> Candida glabrata (Nakaseomyces glabratus)	<input type="checkbox"/> Herpes simplex virus 1	<input type="checkbox"/> Trichomonas vaginalis	tet B, tet M ¹⁰
	<input type="checkbox"/> Herpes simplex virus 2	<input type="checkbox"/> Ureaplasma urealyticum	
	<input type="checkbox"/> Megasphaera (types 1, 2)	<input type="checkbox"/> Ureaplasma parvum	

■ CGT (ASYMPTOMATIC) Sample Type: Urine (voided) Internal Urethra Cervical/Endometrial Vaginal Vulva/Labia/Vestibule/Perineal
 Oropharynx/Throat/Oral Penile Meatus Genital Skin Rectal/Anal

<input type="checkbox"/> Chlamydia trachomatis	<input type="checkbox"/> Neisseria gonorrhoeae	<input type="checkbox"/> Trichomonas vaginalis
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■ GENITAL LESION Sample Type: Genital ulcer/lesion Cervical/Endometrial Vaginal Rectal/Anal Oropharynx/Throat/Oral

<input type="checkbox"/> Chlamydia trachomatis	<input type="checkbox"/> Mpox (Monkeypox)	<input type="checkbox"/> Antibiotic Resistance Genes:
<input type="checkbox"/> Haemophilus ducreyi ¹⁴	<input type="checkbox"/> Treponema pallidum ³	dfr (A1, A5), sul (1, 2) ⁷
<input type="checkbox"/> Herpes simplex virus 1	<input type="checkbox"/> Varicella zoster virus ¹⁵	ermB, C; mefA ⁵
<input type="checkbox"/> Herpes simplex virus 2		tet B, tet M ¹⁰

¹ Group B Strep
² Group A Strep
³ Syphilis
⁴ Vancomycin

⁵ Macrolide, Lincosamide, Streptogramin
⁶ Class A beta-lactamase
⁷ Trimethoprim/Sulfamethoxazole
⁸ Methicillin

⁹ Fluoroquinolone
¹⁰ Tetracycline
¹¹ Class B metallo-beta-lactamase
¹² AmpC beta-lactamase

¹³ Class D oxacillinase
¹⁴ Chancroid
¹⁵ Human Herpesvirus 3, VZV

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Customer Care: 866-287-3218

Fax: 940-295-1483

www.HealthTrackRx.com

■ PELVIC INFLAMMATORY DISEASE Sample Type: Cervical/Endometrial Vaginal

- | | | |
|--|--|--|
| <input type="checkbox"/> Actinomyces israelii | <input type="checkbox"/> Neisseria gonorrhoeae | <input type="checkbox"/> Antibiotic Resistance Genes: |
| <input type="checkbox"/> Chlamydia trachomatis | <input type="checkbox"/> Treponema pallidum ³ | dfr (A1, A5), sul (1, 2) ⁷ |
| <input type="checkbox"/> Mycoplasma genitalium | | ermB, C; mefA ⁵ |
| <input type="checkbox"/> Mycoplasma hominis | | tet B, tet M ¹⁰ |

■ PROCTITIS Sample Type: Rectal/Anal

- | | | |
|---|--|--|
| <input type="checkbox"/> Chlamydia trachomatis | <input type="checkbox"/> Neisseria gonorrhoeae | <input type="checkbox"/> Antibiotic Resistance Genes: |
| <input type="checkbox"/> Herpes simplex virus 1 | <input type="checkbox"/> Treponema pallidum ³ | dfr (A1, A5), sul (1, 2) ⁷ |
| <input type="checkbox"/> Herpes simplex virus 2 | | ermB, C; mefA ⁵ |
| <input type="checkbox"/> Mpox (Monkeypox) | | tet B, tet M ¹⁰ |

¹ Group B Strep
² Group A Strep
³ Syphilis
⁴ Vancomycin

⁵ Macrolide, Lincosamide, Streptogramin
⁶ Class A beta-lactamase
⁷ Trimethoprim/Sulfamethoxazole
⁸ Methicillin

⁹ Fluoroquinolone
¹⁰ Tetracycline
¹¹ Class B metallo-beta-lactamase
¹² AmpC beta-lactamase

¹³ Class D oxacillinase
¹⁴ Chancroid
¹⁵ Human Herpesvirus 3, VZV

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

