

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

<input checked="" type="checkbox"/> GENITOURINARY	Sample Type: <input type="checkbox"/> Urine (voided) <input type="checkbox"/> Urine (catheter) <input type="checkbox"/> Cervical/Vaginal/Cervicovaginal/Endometrial <input type="checkbox"/> Vulva/Labia/Vestibule/Perineal <input type="checkbox"/> Oropharynx/Throat/Oral <input type="checkbox"/> Penile <input type="checkbox"/> Genital Skin <input type="checkbox"/> Rectal/Anal
<input type="checkbox"/> Acinetobacter baumannii <input type="checkbox"/> Atopobium vaginae <input type="checkbox"/> BVAB 2, 3 (bacterial vaginosis-associated bacteria 2, 3); Mobiluncus spp. <input type="checkbox"/> Candida albicans, parapsilosis, tropicalis <input type="checkbox"/> Candida glabrata <input type="checkbox"/> Candida krusei <input type="checkbox"/> Chlamydia trachomatis <input type="checkbox"/> Citrobacter freundii <input type="checkbox"/> Enterobacter cloacae complex, Klebsiella (Enterobacter) aerogenes	<input type="checkbox"/> Enterococcus faecalis, faecium <input type="checkbox"/> Escherichia coli <input type="checkbox"/> Gardnerella vaginalis <input type="checkbox"/> Klebsiella pneumoniae, oxytoca <input type="checkbox"/> Megasphaera (Types 1, 2) <input type="checkbox"/> Morganella morganii <input type="checkbox"/> Mycoplasma genitalium <input type="checkbox"/> Mycoplasma hominis <input type="checkbox"/> Neisseria gonorrhoeae <input type="checkbox"/> Proteus mirabilis, vulgaris
<input type="checkbox"/> Pseudomonas aeruginosa <input type="checkbox"/> Serratia marcescens <input type="checkbox"/> Staphylococcus aureus <input type="checkbox"/> Staphylococcus epidermidis, haemolyticus, lugdunensis <input type="checkbox"/> Staphylococcus saprophyticus <input type="checkbox"/> Streptococcus agalactiae ¹ <input type="checkbox"/> Streptococcus pyogenes ² <input type="checkbox"/> Trichomonas vaginalis <input type="checkbox"/> Ureaplasma urealyticum <input type="checkbox"/> Ureaplasma parvum	Add-On: GENITAL LESION <input type="checkbox"/> Haemophilus ducreyi ¹⁴ <input type="checkbox"/> Herpes simplex virus 1 <input type="checkbox"/> Herpes simplex virus 2 <input type="checkbox"/> Mpox (Monkeypox) <input type="checkbox"/> Treponema pallidum ³ <input type="checkbox"/> Varicella zoster virus ¹⁵ Antibiotic Resistance Genes (listed below)
Add-on Only — Select for add-on testing: <input checked="" type="checkbox"/> High Risk HPV types 16, 18, 45 Note: If add-ons are ordered, sample cannot be urine	
<input type="checkbox"/> Antibiotic Resistance Genes VanA, VanB ⁴ ermB, C; mefA ⁵	SHV, KPC Groups ⁶ dfr (A1, A5), sul (1, 2) ⁷ mecA ⁸
qnrA1, qnrA2, qnrB 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 ¹⁶

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

<input checked="" type="checkbox"/> VAGINITIS	Sample Type: <input type="checkbox"/> Cervical/Vaginal/Cervicovaginal/Endometrial <input type="checkbox"/> Vulva/Labia/Vestibule/Perineal <input type="checkbox"/> Urine (voided)
<input type="checkbox"/> Atopobium vaginae <input type="checkbox"/> BVAB 2, 3 (bacterial vaginosis-associated bacteria 2, 3); Mobiluncus spp. <input type="checkbox"/> Candida albicans, parapsilosis, tropicalis <input type="checkbox"/> Candida glabrata	<input type="checkbox"/> Candida krusei <input type="checkbox"/> Chlamydia trachomatis <input type="checkbox"/> Gardnerella vaginalis <input type="checkbox"/> Herpes simplex virus 1 <input type="checkbox"/> Herpes simplex virus 2
<input type="checkbox"/> Megasphaera (types 1, 2) <input type="checkbox"/> Neisseria gonorrhoeae <input type="checkbox"/> Trichomonas vaginalis	Antibiotic Resistance Genes: dfr (A1, A5), sul (1, 2) ⁷ ermB, C; mefA ⁵ tet B, tet M ¹⁰
Add-on Only — Select for add-on testing: <input type="checkbox"/> High Risk HPV types 16, 18, 45	

<input checked="" type="checkbox"/> DISCHARGE + VAGINITIS	Sample Type: <input type="checkbox"/> Cervical/Vaginal/Cervicovaginal/Endometrial <input type="checkbox"/> Vulva/Labia/Vestibule/Perineal <input type="checkbox"/> Urine (voided)
<input type="checkbox"/> Atopobium vaginae <input type="checkbox"/> BVAB 2, 3 (bacterial vaginosis-associated bacteria 2, 3); Mobiluncus spp. <input type="checkbox"/> Candida albicans, parapsilosis, tropicalis <input type="checkbox"/> Candida glabrata <input type="checkbox"/> Candida krusei	<input type="checkbox"/> Chlamydia trachomatis <input type="checkbox"/> Gardnerella vaginalis <input type="checkbox"/> Herpes simplex virus 1 <input type="checkbox"/> Herpes simplex virus 2 <input type="checkbox"/> Megasphaera (types 1, 2) <input type="checkbox"/> Mycoplasma genitalium
<input type="checkbox"/> Mycoplasma hominis <input type="checkbox"/> Neisseria gonorrhoeae <input type="checkbox"/> Trichomonas vaginalis <input type="checkbox"/> Ureaplasma urealyticum <input type="checkbox"/> Ureaplasma parvum	Antibiotic Resistance Genes: dfr (A1, A5), sul (1, 2) ⁷ ermB, C; mefA ⁵ tet B, tet M ¹⁰
Add-on Only — Select for add-on testing: <input type="checkbox"/> High Risk HPV types 16, 18, 45	

<input checked="" type="checkbox"/> CGT (ASYMPTOMATIC)	Sample Type: <input type="checkbox"/> Urine (voided) <input type="checkbox"/> Urine (catheter) <input type="checkbox"/> Urethral Swab <input type="checkbox"/> Cervical/Vaginal/Cervicovaginal/Endometrial <input type="checkbox"/> Vulva/Labia/Vestibule/Perineal <input type="checkbox"/> Oropharynx/Throat/Oral <input type="checkbox"/> Penile <input type="checkbox"/> Genital Skin <input type="checkbox"/> Rectal/Anal
<input type="checkbox"/> Chlamydia trachomatis <input type="checkbox"/> Neisseria gonorrhoeae	<input type="checkbox"/> Trichomonas vaginalis

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

GENITAL LESION

Sample Type: Genital ulcer/lesion Cervical/Vaginal/Cervicovaginal/Endometrial Rectal/Anal Oropharynx/Throat/Oral

- Chlamydia trachomatis
- Haemophilus ducreyi¹⁴
- Herpes simplex virus 1
- Herpes simplex virus 2

- Mpox (Monkeypox)
- Treponema pallidum³
- Varicella zoster virus¹⁵

- Antibiotic Resistance Genes:**
dfr (A1, A5), sul (1, 2)⁷
ermB, C; mefA⁵
tet B, tet M¹⁰

PELVIC INFLAMMATORY DISEASE

Sample Type: Cervical/Vaginal/Cervicovaginal/Endometrial

- Actinomyces israelii
- Chlamydia trachomatis
- Mycoplasma genitalium
- Mycoplasma hominis

- Neisseria gonorrhoeae
- Treponema pallidum³

- Antibiotic Resistance Genes:**
dfr (A1, A5), sul (1, 2)⁷
ermB, C; mefA⁵
tet B, tet M¹⁰

PROCTITIS

Sample Type: Rectal/Anal

- Chlamydia trachomatis
- Herpes simplex virus 1
- Herpes simplex virus 2
- Mpox (Monkeypox)

- Neisseria gonorrhoeae
- Treponema pallidum³

- Antibiotic Resistance Genes:**
dfr (A1, A5), sul (1, 2)⁷
ermB, C; mefA⁵
tet B, tet M¹⁰

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): Jane Doe

Ordering Provider Name (signed):  Date: 01242024

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

SUBMIT TO CUSTOMER FULFILLMENT AT:

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