



# Virant Diagnostics, Inc.

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## Urinary Tract Infection (UTI) Test Requisition Form

Place Barcode Label Here

**Urine Specimen Information**

Collection Date: \_\_\_ / \_\_\_ / \_\_\_  
 Collection Time: \_\_\_ : \_\_\_  AM  PM

**PATIENT INFORMATION**

Last Name:	First Name:	Date of Birth:
Email:	Phone:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Address:	City: State:	Zip:

**DIAGNOSIS CODES**

- |   |   |
|---|---|
| <input type="checkbox"/> N30.00: Acute cystitis without hematuria                                 | <input type="checkbox"/> N30.1: Acute cystitis with hematuria               |
| <input type="checkbox"/> N30.90: Cystitis, unspecified without hematuria                          | <input type="checkbox"/> N39.0: Urinary tract infection, site not specified |
| <input type="checkbox"/> N40.1: Benign prostatic hyperplasia with lower urinary tract symptoms    | <input type="checkbox"/> R30.0: Dysuria                                     |
| <input type="checkbox"/> R31.0: Gross Hematuria   | <input type="checkbox"/> R31.9: Hematuria, unspecified                      |
| <input type="checkbox"/> R33.9: Retention of Urine, unspecified                                   | <input type="checkbox"/> R35.0: Frequency of micturition                    |
| <input type="checkbox"/> R35.1: Nocturia  | <input type="checkbox"/> R39.15: Urgency of Urination                       |
| <input type="checkbox"/> R39.9: Unspecified symptoms and signs involving the genitourinary system |   |

**PATIENT CONSENT/AUTHORIZATION**

- The specimen identified on this form is my own.
- I hereby authorize the release of medical information related to this service for submission of personal reports to my healthcare providers and insurance carriers.
- In addition, I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

Patient Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**INSURANCE AND PAYMENT INFORMATION**

- Bill Insurance (Attach copy of insurance card, front and back)  Bill Client  Bill Patient (Cash/Check/Credit Card)  Other:

Primary Plan Name:	Policy Holder Name:
Policy #:	Group #:
Secondary Plan Name:	Policy Holder Name:
Policy #:	Group #:

**HEALTHCARE PROVIDER INFORMATION**

Provider Name:	NPI:
Organization:	Phone:
Address:	City: State: Zip:

Provider Authorization Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**PANEL INFORMATION**

Specimen Requirements: *See specimen collection and handling information on the back.*

- Comprehensive UTI Panel**  
 Includes the targets listed below:
- Gram-negative Bacteria**  
 17 bacteria: *Acinetobacter baumannii, Citrobacter freundii, Citrobacter koseri, Enterobacter cloacae, Escherichia coli, Klebsiella aerogenes, Klebsiella oxytoca, Klebsiella pneumoniae, Morganella morganii, Mycoplasma hominis, Pantoea agglomerans, Proteus mirabilis, Proteus vulgaris, Providencia stuartii, Pseudomonas aeruginosa, Serratia marcescens, Ureaplasma urealyticum*
  - Gram-positive Bacteria** (see back for pool details)  
 9 bacteria: *Actinotignum schaalii, Aerococcus urinae, Alloscardovia omnicolens, Corynebacterium riegliei, Staphylococcus aureus, Streptococcus agalactiae, Enterococci (pool)<sup>1</sup>, Coagulase-negative staphylococci (pool)<sup>2</sup>, Viridans streptococci (pool)<sup>3</sup>*
  - Fungi**  
 4 fungi: *Candida albicans, Candida auris, Candida glabrata, Candida parapsilosis*
  - Antibiotic Resistance Genes** (see back for interpretations)  
 15 genes: *mecA, ampC/FOX/ACC (pool), DHA/MOX/CMY/LAT (pool), TEM/SHV/VEB (pool), IMP, OXA/GES (pool), OXA, PER, CTX/M (pool), VIM/KPC (pool), van, Qnr, dfrA, Sul, tet*

**FOR LABORATORY USE ONLY**

Accession #:	Patient ID:
Client/Physician ID:	Date Received: ___ / ___ / ___ Time Received: ___ : ___ <input type="checkbox"/> AM <input type="checkbox"/> PM

## PANEL INFORMATION (CONT.)

### Bacteria Pool Details

- <sup>1</sup>. The enterococci pool includes the following bacteria: *Enterococcus faecalis*, *Enterococcus faecium*
- <sup>2</sup>. The coagulase-negative staphylococci pool includes the following bacteria: *Staphylococcus epidermis*, *Staphylococcus haemolyticus*, *Staphylococcus lugdunensis*, *Staphylococcus saprophyticus*, *Staphylococcus warneri*, *Staphylococcus xylosus*
- <sup>3</sup>. The Viridians streptococci pool includes the following bacteria: *Streptococcus anginosus*, *Streptococcus constellatus*, *Streptococcus equinus*, *Streptococcus gallolyticus*, *Streptococcus infantarius*, *Streptococcus lutetiensis*, *Streptococcus macedonicus*, *Streptococcus mitis*, *Streptococcus pasteurianus*, *Streptococcus sanguinis*

Gene Name	Interpretation
mecA	Methicillin (for MRSA)
ampC/FOX/ACC (pool)	Cephalosporins, carbapenem, monobactam, penem
DHA/MOX/CMY/LAT (pool)	Cephalosporins, cephamycin, penem
TEM/SHV/VEB (pool)	Extended Spectrum Beta-Lactamases (ESBLs)
IMP	Carbapenems (Imipenem, for Pseudomonas or Acinetobacter)
OXA/GES (pool)	Cephalosporins, carbapenem
OXA	Cephalosporins, carbapenem (Oxacillinase), ampicillin
PER	Extended Spectrum Beta-Lactamases (ESBLs)
CTX-M	Cephalosporins (Cefotaxime)
VIM/KPC (pool)	Carbapenem, cephalosporin (for <i>Pseudomonas aeruginosa</i> or <i>Klebsiella pneumoniae</i> )
van	Glycopeptides (Vancomycin, teicoplanin)
Qnr	Quinolone, fluoroquinolone (PMQR)
dfrA	Trimethoprim
Sul	Sulfonamides
tet	Tetracyclines

## URINE COLLECTION INSTRUCTIONS FOR PATIENT

1. Wash hands thoroughly using soap and water. Retrieve the sample cup and make sure the "STERILE" seal is unbroken. If this seal has been broken, please discard and use a sterile sealed specimen cup.
2. Open the sterile cup carefully. DO NOT touch the inside of the cup.
3. Tear open the "Castile Soap Wipe" and remove towelette.
4. Use as many towelettes as needed to clean the penis or vaginal area following the appropriate instructions down below.
  - a. MALE: If uncircumcised, retract the foreskin and wipe from tip to shaft.
  - b. FEMALE: Spread labia (folds of skin) apart with one hand and wipe with the towelette from front to back. Repeat this process two more times with a new towelette each time (using 3 towelettes total).
5. Begin urinating into the toilet. While urinating, place the specimen cup in position to collect midstream in the sterile cup. Be careful to not touch the inside of the cup as that will contaminate the specimen.
6. After at least 7mL of urine is in the cup, put the lid back on. The lid should click twice as you twist to ensure it is properly sealed.
7. Place all soiled items into the wastebasket and wash hands thoroughly.
8. Give the specimen container to the nurse for transfer into a sterile monovette for transport. Review the test requisition and sign if all the information is correct.

## URINE SPECIMEN HANDLING INSTRUCTIONS

1. Place the urine cup on a paper towel.
2. Use the vacutainer to collect urine from the cup.
3. Place the tube into a biosafety bag.
4. Make sure the collection date and the patient's name and date of birth are clearly provided on the tube.

For more details, please see the following video: [www.youtube.com/watch?v=2rNMft5WPlg&t=1s](http://www.youtube.com/watch?v=2rNMft5WPlg&t=1s)

Please visit webpage at [www.virantdx.com/testing-solutions/molecular-microbiology/uti-panel-testing/](http://www.virantdx.com/testing-solutions/molecular-microbiology/uti-panel-testing/) and contact us at [microbiologylab@virantdx.com](mailto:microbiologylab@virantdx.com) or (877) 888-2973 for any inquiries.