

Minor Report Correction Sexual Health Add-On Test



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

MRC INSTRUCTIONS - MANDATORY

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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**

THE FOLLOWING FIELDS MUST BE FILLED OUT BEFORE SUBMITTING PAPERWORK

I, **1** 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): **2**

Patient DOB (as it appears on the final report): **3** **Lab Accession Number:** **4**

Please update the following tests to this sample: **5** Add-On Replace Delete

Orders must be specifically listed either by panel, 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

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

■ VAGINITIS		Sample Type: <input type="checkbox"/> Cervical/Endometrial <input type="checkbox"/> Vaginal <input type="checkbox"/> Vulva/Labia/Vestibule/Perineal <input type="checkbox"/> Urine (voided)	
<input type="checkbox"/> Atopobium vaginae	<input type="checkbox"/> Candida glabrata	<input type="checkbox"/> Herpes simplex virus 1	<input type="checkbox"/> Antibiotic Resistance Genes: dfr (A1, A5), sul (1, 2) ermB, C; mefA tet B, tet M
<input type="checkbox"/> BVAB 2, 3 (bacterial vaginosis associated bacteria 2, 3); Mobiluncus spp.	(Nakaseomyces glabratus)	<input type="checkbox"/> Herpes simplex virus 2	
<input type="checkbox"/> Candida albicans, parapsilosis, tropicalis	<input type="checkbox"/> Candida krusei (Pichia kudriavzevii)	<input type="checkbox"/> Megasphaera (types 1, 2)	
<input type="checkbox"/> Chlamydia trachomatis	<input type="checkbox"/> Chlamydia trachomatis	<input type="checkbox"/> Neisseria gonorrhoeae	
<input type="checkbox"/> Gardnerella vaginalis	<input type="checkbox"/> Gardnerella vaginalis	<input type="checkbox"/> Trichomonas vaginalis	

■ RECURRENT VAGINITIS		Sample Type: <input type="checkbox"/> Cervical/Endometrial <input type="checkbox"/> Vaginal <input type="checkbox"/> Vulva/Labia/Vestibule/Perineal <input type="checkbox"/> Urine (voided)	
<input type="checkbox"/> Atopobium vaginae	<input type="checkbox"/> Candida glabrata (Nakaseomyces glabratus)	<input type="checkbox"/> Herpes simplex virus 2	<input type="checkbox"/> Ureaplasma parvum <input type="checkbox"/> Ureaplasma urealyticum <input type="checkbox"/> Antibiotic Resistance Genes: dfr (A1, A5), sul (1, 2) ermB, C; mefA tet B, tet M
<input type="checkbox"/> BVAB 2, 3 (bacterial vaginosis associated bacteria 2, 3); Mobiluncus spp.	<input type="checkbox"/> Candida krusei (Pichia kudriavzevii)	<input type="checkbox"/> Megasphaera (types 1, 2)	
<input type="checkbox"/> Candida albicans, parapsilosis, tropicalis	<input type="checkbox"/> Chlamydia trachomatis	<input type="checkbox"/> Mycoplasma genitalium	
<input type="checkbox"/> Gardnerella vaginalis	<input type="checkbox"/> Gardnerella vaginalis	<input type="checkbox"/> Mycoplasma hominis	
<input type="checkbox"/> Herpes simplex virus 1	<input type="checkbox"/> Herpes simplex virus 1	<input type="checkbox"/> Neisseria gonorrhoeae	
		<input type="checkbox"/> Trichomonas vaginalis	

■ CGT		Sample Type: <input type="checkbox"/> Urine (voided) <input type="checkbox"/> Internal Urethra <input type="checkbox"/> Cervical/Endometrial <input type="checkbox"/> Vaginal <input type="checkbox"/> Vulva/Labia/Vestibule/Perineal <input type="checkbox"/> Oropharynx/Throat/Oral <input type="checkbox"/> Penile Meatus <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	

■ GENITAL LESION		Sample Type: <input type="checkbox"/> Genital ulcer/lesion <input type="checkbox"/> Cervical/Endometrial <input type="checkbox"/> Vaginal <input type="checkbox"/> Rectal/Anal <input type="checkbox"/> Oropharynx/Throat/Oral <input type="checkbox"/> Ulcer/Lesion	
<input type="checkbox"/> Chlamydia trachomatis	<input type="checkbox"/> Mpox (Monkeypox)	<input type="checkbox"/> Antibiotic Resistance Genes: dfr (A1, A5), sul (1, 2) ermB, C; mefA tet B, tet M	
<input type="checkbox"/> Haemophilus ducreyi (Chancroid)	<input type="checkbox"/> Treponema pallidum (Syphilis)		
<input type="checkbox"/> Herpes simplex virus 1			
<input type="checkbox"/> Herpes simplex virus 2			

Updated Diagnosis Code(s):

6

Ordering Provider Name (printed):

7

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

8

Date:

9

****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**

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)

