8 Enterprise Lane, Oakdale CT-06370
Tel:(860)574-9172; Fax: (860)574-9264
Email: info@gdilabs.com

CT-ST License # CL-0687

Gastrointestinal Panel Requisition Form

1: PATIENT INFORMATION

PATIENT NAME (LAST) (FIRST) (M.I.)	Sex :	BIRTH DATE (MM/DD/YYYY)	Date Collected:	Time Collected:

Social Security #	Electronic Medical Record #	Ordering Physician Name	
- -		Phone	Fax

PATIENT ADDRESS (STREET) CITY STATE ZIP PATIENT PHONE #

☐ MEDICARE PRIMARY ☐ MEDICARE SECONDARY

MEDICAL ASSISSTANCE NUMBER STATE

POLICY HOLDER Name	POLICY HOLDER DATE OF BIRTH	MEMBER/POLICY #	GROUP #

RELATIONSHIP OF PATIENT TO INSURED ☐ SELF ☐ SPOUSE ☐ DEPENDENT INSURANCE CO. NAME

PLEASE PROVIDE A COPY OF INSURANCE CARD(S) FOR BILLING PURPOSES

ICD10 DIAGNOSIS CODE(S) FOR TESTS ORDERED (MUST BE PROVIDED)

DX1	DX2	DX3	DX4

2: Test Indications (chose at least one)

- ☐ Infectious gastroenteritis and colitis (ICD-10: A09)
- ☐ Nausea (R11.0)
- ☐ Vomiting (R11.10)
- ☐ Diarrhea (R19.7)
- ☐ Fever (R50.9)
- ☐ Other: _____

Please indicate Basic or Expanded Panel for testing.

☐ 3. Gastrointestinal Basic Panel Includes:

Bacterial Targets
- Campylobacter
- Clostridium difficile (toxin A/B)
- E. coli O157
- Enterotoxigenic E. coli (ETEC) *lt/st*
- Salmonella
- Shiga-like toxin-producing E. coli (STEC) stx1/stx2
- Shigella
- Vibrio cholerae

Parasitic Targets
- Cryptosporidium
- Entamoeba histolytica
- Giardia

Viral Targets
- Adenovirus 40/41
- Norovirus GI/GII
- Rotavirus A

☐ 4. Gastrointestinal Extended Panel Includes (Basic + 8 additional targets):

Bacterial Targets
- Enteroaggregative E. coli (EAEC)
- Enteropathogenic E. coli (EPEC)
- Plesiomonas shigelloides
- Shigella/Enteroinvasive E. coli (EIEC)*
- Vibrio (parahaemolyticus, vulnificus)
- Yersinia enterocolitica

Parasitic Targets
- Cyclospora cayetanensis

Viral Targets
- Astrovirus
- Sapovirus (I, II, IV, and IV)

5: HEALTHCARE PROVIDER AUTHORIZATION

I certify that (i) this test is medically necessary, (ii) the patient (or authorized representative on the patient's behalf) has given informed consent (which includes written informed consent or written authorization when required by law) to have this testing performed, and (iii) the informed consent obtained from the patient meets the requirements of applicable law and Genesys's Patient Informed Consent. I agree to provide Genesys, or its designee, any and all additional information reasonably required for this testing to be performed

Signature of Healthcare Provider (Required) _____ Date (Required) _____

6: PATIENT BILLING INFORMATION:

PLEASE INCLUDE A COPY OF THE INSURANCE CARD(S) FOR BILLING PUPPOSES.

□ CLIENT BILL	□ INSURANCE	□ MEDICARE/MEDICAID	□ SELF PAY

7: PATIENT AUTHORIZATION

I understand that I am responsible for providing accurate information about my insurance to Genesys Diagnostics Inc. I understand that Genesys Diagnostics Inc. will be providing testing service and billing my insurance. However, I understand that charges that are not covered by my insurance, including any applicable co-payments and deductibles are my responsibility and I agree to pay such charges promptly.

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Signature of Patient/Responsible Party (REQUIRED) _____ Date (Required) _____

SPECIMEN COLLECTION INSTRUCTIONS

Cary-Blair

1. Whenever possible, specimen should be obtained before antibiotics or other antimicrobial agents have been administered.
2. Urinate before you collect the stool sample and put on gloves before handling stool.
3. Pass stool (but no urine) into a sterile dry container directly, solid or liquid.
4. Do not collect the sample from the toilet bowl or mix toilet paper, water, or soap with sample.
5. Select a walnut size portion of stool that is watery, slimy, or bloody and immediately mix into Cary-Blair transport media using the provided collection spoon.
6. Place the lid on the container and label with name, doctor's name, date or birth, and date of stool collection.
7. Shake vial once closed to assure adequate mixing.
8. Once the specimen is in Cary- Blair, specimen is to be shipped with a cold ice pack to the laboratory within 24 hours of collection.

SPECIMEN SHIPPING INSTRUCTIONS – FEDERAL EXPRESS SHIPPING INSTRUCTIONS

- Use sterile technique for specimen collection and close all containers tightly. **DO NOT FREEZE OR ADD FIXATIVE TO ANY SAMPLE.** Each specimen must be clearly labeled with at least two patient identifiers (patient's name and date of birth), along with the collection date. Secure each specimen container tightly to avoid leakage in transit.
- Specimens MUST be shipped in Cary-Blair with cold ice packs within 24 hours. Specimens that are delayed for more than 48h will be rejected.
- Complete the test requisition with the patient's demographics and insurance information. There is a secondary pouch in the biohazard bag for the test requisition. The clinical indication is required for appropriate cell culture parameters.
- Place the specimen in the absorbent material inside the enclosed biohazard bag.
- Call GeneSYS Diagnostics Inc. at **(860) 574-9172** to arrange further shipping instructions.
- If instructed that GeneSYS Diagnostics Inc. courier service is picking up the sample, place biohazard bag including corresponding requisition in small GeneSYS Diagnostics box.
- Alternatively, if GeneSYS Diagnostics Inc. arranges for a Fedex pick up, place biohazard bag including corresponding requisition in *small* GeneSYS Diagnostics Inc. box and then place box into Fedex Clinical Pak shipping bag. Attach the pre-labeled and prepaid FedEx air bill.
- Contact Laboratory for additional shipping materials, further instructions or any questions: **860-574-9172.**