

**MENSKEY COMPLETE ORDER#**  
**MEN'S COMPLETE LAB REQUISITION FORM**

*The MensKEY Complete test is priced at \$279 and can be prepaid for using most major credit cards or through direct billing. This test will not be submitted to insurance.*





Attach patient face sheet or complete all highlighted areas prior to sending to the lab.  
**\*PLEASE CHECK THE BOX NEXT TO REQUESTING PHYSICIAN TO RECEIVE RESULTS\***

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_

PATIENT INFORMATION			CLINIC INFORMATION		PHYSICIAN INFORMATION		
Name (First and Last): <b>(Include Face Sheet)</b>			Clinic Name:		<input type="checkbox"/> Physician Name: _____ NPI#: _____		
Date of Birth: (MM/DD/YY)	Gender:	Last 4 of SSN:	Organization ID:		<input type="checkbox"/> Physician Name: _____ NPI#: _____		
Patient CELL Phone:		Patient Email:		Clinic Address:		<input type="checkbox"/> Physician Name: _____ NPI#: _____	
Address:			Clinic Phone:	Clinic Fax:		<input type="checkbox"/> Physician Name: _____ NPI#: _____	
City:	State:	Zip:	Clinic Email:		<input type="checkbox"/> Physician Name: _____ NPI#: _____		

**SPECIMEN INFO**

Date Collected: (MM/DD/YY)	Specimen Source:	Number of Samples:
_____/_____/_____	_____	_____

NGS+PCR PANEL	SAMPLE TYPE	OPTIONAL ADD-ONS (Additional Charge)	URINE/SEMEN PANEL QPCR ORGANISMS:
<input type="checkbox"/> Men's Complete Test Service  <i>This test requires the collection of two separate samples. A urine sample and a semen sample.</i>	Urine Sample  	<input type="checkbox"/> Add UA Biomarkers (additional \$10 charge) Leukocyte Esterase and pH <i>*Both Men's Complete urine and semen samples are to be administered on the same day and shipped in the same box. If they are shipped separately they will be billed as two tests, not as a single Men's Complete test.</i>	<b>Total 165 Bacterial Load, Total ITS Fungal Load, and Resistance Genes</b> 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  <b>Bacteria:</b> Klebsiella pneumoniae Escherichia coli Pneumocystis jirovecii Prevotella bivia Gardnerella vaginalis  <b>NGS:</b> Identifies over 60,000 microbial species using our extensive curated database in just 24 hours from sample receipt.
	Semen Sample  	<input type="checkbox"/> Add FULL STI Panel (additional \$76 charge) Chlamydia trachomatis, Mycoplasma genitalium, Neisseria gonorrhoeae, Trichomonas vaginalis	

**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. The physician has obtained informed written consent and conveyed to the patient that his/her insurance may or may not pay for some, or all of, the labs/tests ordered and has verbally acknowledged and accepted responsibility for payment.

No Signature Required (Signature on File)       Physician Signature: \_\_\_\_\_

**STOP BEFORE SENDING PLEASE HAVE PATIENT READ & SIGN BELOW**

I consent allowing MicroGenDX, its agents, and assignees to contact me by email, phone, and SMS message\* communication using any contact information that I have given to MicroGenDX, the physician or facility, for purposes related to my care including treatment, payment, collections, or operations. Self-pay amounts can be found at [www.microgendx.com](http://www.microgendx.com). Per our refund policy, we will no longer process refunds in the amount of \$9.99 or less. \*See [microgendx.com](http://microgendx.com) for further policy and procedures.

**PATIENT SIGNATURE HERE:** \_\_\_\_\_

**PAYMENT INFORMATION: (\*\*This Will Not Be Submitted to Insurance, Please Provide Credit Card Information Below\*\*)**

Pay By Check (please attach check to this form)

Credit Card     Visa     MasterCard     Other \_\_\_\_\_ Card #: \_\_\_\_\_ Expiration (MM/YY): \_\_\_\_\_ CVV: \_\_\_\_\_