

# Minor Report Correction Respiratory Add-On Test Order Form



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

## MRC INSTRUCTIONS - MANDATORY

### PAGE 1

1. Fill in requestor's first and last name in field 1.
2. Fill in the patient name in field 2 exactly as it appears in on the final report.
3. Fill in patient's date of birth (DOB) in field 3
4. Fill in the appropriate lab accession number in field 4. (lab accession number found in top right of results)
5. Choose whether this is an add-on, replacement, or deletion of order in field 5.
6. Choose either the full panel or individual pathogens within panel, then the swab site and the antibiotic resistant genes. You may only choose from one whole panel.

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1. Update ICD code as necessary in field 6.
2. Print ordering provider's name in field 7.
3. Ordering provider must leave a signature in field 8.
4. Fill out the date in field 9.
5. Submit paperwork to HealthTrackRx via fax at (940) 295-1483, or via email at [customer@healthtrackrx.com](mailto:customer@healthtrackrx.com)

## THE FOLLOWING FIELDS MUST BE FILLED OUT BEFORE SUBMITTING PAPERWORK

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):  Lab Accession Number:

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

Orders must be specifically listed either by panel, pathogen, or specific gene you wish to have added.

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

■ EXTENDED RESPIRATORY VIRAL/ACUTE RHINOSINUSITIS		Sample Type: <input type="checkbox"/> Nasopharyngeal/Nares <input type="checkbox"/> Oropharynx/Throat/Oral <input type="checkbox"/> Cough Sputum	
<input type="checkbox"/> Adenovirus	<input type="checkbox"/> COVID-19 Coronavirus (SARS-CoV-2)	<input type="checkbox"/> Influenza virus A, B	<input type="checkbox"/> Rhinovirus / Enterovirus
<input type="checkbox"/> Coronavirus (229E, HKU1, NL63, and OC43)	<input type="checkbox"/> Enterovirus D68	<input type="checkbox"/> Parainfluenza virus (types 1, 2, 3, 4)	
	<input type="checkbox"/> Human metapneumovirus	<input type="checkbox"/> Respiratory syncytial virus	

■ TREATABLE RESPIRATORY VIRUSES		Sample Type: <input type="checkbox"/> Nasopharyngeal/Nares <input type="checkbox"/> Oropharynx/Throat/Oral <input type="checkbox"/> Cough Sputum	
<input type="checkbox"/> COVID-19 Coronavirus (SARS-CoV-2)	<input type="checkbox"/> Influenza virus A, B	<input type="checkbox"/> Respiratory syncytial virus	

■ PHARYNGITIS/LARYNGITIS		Sample Type: <input type="checkbox"/> Oropharynx/Throat/Oral	
<input type="checkbox"/> Adenovirus	<input type="checkbox"/> Human metapneumovirus	<input type="checkbox"/> Rhinovirus/Enterovirus	<b>Antibiotic Resistance Genes:</b> dfr (A1, A5), sul (1, 2) ermB, C; mefA tet B, tet M
<input type="checkbox"/> Chlamydia pneumoniae	<input type="checkbox"/> Influenza virus A, B	<input type="checkbox"/> Streptococcus dysgalactiae (Group C & G Strep)	
<input type="checkbox"/> Coronaviruses (229E, HKU1, NL63, & OC43)	<input type="checkbox"/> Mycoplasma pneumoniae	<input type="checkbox"/> Streptococcus pyogenes (Group A Strep)	
<input type="checkbox"/> COVID-19 Coronavirus (SARS-CoV-2)	<input type="checkbox"/> Parainfluenza virus (types 1, 2, 3, 4)		
<input type="checkbox"/> Enterovirus D68	<input type="checkbox"/> Respiratory syncytial virus		

Add-on Only — Select for add-on testing:  Epstein-Barr Virus (Human Herpesvirus 4)  Herpes simplex virus 1  Herpes simplex virus 2  Fusobacterium nucleatum, necrophorum

■ BRONCHITIS		Sample Type: <input type="checkbox"/> Nasopharyngeal/Nares <input type="checkbox"/> Oropharynx/Throat/Oral <input type="checkbox"/> Cough Sputum	
<input type="checkbox"/> Adenovirus	<input type="checkbox"/> COVID-19 Coronavirus (SARS-CoV-2)	<input type="checkbox"/> Moraxella catarrhalis	<input type="checkbox"/> Streptococcus pneumoniae
<input type="checkbox"/> Bordetella pertussis, parapertussis, bronchiseptica	<input type="checkbox"/> Enterovirus D68	<input type="checkbox"/> Mycoplasma pneumoniae	<b>Antibiotic Resistance Genes:</b> dfr (A1, A5), sul (1, 2) ermB, C; mefA tet B, tet M
<input type="checkbox"/> Chlamydia pneumoniae	<input type="checkbox"/> Haemophilus influenzae	<input type="checkbox"/> Parainfluenza virus (types 1, 2, 3, 4)	
<input type="checkbox"/> Coronaviruses (229E, HKU1, NL63, and OC43)	<input type="checkbox"/> Human metapneumovirus	<input type="checkbox"/> Respiratory syncytial virus	
	<input type="checkbox"/> Influenza virus A, B	<input type="checkbox"/> Rhinovirus / Enterovirus	

Add-on Only — Select for add-on testing:  Epstein-Barr Virus (Human Herpesvirus 4)

■ MEASLES		Sample Type: <input type="checkbox"/> Nasopharyngeal/Nares <input type="checkbox"/> Oropharynx/Throat/Oral	
<input type="checkbox"/> Measles			

### Updated Diagnosis Code(s):

### Ordering Provider Name (printed):

### Ordering Provider Name (Signed, stamp signature not accepted):

### 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](mailto:customer@healthtrackrx.com)**

Listed ICD-10 codes are those commonly received by HealthTrackRx for the specified testing; however, it is not a comprehensive list, and an ICD-10-CM book should be used as a complete reference. It is the responsibility of the ordering healthcare provider to determine and provide the most appropriate diagnosis code(s) based on the patient's signs and symptoms as documented in the patient's medical record. HealthTrackRx makes no recommendation regarding the use of any diagnosis code(s)

