

# PERIODX

by MicroGenDX

Next-Gen DNA Sequencing for  
Precise Microbial Diagnosis of Periodontal Infections

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## ORAL HEALTH LAB REQUISITION FORM

**PREPAID** ORDER# \_\_\_\_\_

\_\_\_ OF \_\_\_

**ALL HIGHLIGHTED AREAS MUST BE COMPLETED  
PRIOR TO SENDING FORM TO LAB.**

### PATIENT INFORMATION

### CLINIC INFORMATION

### PHYSICIAN INFORMATION

Name (First and Last): <b>(Include Face Sheet)</b>			Clinic Name:	<input type="checkbox"/> Physician Name: _____ NPI#: _____
DOB:	Gender:	Last 4 of SSN:	Clinic Address:	<input type="checkbox"/> Physician Name: _____ NPI#: _____
Address:			Clinic Phone:	<input type="checkbox"/> Physician Name: _____ NPI#: _____
City:			Clinic Fax:	<input type="checkbox"/> Physician Name: _____ NPI#: _____
State:	Zip:	Patient Phone:	Clinic Email:	<input type="checkbox"/> Physician Name: _____ NPI#: _____

### SPECIMEN INFO

### INSURANCE & DIAGNOSTIC INFORMATION

(SEND FRONT & BACK OF INSURANCE CARD)

Date Collected: ____/____/____	Primary Insurance:	Subscriber ID:	Group Number:
Specimen Source:	Primary Diagnosis/Clinical Diagnosis:	Secondary Diagnosis/Clinical Diagnosis:	Medicare Claim Number:
Number of Samples:	<b>ICD-10 Code: (common codes found on reverse):</b>	<b>ICD-10 Code: (common codes found on reverse):</b>	<b>Choose one or both</b>

### qPCR RAPID SCREENING AND NEXT-GEN DNA SEQUENCING TEST

### SAMPLE SOURCE (Check all that apply)

<b>PART 1</b> Choose Oral Health Panel <input type="checkbox"/> Oral Health  Choose Oral Health p	<b>PART 2</b> Choose This for NGS plus Confirm Test Order by checking box below <input type="checkbox"/> qPCR Rapid Screening and Next-Gen Comprehensive DNA Sequencing for Unknown Microbes including Bacteria and Fungi.	<input type="checkbox"/> Saliva <input type="checkbox"/> Periodontal Pocket  <input type="checkbox"/> 1__ <input type="checkbox"/> 6__ <input type="checkbox"/> 11__ <input type="checkbox"/> 16__ <input type="checkbox"/> 21__ <input type="checkbox"/> 26__ <input type="checkbox"/> 31__ <input type="checkbox"/> 2__ <input type="checkbox"/> 7__ <input type="checkbox"/> 12__ <input type="checkbox"/> 17__ <input type="checkbox"/> 22__ <input type="checkbox"/> 27__ <input type="checkbox"/> 32__ <input type="checkbox"/> 3__ <input type="checkbox"/> 8__ <input type="checkbox"/> 13__ <input type="checkbox"/> 18__ <input type="checkbox"/> 23__ <input type="checkbox"/> 28__ <input type="checkbox"/> 4__ <input type="checkbox"/> 9__ <input type="checkbox"/> 14__ <input type="checkbox"/> 19__ <input type="checkbox"/> 24__ <input type="checkbox"/> 29__ <input type="checkbox"/> 5__ <input type="checkbox"/> 10__ <input type="checkbox"/> 15__ <input type="checkbox"/> 20__ <input type="checkbox"/> 25__ <input type="checkbox"/> 30__
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### PHYSICIAN SIGNATURE

The test ordered is medically necessary for the diagnosis indicated. By signing the requisition, I certify that I have informed consent from the patient as required by any applicable state or federal laws with respect to each test ordered. If the patient signature is not located below, it is indicated that the physician has obtained informed written consent.

Physician Signature: \_\_\_\_\_

Please Sign Here

### ORAL HEALTH PANEL QPCR ORGANISMS

#### Total 16S Bacterial Load and Resistance Genes

Quinolone resistance  
Methicillin resistance  
Vancomycin resistance  
Beta-lactam resistance  
Carbapenem resistance  
Macrolide resistance  
Aminoglycoside resistance  
Tetracycline resistance  
Bactrim resistance  
Extended Spectrum  
Beta Lactamase CTX-M resistance

#### Bacteria:

Aggregatibacter actinomycetemcomitans  
Tannerella forsythia  
Fusobacterium nucleatum  
Peptostreptococcus  
Eikenella corrodens  
Capnocytophaga  
Treponema denticola  
Prevotella intermedia  
Porphyromonas gingivalis  
Eubacterium nodatum  
Campylobacter Rectus  
Streptococcus mutans  
Selenomonas noxia  
Streptococcus pyogenes  
Neisseria meningitidis

#### Fungus:

Candida albicans

PCR Panel