

CLIENT SERVICES MANUAL

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Revision Date: 01.28.2025
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Eurofins Diatherix is headquartered in the HudsonAlpha Institute
in Cummings Research Park, Huntsville, AL.

Client Services

Toll Free: 866.979.4242
Email: ClientServices@diatherix.eurofinsus.com
Fax: 256.327.0984
Hours: Monday-Friday 7:00 AM - 6:00 PM CST | Saturday 8:30 AM - 4PM CST

Holiday Closings

New Year's Day
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Christmas Day

Billing Department

Toll Free: 866-829-1854
Fax: 256-327-5259
Hours: 8:00AM-5:00 PM CST Monday-Friday

Logistics:

Fax: 256-327-9847
Phone: 256-428-9584
FedEx: 1.800.463.3339
Courier Pick Up: 877.820.8047
Email: FSSTeam@diatherix.eurofinsus.com

Supplies

Fax: 256-327-9858
Email: Supplies@diatherix.eurofinsus.com
FedEx: 1-800-820-8047
Courier Pickup: 877-820-804

Client Feedback

Email: Clientfeedback@diatherix.eurofinsus.com



Billing

Because of our commitment to our customers, Eurofins Diatherix maintains an internal billing department to submit claims and invoice responsible parties by utilizing the information provided by the client.

- **Client Bill** – Clients who choose the “Client Bill” option are invoiced directly for testing performed at Eurofins Diatherix. Our Client Billing Support team is available for any questions about your invoice. Any requisitions marked as “Client Bill” will go to the client, so it is imperative to correctly mark physician orders. Diatherix follows Direct Billing laws.
- **Insurance Payors** – Diatherix Billing is contracted with a variety of insurance payors throughout the United States. We bill claims directly to the insurance company provided on the lab requisition. If insurance information is missing or invalid, we endeavor to obtain that information in a way that is least intrusive to your business. Therefore, we utilize a self-serve Client Billing Portal where clients can provide missing information, upload requested medical records, and pay client bill invoices. After insurance adjudication, Diatherix will only bill your patients for the responsibility left by their insurance company (deductible, coinsurance, or copay).
- **Self-pay** – Self-pay – For patients without insurance coverage, Diatherix will send a statement that is at the self-pay rate. At Diatherix, we believe in compassionate, empathetic billing practices and we make every effort to work with our patients. There are options available to suit the patient’s need including payments plans and financial assistance based on income. For all options available we encourage patients to contact our team to find the best option suited for them. Our Patient Billing Support team is available weekdays from 8:00AM to 4:30PM to answer any patient questions. We also offer an Interactive Voice Response (IVR) tool and a selfserve patient portal that are available 24/7. If these options do not suit the patient, they are also encouraged to email our team directly at accounts@diatherix.eurofinsus.com. We make every effort to work with our patients and communication is the key to that endeavor.

Client Billing Support:

Email: billingclients@diatherix.eurofinsus.com

Patient Intelligent Interactive Voice Response (IVR) phone: 256-306-3514

Patient Portal: <https://eurofins-diatherix.com/> > “Pay Bill” Option at top of Screen.

How to Build a Successful Claim

To build a successful claim, our billing team requires certain information. This not only ensures successful payment of the claim, but also reduces the burden of asking the client to provide additional documentation. In addition, having the necessary information reduces time from date of service to patient bill (if any patient responsibility remains), which increases patient satisfaction. Please use the following checklist to ensure all required information is submitted.

- Patient Demographics: name, DOB, patient mailing address, phone number.
- ICD-10 Diagnosis Code: A valid ICD-10 code must be provided. ICD10Data.com is a free web resource to search ICD-10 codes by narrative diagnosis. Your EHR will also usually have an integrated system to help you find the appropriate code.
- Ordering Provider: Ordering provider name and NPI must be provided. If your state does not allow advanced healthcare practitioners (nurse practitioners and physician assistants) to practice without a supervising physician, then please provide the supervising physician as well.

- **Bill Class:** Be sure to mark the bill class (Insurance, Self-Pay, Client Bill, etc.) so we can forward the bill to the appropriate payor.
- **Insurance Information:** name of insurance company, member ID, group number (if applicable). When in doubt, include the facesheet from your EHR. This usually provides all the information we need for billing.
- **Signature:** Unsigned physician orders or unsigned requisitions alone do not support physician intent to order. Physicians should sign all order for diagnostic services to avoid potential denials.
- **Documentation** must support medical necessity when billing for ancillary services. The medical record must contain documentation that demonstrates that the testing is expected to influence treatment of the condition. To include: ordering provider, include (but not limited to) history and physical or exam findings that support the decision-making, problems/diagnosis, relevant data (e.g., lab testing, and results).

Compliance

Excluded Provider Policy: Eurofins Diatherix will not do business with any individuals or entities sanctioned by the Federal and State Government. It is your duty to inform us immediately if your organization or anyone under your employment is currently, or becomes, excluded in the future. Any questions on our compliance program or exclusions should be forwarded to:

Compliance Department:

Email: Compliance@diatherix.eurofinsus.com

Phone: 256.836.7366

Compliance Hotline: 833.950.4526

Privacy

Eurofins Diatherix Laboratories, LLC ("Eurofins Diatherix"), is committed to protecting the privacy and security of its clients, partners, and associates and therefore operates under a set of strict privacy principles. Eurofins Diatherix is required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 to maintain the privacy of your patients protected health information (PHI).

Privacy Complaints

To file a complaint with Eurofins Diatherix, contact our Privacy Officer at 256-836-7366; email privacyofficer@diatherix.eurofinsus.com or send a complaint to Eurofins Diatherix, Attn: Privacy Officer, 601 Genome Way, Suite 2100, Huntsville, AL 35806. Eurofins Diatherix will not retaliate against anyone filing a complaint.

Privacy:

Email: privacyofficer@diatherix.eurofinsus.com

Phone: 256.836.7366

Specimen Preparation Instructions

Please read all instructions for collecting and shipping specimens before beginning the collection process:

1. Choose the appropriate Eurofins Diatherix test.
2. Follow the appropriate specimen collection procedure.
 - Specimen collection protocols in this manual are those that are recommended for each of the tests that Eurofins Diatherix offer.
3. Properly close and label the specimen tube:
 - For Amies transport tube submissions, ensure the top is seated properly and screwed down tightly on the tube.
 - For urine culture and sensitivity testing, use provided BD vacutainer boric acid grey top preservative tube containing 3-4ml of urine. Urine culture and sensitivity testing is referred to Huntsville Hospital reference lab for testing.
 - For Calprotectin, Fecal or Pancreatic Elastase, Fecal use provided green top tube.
 - Label the specimen tube with two patient identifiers. Patient's Full Name and Date of Birth from the requisition are preferred on the tube label.
 - *If a specimen tube labeled with only one matching patient identifier is submitted, it will be accepted to prevent delays in reporting results for the patient, but the report will indicate that the specimen was not properly labeled with two patient identifiers.*
 - CLEARLY write on the tube label and MATCH the identifiers on the requisition.



4. Package and ship the specimen and requisition according to instructions. **(See pages 13-14)**

Specimen Guidelines

- Appropriate specimen collection and source must be submitted for the test requested.
- Accompanied by an appropriate requisition with all required fields, including specimen source, completed to prevent delays.
- Specimen must be labeled with two patient identifiers that match the identifiers on the requisition.
- Specimen must be submitted in the appropriate specimen tube to prevent rejection of the specimen.
- Specimen must be received within the specimen stability range which is measured from date of collection to date of receipt for laboratory testing.
 - Specimen stability for PCR testing using Amies tubes is 5 days
 - Specimen stability for Urine Culture & Sensitivity, and UTI testing using boric acid tubes is 2 days
 - Specimen stability for Calprotectin, Fecal is 3 days
 - Specimen stability for Pancreatic Elastase, fecal is 4 days
 - PCR testing is reported out same day of receipt.
 - Urine Culture and Sensitivity testing has a 2–5-day turnaround
 - Calprotectin, Fecal and Pancreatic Elastase, Fecal has a 3 day turnaround time

The COVID-19 and SARS-CoV-2 single target assays have been validated for 1mL of AMIES, or Universal Viral Transport Media (UTM/VTM). In addition, Molecular Transport Media (MTM) has been validated for the SARS-CoV-2 single target assay. Sterile saline, valid for SARS-CoV-2 testing only, has been deemed by the FDA as an acceptable collection media if shipped cold.

Assays	AMIES	UTM/VTM (universal transport media/ viral transport media)	MTM (molecular transport media)	Sterile Saline
SARS-CoV-2 single target	Acceptable	Acceptable	Acceptable	Acceptable
COVID-19	Acceptable	Acceptable		

For the most up-to-date Test Menu and Acceptable Specimen Types, please refer to the [Eurofins Diatherix website](#).

TEST MENU

RESPIRATORY



RESPIRATORY



WHITE TOP 1ml AMIES
TRANSPORT MEDIUM
- 5 DAY STABILITY* -

ATYPICAL PNEUMONIA

Bordetella pertussis
Chlamydia pneumoniae
Legionella pneumophila
Mycoplasmoides pneumoniae

BACTERIAL PNEUMONIA

Acinetobacter baumannii
Bordetella pertussis
Chlamydia pneumoniae
Haemophilus influenzae
Haemophilus influenzae (type B)
Klebsiella spp.
Legionella pneumophila
Moraxella catarrhalis
Mycoplasmoides pneumoniae
Neisseria meningitidis
Pseudomonas aeruginosa
Staphylococcus aureus
MRSA - Methicillin-resistant
Staphylococcus aureus
Panton-Valentine leukocidin
(PVL) gene
Streptococcus pneumoniae
Streptococcus pyogenes (Group A)

BORDETELLA PERTUSSIS

Bordetella pertussis

BRONCHITIS

Bordetella pertussis
Chlamydia pneumoniae
Haemophilus influenzae
Haemophilus influenzae (type B)
Klebsiella spp.
Moraxella catarrhalis
Mycoplasmoides pneumoniae
Pseudomonas aeruginosa
Streptococcus pneumoniae
Adenovirus
Coronavirus 229E, HKU1, NL63, OC43
Human Metapneumovirus
Influenza A
A(H1N1)pdm09
Influenza B
Parainfluenza Virus 1, 2, 3, 4
Respiratory Syncytial Virus A, B

CONJUNCTIVITIS

Chlamydia trachomatis
Haemophilus influenzae
Moraxella catarrhalis
Neisseria gonorrhoeae
Staphylococcus aureus
Streptococcus pneumoniae
Adenovirus

COVID-19

Chlamydia pneumoniae
Haemophilus influenzae
Haemophilus influenzae (type B)
Moraxella catarrhalis
Mycoplasmoides pneumoniae
Streptococcus pneumoniae
SARS-CoV-2

EAR, NOSE & THROAT

Acinetobacter baumannii
Chlamydia pneumoniae
Enterobacter cloacae
Haemophilus influenzae
Haemophilus influenzae (type B)
Klebsiella aerogenes
(*Enterobacter aerogenes*)
Klebsiella spp.
Moraxella catarrhalis
Mycoplasmoides pneumoniae
Proteus spp.
Pseudomonas aeruginosa
Staphylococcus aureus
MRSA - Methicillin-resistant
Staphylococcus aureus
Panton-Valentine leukocidin
(PVL) gene
Streptococcus dysgalactiae (Group C, G)
Streptococcus pneumoniae
Streptococcus pyogenes (Group A)

EPSTEIN-BARR VIRUS

Epstein-Barr Virus

FIRSTPLEX

Streptococcus dysgalactiae (Group C, G)
Streptococcus pyogenes (Group A)
Human Rhinovirus/Enterovirus
Influenza A
A(H1N1)pdm09
Influenza B
Respiratory Syncytial Virus A, B

FLU

Influenza A
A(H1N1)pdm09
Influenza B
Parainfluenza Virus 1, 2, 3, 4

FLU EXPANDED

Streptococcus pyogenes (Group A)
Flu (A&B Combined)
Respiratory Syncytial Virus A, B
SARS-CoV-2

FLU EXPANDED WITHOUT GROUP A STREP

Flu (A&B Combined)
Respiratory Syncytial Virus A, B
SARS-CoV-2

FLU PLUS

Human Rhinovirus/Enterovirus
Influenza A
A(H1N1)pdm09
Influenza B
Respiratory Syncytial Virus A, B
SARS-CoV-2

GROUP A STREPTOCOCCUS

Streptococcus pyogenes (Group A)

GROUP A STREPTOCOCCUS PLUS

Streptococcus pyogenes (Group A)
Respiratory Syncytial Virus A, B
SARS-CoV-2

GROUP A STREPTOCOCCUS PLUS ADENOVIRUS

Streptococcus pyogenes (Group A)
Adenovirus

PEDIATRIC RESPIRATORY 8

Haemophilus influenzae
Moraxella catarrhalis
Mycoplasmoides pneumoniae
Streptococcus pneumoniae
Streptococcus pyogenes (Group A)
Adenovirus
Human Rhinovirus/Enterovirus
Respiratory Syncytial Virus A, B

PHARYNGITIS

Chlamydia pneumoniae
Mycoplasmoides pneumoniae
Streptococcus dysgalactiae (Group C, G)
Streptococcus pyogenes (Group A)
Adenovirus
Coronavirus 229E, HKU1, NL63, OC43
Human Rhinovirus/Enterovirus
Influenza A
A(H1N1)pdm09
Influenza B
Parainfluenza Virus 1, 2, 3, 4
Respiratory Syncytial Virus A, B



RESPIRATORY



WHITE TOP 1ml AMIES
TRANSPORT MEDIUM
- 5 DAY STABILITY* -

PHARYNGITIS PLUS

Includes Pharyngitis test plus:
Arcanobacterium haemolyticum
Fusobacterium necrophorum

PRIMARY RESPIRATORY INFECTION

Acinetobacter baumannii
Bordetella pertussis
Chlamydia pneumoniae
Fusobacterium necrophorum
Klebsiella spp.
Mycoplasma pneumoniae
Pseudomonas aeruginosa
Staphylococcus aureus
MRSA - Methicillin-resistant
Staphylococcus aureus
Panton-Valentine leukocidin (PVL) gene
Adenovirus
Human Metapneumovirus
Flu (A&B combined)
A(H1N1)pdm09
Respiratory Syncytial Virus A, B

RESPIRATORY INFECTION

Acinetobacter baumannii
Bordetella pertussis
Chlamydia pneumoniae
Haemophilus influenzae
Haemophilus influenzae (type B)
Klebsiella spp.
Legionella pneumophila
Moraxella catarrhalis
Mycoplasma pneumoniae
Neisseria meningitidis
Pseudomonas aeruginosa
Staphylococcus aureus
MRSA - Methicillin-resistant
Staphylococcus aureus
Panton-Valentine leukocidin (PVL) gene
Streptococcus pneumoniae
Streptococcus pyogenes (Group A)
Adenovirus
Coronavirus 229E, HKU1, NL63, OC43
Human Bocavirus
Human Metapneumovirus
Human Rhinovirus/Enterovirus
Influenza A
A(H1N1)pdm09
Influenza B
Parainfluenza Virus 1, 2, 3, 4
Respiratory Syncytial Virus A, B

RESPIRATORY INFECTION 2

Bordetella pertussis
Chlamydia pneumoniae
Haemophilus influenzae
Legionella pneumophila
Moraxella catarrhalis
Mycoplasma pneumoniae
Streptococcus pneumoniae

RESPIRATORY INFECTION 2 (cont'd)

Adenovirus
Coronavirus 229E, HKU1, NL63, OC43
Human Metapneumovirus
Human Rhinovirus/Enterovirus
Parainfluenza Virus 1,2,3,4

RESPIRATORY INFECTION 3

Mycoplasma pneumoniae
Influenza A
Influenza B
Respiratory Syncytial Virus A, B
SARS-CoV-2

RESPIRATORY INFECTION 4

Streptococcus dysgalactiae (Group C, G)
Streptococcus pyogenes (Group A)
Adenovirus
Human Rhinovirus/Enterovirus
Influenza (A&B Combined)
Parainfluenza 1,2,3,4
Respiratory Syncytial Virus A,B

RESPIRATORY INFECTION 5

Bordetella pertussis
Chlamydia pneumoniae
Haemophilus influenzae
Haemophilus influenzae (type B)
Moraxella catarrhalis
Mycoplasma pneumoniae
Streptococcus dysgalactiae (Group C,G)
Streptococcus pneumoniae
Adenovirus
Coronavirus 229E, HKU1, NL63, OC43
Human Bocavirus
Human Metapneumovirus
Human Rhinovirus/Enterovirus
Parainfluenza Virus 1, 2, 3, 4

RHINOSINUSITIS

Haemophilus influenzae
Haemophilus influenzae (type B)
Moraxella catarrhalis
Staphylococcus aureus
MRSA - Methicillin-resistant
Staphylococcus aureus
Streptococcus pneumoniae
Streptococcus pyogenes (Group A)
Adenovirus
Coronavirus 229E, HKU1, NL63, OC43
Human Metapneumovirus
Influenza A
A(H1N1)pdm09
Influenza B
Parainfluenza Virus 1, 2, 3, 4
Respiratory Syncytial Virus A, B

SARS-COV-2

SARS-CoV-2

UPPER RESPIRATORY INFECTION

Bordetella pertussis
Chlamydia pneumoniae
Haemophilus influenzae
Haemophilus influenzae (type B)
Moraxella catarrhalis
Mycoplasma pneumoniae
Streptococcus dysgalactiae (Group C, G)
Streptococcus pneumoniae
Streptococcus pyogenes (Group A)
Adenovirus
Coronavirus 229E, HKU1, NL63, OC43
Human Bocavirus
Human Metapneumovirus
Human Rhinovirus/Enterovirus
Influenza A
A(H1N1)pdm09
Influenza B
Parainfluenza Virus 1, 2, 3, 4
Respiratory Syncytial Virus A, B

VERISTREP

Haemophilus influenzae
Haemophilus influenzae (type B)
Moraxella catarrhalis
Mycoplasma pneumoniae
Streptococcus dysgalactiae (Group C, G)
Streptococcus pneumoniae
Streptococcus pyogenes (Group A)

VIRAL RESPIRATORY

Adenovirus
Coronavirus 229E, HKU1, NL63, OC43
Human Bocavirus
Human Metapneumovirus
Human Rhinovirus/Enterovirus
Influenza A
A(H1N1)pdm09
Influenza B
Parainfluenza Virus 1, 2, 3, 4
Respiratory Syncytial Virus A, B

Diatherix Eurofins Laboratory SARS-CoV-2 PCR Test (EUA200269) has not been FDA cleared or approved. This test has been authorized by FDA under an EUA for use by authorized laboratories, and has been authorized only for the detection of nucleic acid from SARS-CoV-2, not for any other viruses or pathogens. The test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostic tests for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner. SARS-CoV-2 PCR Test (EUA200269)

*COLLECTION DATE IS CONSIDERED DAY ZERO; THE NEXT DAY IS DAY 1.

THE RIGHT TEST FOR THE RIGHT TIME.



Clinical
Laboratory
Improvement
Amendments

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144663.1305 (version 7.0)



TEST MENU

GASTRO • GENITAL • URINARY



GASTROINTESTINAL



WHITE TOP 1ml AMIES
TRANSPORT MEDIUM
- 5 DAY STABILITY* -

CLOSTRIDIODES DIFFICILE

Clostridioides difficile (toxin B gene)

GASTROINTESTINAL with C. DIFFICILE

Campylobacter jejuni
Clostridioides difficile (toxin B gene)
Enterohemorrhagic *E. coli* (EHEC)
Shiga-like toxin gene (stx1)
Shiga-like toxin gene (stx2)
Enteropathogenic *E. coli* (EPEC)
Enterotoxigenic *E. coli* (ETEC)
Shigella/Enteroinvasive *E. coli* (EIEC)
Salmonella enterica
Vibrio parahaemolyticus
Adenovirus type 40, 41
Norovirus
Rotavirus
Cryptosporidium parvum
Giardia lamblia

GASTROINTESTINAL WITHOUT C. DIFFICILE

Campylobacter jejuni

GASTROINTESTINAL WITHOUT

C. DIFFICILE (cont'd)

Enterohemorrhagic *E. coli* (EHEC)
Shiga-like toxin gene (stx1)
Shiga-like toxin gene (stx2)
Enteropathogenic *E. coli* (EPEC)
Enterotoxigenic *E. coli* (ETEC)
Shigella/Enteroinvasive *E. coli* (EIEC)
Salmonella enterica
Vibrio parahaemolyticus
Adenovirus type 40, 41
Norovirus
Rotavirus
Cryptosporidium parvum
Giardia lamblia

HELICOBACTER PYLORI

Helicobacter pylori
Clarithromycin resistance determinant

GASTROINTESTINAL PARASITE

Cryptosporidium parvum
Giardia lamblia

GASTROINTESTINAL TARGETED

Campylobacter jejuni
Clostridioides difficile (toxin B gene)
Diarrheagenic *E. coli*/Shigella
(EPEC, ETEC, Shigella/EIEC)
Enterohemorrhagic *E. coli* (EHEC)
Salmonella enterica

GASTROINTESTINAL TARGETED 2

Adenovirus type 40,41
Norovirus
Rotavirus
Cryptosporidium parvum
Giardia lamblia

GI BIOMARKERS

GREEN-TOP STOOL VIAL
FOR BIOMARKER TESTING



CALPROTECTIN, FECAL 3 DAY STABILITY*

Fecal calprotectin, quantitative

PANCREATIC ELASTASE, FECAL 4 DAY STABILITY*

Fecal pancreatic elastase, quantitative



GENITAL HEALTH



WHITE TOP 1ml AMIES
TRANSPORT MEDIUM
- 5 DAY STABILITY* -

BACTERIAL VAGINOSIS

Atopobium vaginae
Gardnerella vaginalis
Metamycoplasma hominis
Mycoplasma genitalium
Ureaplasma urealyticum/parvum

CANDIDIASIS

Candida albicans
Candida glabrata
Candida krusei
Candida parapsilosis
Candida tropicalis

CHLAMYDIA

Chlamydia trachomatis

CHLAMYDIA + GONORRHEA + TRICHOMONAS

Chlamydia trachomatis
Neisseria gonorrhoeae
Trichomonas vaginalis

GENITAL ULCER

Treponema pallidum
Herpes Simplex Virus type 1
Herpes Simplex Virus type 2
Varicella Zoster Virus

GONORRHEA

Neisseria gonorrhoeae

HERPES SIMPLEX VIRUS (HSV 1/2)

Herpes Simplex Virus type 1
Herpes Simplex Virus type 2

HUMAN PAPILLOMAVIRUS HIGH RISK TYPING

HPV type 16, 18, 31, 33, 35, 39,
45, 51, 52, 53, 56, 58, 59, 67, 68

SEXUALLY TRANSMITTED DISEASE

Atopobium vaginae
Chlamydia trachomatis
Gardnerella vaginalis
Metamycoplasma hominis
Mycoplasma genitalium
Neisseria gonorrhoeae
Trichomonas vaginalis
Ureaplasma urealyticum/parvum

SEXUALLY TRANSMITTED DISEASE 2

Chlamydia trachomatis
Mycoplasma genitalium
Neisseria gonorrhoeae
Trichomonas vaginalis
Ureaplasma urealyticum/parvum

TRICHOMONAS

Trichomonas vaginalis



URINARY TRACT INFECTION



GREY TOP 3ml
BORIC ACID TUBE
- 2 DAY STABILITY* -

URINARY TRACT INFECTION

Enterobacter cloacae complex
Enterococcus faecalis
Enterococcus faecium
Escherichia coli
Klebsiella aerogenes
Klebsiella oxytoca
Klebsiella pneumoniae
Proteus mirabilis
Proteus vulgaris
Pseudomonas aeruginosa
Staphylococcus saprophyticus

URINE CULTURE & SENSITIVITY

Culture
ID and Sensitivity



eurofins

Diatherix

TEST MENU

WOUND/SKIN & SOFT TISSUE

WOUND/SKIN & SOFT TISSUE



WHITE TOP 1ml AMIES
TRANSPORT MEDIUM
- 5 DAY STABILITY* -

ACTIVE SURVEILLANCE

Staphylococcus aureus
MRSA - Methicillin-resistant
Staphylococcus aureus

ERUPTIVE SKIN RASH

Staphylococcus aureus
MRSA - Methicillin-resistant
Staphylococcus aureus
Streptococcus pyogenes (Group A)
Enterovirus group
Varicella Zoster virus

ERUPTIVE SKIN RASH + HERPES SIMPLEX VIRUS 1/2 (HSV 1/2)

Includes Eruptive Skin Rash test plus:
Herpes Simplex Virus type 1
Herpes Simplex Virus type 2

EXANTHEM

Streptococcus pyogenes (Group A)
Cytomegalovirus
Enterovirus group
Epstein-Barr virus
Parvovirus B19
Varicella Zoster virus

EXANTHEM PLUS ROSEOLA

Includes Exanthem test plus:
Human Herpesvirus type 6, 7

INFECTIOUS DISEASE

Acinetobacter baumannii
Citrobacter freundii
Enterobacter cloacae
Enterococcus faecalis

INFECTIOUS DISEASE (cont'd)

Enterococcus faecium
Escherichia coli
Klebsiella aerogenes
(*Enterobacter aerogenes*)
Klebsiella spp.
Morganella morganii
Proteus spp.
Pseudomonas aeruginosa
Staphylococcus aureus
MRSA - Methicillin-resistant
Staphylococcus aureus
Panton-Valentine leukocidin
(PVL) gene
Staphylococcus lugdunensis
Streptococcus pyogenes (Group A)
Vancomycin resistance (Enterococcal)

MEASLES

Measles virus

NECROSIS

Bacteroides spp.
Clostridium novyi/septicum
Clostridium perfringens
Kingella kingae
Staphylococcus aureus
MRSA - Methicillin-resistant
Staphylococcus aureus
Panton-Valentine leukocidin
(PVL) gene
Staphylococcus lugdunensis
Streptococcus pyogenes (Group A)

SKIN AND SOFT TISSUE INFECTION

Acinetobacter baumannii
Bacteroides spp.
Citrobacter freundii
Clostridium novyi/septicum

SKIN AND SOFT TISSUE INFECTION (cont'd)

Clostridium perfringens
Enterobacter cloacae
Enterococcus faecalis
Enterococcus faecium
Escherichia coli
Kingella kingae
Klebsiella aerogenes
(*Enterobacter aerogenes*)
Pseudomonas aeruginosa
Staphylococcus aureus
MRSA - Methicillin-resistant
Staphylococcus aureus
Panton-Valentine leukocidin
(PVL) gene
Staphylococcus lugdunensis
Streptococcus pyogenes (Group A)
Vancomycin resistance (Enterococcal)

SKIN AND SOFT TISSUE INFECTION PLUS

Includes Skin and Soft Tissue
Infection test plus:
Klebsiella spp.
Morganella morganii
Proteus spp.

VANCOMYCIN RESISTANCE (ENTEROCOCCAL)

Vancomycin resistance (Enterococcal)

*COLLECTION DATE IS CONSIDERED DAY ZERO; THE NEXT DAY IS DAY 1.

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144663.1304 (version 8.0)



ACTIVE SURVEILLANCE	Nasal
ATYPICAL PNEUMONIA	Bronchial, Nasal, Nasopharyngeal, Sputum, Throat
BACTERIAL PNEUMONIA	Bronchial, Nasal, Nasopharyngeal, Sputum, Throat
BACTERIAL VAGINOSIS	Cervical, Cervical-ThinPrep, Lesion, Urine, Vaginal
BORDETELLA PERTUSSIS	Bronchial, Nasal, Nasopharyngeal, Sputum, Throat
BRONCHITIS	Bronchial, Nasal, Nasopharyngeal, Sputum, Throat
C. DIFFICILE TOXIN B GENE	Stool Swab
CALPROTECTIN, FECAL	Stool
CANDIDIASIS	Cervical, Cervical-ThinPrep, Ear Swab, Nasal, Oral, Stool Swab, Urine, Vaginal, Wound
CHLAMYDIA	Cervical, Cervical-ThinPrep, Eye Swab, Lesion, Oral, Throat, Urethra (Male), Urine, Vaginal
CHLAMYDIA + GONORRHEA + TRICHOMONAS	Cervical, Cervical-ThinPrep, Eye Swab, Lesion, Oral, Throat, Urethra (Male), Urine, Vaginal
CONJUNCTIVITIS	Eye Swab
COVID-19	Nasal, Nasopharyngeal, Sputum, Throat
EAR, NOSE & THROAT	Ear Swab, Nasal, Nasopharyngeal, Sputum, Throat
EPSTEIN-BARR VIRUS	Throat
ERUPTIVE SKIN RASH	Lesion, Rash, Unroofed Vesicle Swab
ERUPTIVE SKIN RASH + HSV	Lesion, Rash, Unroofed Vesicle Swab
EXANTHEM	Throat
EXANTHEM + ROSEOLA	Throat
FIRST PLEX	Nasal, Nasopharyngeal, Throat
FLU	Nasal, Nasopharyngeal, Throat
FLU EXPANDED	Nasal, Nasopharyngeal, Throat
FLU EXPANDED WITHOUT GROUP A STREP	Nasal, Nasopharyngeal, Throat
FLU PLUS	Nasal, Nasopharyngeal, Throat
GASTROINTESTINAL WITH C. DIFFICILE	Stool Swab
GASTROINTESTINAL WITHOUT C. DIFFICILE	Stool Swab
GASTROINTESTINAL PARASITE	Stool Swab
GASTROINTESTINAL TARGETED	Stool Swab
GASTROINTESTINAL TARGETED 2	Stool Swab
GENITAL ULCER	Lesion
GONORRHEA	Cervical, Cervical-ThinPrep, Eye Swab, Lesion, Oral, Throat, Urethra (Male), Urine, Vaginal

GROUP A STREPTOCOCCAL	Nasal, Nasopharyngeal, Throat
GROUP A STREPTOCOCCAL INFECTION PLUS	Nasal, Nasopharyngeal, Throat
GROUP A STREPTOCOCCAL + ADENOVIRUS	Nasal, Nasopharyngeal, Throat
HELICOBACTER PYLORI	Stool Swab
HERPES SIMPLEX VIRUS	Cervical, Cervical-ThinPrep, Eye Swab, Lesion, Oral, Throat, Urethra (Male), Urine, Vaginal
HPV HIGH RISK TYPING	Cervical, Cervical-ThinPrep, Throat, Vaginal
INFECTIOUS DISEASE	Ear Swab, Eye Swab, Pleural, Synovial, Wound
MEASLES	Throat
NECROSIS	Ear Swab, Pleural, Synovial, Wound
PANCREATIC ELASTASE, FECAL	Stool
PEDIATRIC RESPIRATORY 8	Bronchial, Nasal, Nasopharyngeal, Sputum, Throat
PHARYNGITIS	Nasal, Nasopharyngeal, Throat
PHARYNGITIS PLUS	Nasal, Nasopharyngeal, Throat
PRIMARY RESPIRATORY	Bronchial, Nasal, Nasopharyngeal, Sputum, Throat
RESPIRATORY INFECTION	Bronchial, Nasal, Nasopharyngeal, Sputum, Throat
RESPIRATORY INFECTION 2	Bronchial, Nasal, Nasopharyngeal, Sputum, Throat
RESPIRATORY INFECTION 3	Bronchial, Nasal, Nasopharyngeal, Sputum, Throat
RESPIRATORY INFECTION 4	Bronchial, Nasal, Nasopharyngeal, Sputum, Throat
RESPIRATORY INFECTION 5	Nasal, Nasopharyngeal, Throat
RHINOSINUSITIS	Nasal, Nasopharyngeal, Throat
SARS-COV-2	Bronchial, Nasal, Nasopharyngeal, Pleural, Sputum, Throat
SEXUALLY TRANSMITTED DISEASE	Cervical, Cervical-ThinPrep, Eye Swab, Lesion, Oral, Throat, Urethra (Male), Urine, Vaginal
SEXUALLY TRANSMITTED DISEASE 2	Cervical, Cervical-ThinPrep, Eye Swab, Lesion, Oral, Throat, Urethra (Male), Urine, Vaginal
SKIN & SOFT TISSUE INFECTION	Wound
SKIN & SOFT TISSUE INFECTION PLUS	Wound
TRICHOMONAS	Cervical, Cervical-ThinPrep, Eye Swab, Lesion, Oral, Throat, Urethra (Male), Urine, Vaginal
UPPER RESPIRATORY INFECTION (FORMERLY PEDIATRIC RESPIRATORY)	Nasal, Nasopharyngeal, Throat
URINARY TRACT INFECTION	Urine
URINE CULTURE & SENSITIVITY	Urine
VANCOMYCIN RESISTANCE (ENTEROCOCCAL)	Urine
VERISTREP	Nasal, Nasopharyngeal, Throat
VIRAL RESPIRATORY	Bronchial, Nasal, Nasopharyngeal, Sputum, Throat

Diatherix Eurofins Laboratory SARS-CoV-2 PCR Test (EUA200269) has not been FDA cleared or approved. This test has been authorized by FDA under an EUA for use by authorized laboratories, and has been authorized only for the detection of nucleic acid from SARS-CoV-2, not for any other viruses or pathogens. The test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostic tests for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner. SARS-CoV-2 PCR Test (EUA200269)



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 144663.826 (version 15.0)



GENERAL SWAB

Wound/Abscess

Syringe aspiration of purulent material from a loculated, palpable lesion is preferred.

1. The surface of the wound/abscess should be carefully cleansed and debrided using sterile gauze and saline before attempting to aspirate the specimen.
2. Aspirate the specimen and place 0.5 to 1.0 mL of the aspirate directly into the specimen tube .
3. Recap the specimen tube carefully to ensure that the cap seals tightly.

Open, Draining Wounds, and Decubitus Ulcers

1. Use the specimen tube and furnished swab
2. Cleanse and debride the wound with sterile gauze and saline.
3. Exudate and brushings of the wound base (including advancing margins) should be collected using the swab that is furnished with the specimen tube.
4. Without contaminating the swab, place the swab into the specimen tube all the way to the bottom. Rotate the swab 5 times in the medium and discard the swab.
5. Recap the specimen tube carefully to ensure that the cap seals tightly.

Throat, Ear, Eye, and Dermal (other than Wound, Abscess and Ulcer)

1. Use the specimen tube and furnished swab
2. Rub the swab on the area to be tested. Any infectious site can be swabbed with the furnished swab for the appropriate test.
3. Without contaminating the swab, place the swab into the specimen tube all the way to the bottom. Rotate the swab 5 times in the medium and discard the swab.
4. Recap the specimen tube carefully to ensure that the cap seals tightly.

Vesiculopustular Lesion

1. Use the specimen tube and furnished swab.
2. Rub the swab on the area to be tested.
3. A sterile needle may be used to unroof the top of a vesicle.
4. Exudate and brushings of the lesion and/or from the base of the unroofed vesicle should be collected using the swab that is furnished with the specimen tube.

Nasopharyngeal (NP) Specimens NP Aspirate/Wash

The diagnosis of otitis media, sinusitis, and infections of the upper respiratory tract in general is best achieved using a properly collected NP wash/aspirate.

1. Place the aspirate directly into the specimen tube.
2. Recap the specimen tube carefully to ensure that the cap seals tightly.

NP Swab

1. Use the specimen tube along with a nasopharyngeal flocked swab (packaged separately).
2. Open the nasopharyngeal swab. Ask the patient to attempt to cough twice, if possible. Then insert the nasopharyngeal swab through one nostril straight back along the floor of the nasal passage until reaching the posterior wall of the pharynx. Rotate the swab for 5 to 10 seconds, leave it in place for a few seconds, and then slowly withdraw. If mucous is not observed on the tip of the swab, repeat the collection procedure in the other nostril to optimize specimen collection.

3. Without contaminating the swab, place the NP swab into the specimen tube all the way to the bottom of the tube. Rotate the swab 5 times in the medium and discard the swab.
4. Recap the specimen tube carefully to ensure that the cap seals tightly.

Nasal Swab

1. Use the specimen tube and furnished swab
2. If the patient has nasal discharge, ask the patient to attempt to clear the discharge by blowing his/her nose into non-scented tissue paper.
 - *Do not clear the discharge with swabs, as this might be excessively traumatic. Assist children whenever necessary.*
3. Carefully insert the swab into the patient's nostril up to 1 inch from the edge of the nare.
4. Rub the swab 5 times against the surface of the nare. Insert the same swab into the second nostril and roll the swab 5 times against the surface of the nare.
 - *Sampling the inside portion of the alar rim is also useful in determining nasal carriage of *S. aureus*.*
5. Without contaminating the swab, place the swab in the specimen tube all the way to the bottom of the tube. Rotate the swab 5 times in the medium and discard the swab.
6. Recap the specimen tube carefully to ensure that the cap seals tightly.

FLUID SPECIMEN

Urine, Synovial Fluid, Bronchial Aspirate, Pleural (Thoracentesis) Fluid, or ThinPrep® Pap Solution*

1. Use the specimen tube
2. Add approximately 1 mL of the specimen fluid to the 1 mL of fluid already in the tube. Do not fill the tube to the top.
3. Recap the specimen tube carefully to ensure that the cap seals tightly.

***ThinPrep® Pap Solution ONLY**

Pour out all of the medium in the specimen tube. Then add approximately 2 to 3 mL of the ThinPrep® Pap Solution to the empty tube. Do not fill the tube to the top.

Sputum or Stool Specimen Swab*

1. Use the specimen tube and furnished swab .
2. Both sputum and stool samples should be carefully examined to identify portions of the specimen (e.g. blood and mucous flecks) that often contain infectious pathogens. These areas of the specimen should be carefully collected by placing the swab tip directly into the representative area identified.
3. Without contaminating the swab, place the swab in the specimen tube all the way to the bottom of the tube. Rotate the swab 5 times in the medium and discard the swab.
4. Recap the specimen tube carefully to ensure that the cap seals tightly.



*Stool collection kits are provided by Eurofins Diatherix. Patient collection instructions are included.

Rectal Swab (Gastrointestinal Illness)

1. Use the specimen tube and furnished swab .
2. Insert the tip of the sterile flocked swab approximately 1 inch beyond the anal sphincter.
3. Carefully rotate the swab to sample the anal crypts then withdraw the swab.
4. Without contaminating the swab, place the swab in the specimen tube all the way to the bottom. Rotate the swab 5 times in the medium and discard the swab.
5. Recap the specimen tube carefully to ensure that the cap seals tightly.

Clean Catch Urine Specimen (Recommended for Culture and Sensitivity and UTI)

Patient Instructions:

1. Wash hands with soap and warm water.
2. Follow gender specific instructions:
 - **Females:** Spread the labia (folds of skin) apart with one hand and wipe with a towelette. Wipe from front to back. Repeat this process a second time with a fresh towelette.
 - **Males:** If uncircumcised, retract the foreskin.
3. Follow gender specific instructions:
 - **Females:** Continue holding the labia apart. As you start to urinate, allow a small amount of urine to fall into the toilet bowl. (This clears the urethra of contaminants.) Do not touch the inside of the collection cup.
 - **Males:** Wipe the end of the penis with a towelette. As you start to urinate, allow a small amount of urine to fall into the toilet bowl. (This clears the urethra of contaminants). Do not touch the inside of the collection cup.
4. After the urine stream is well established, pass the collection cup into the urine stream. After the cup is ½ full, remove the cup from the urine stream and finish urinating into the toilet bowl.
5. Screw the lid on the cup tightly (do not touch inside of cup or lid). Give the sealed cup to the nurse or attendant.

Collection Instructions for the BD Vacutainer Urine Collection Kit for Culture and Sensitivity

1. Peel back the protective sticker on top of the urine cup to expose rubber covered cannula.
2. Push C&S Preservative grey top tube into the integrated transfer port. Hold in position until flow stops, remove top and invert tube to mix.
3. Place the protective sticker back over the integrated transfer port and discard into biohazardous sharps container.
4. Label tube appropriately and submit grey top tube for testing.



Note: BD Vacutainer tubes are also accepted for Urinary Tract Infection, Sexually Transmitted Disease and Candidiasis TEM-PCR Testing.

Endocervical Swab

Although non-infectious cervicitis can occur from chemical irritation or malignancy, the majority of causes are infectious pathogens such as Chlamydia, Neisseria gonorrhoeae, Herpes Simplex Virus (HSV) or Human papillomavirus (HPV). Symptoms of cervicitis include inflammation characterized by visible, purulent or mucopurulent endocervical exudate.

1. Use the specimen tube and furnished swab .
2. Remove the endocervical swab from the packaging being careful not to contaminate the swab by touching it to **any** surface.
3. Insert the flocked tip of the specimen swab into the endocervical canal.
4. Gently turn the swab and allow it to absorb the secretions of the endocervix.

5. Withdraw the swab carefully to avoid contamination.
6. Without contaminating the swab, place the swab in the specimen tube all the way to the bottom. Rotate the swab 5 times in the medium and discard the swab.
7. Recap the specimen tube carefully to ensure that the cap seals tightly.

Vaginal Swab

A vaginal swab is the appropriate specimen if a characteristic discharge is present. When ulcerations suggestive of Herpes are seen, careful attention should be given to swabbing the base of the ulceration as well as collecting any secretions that are present and representative of the patient's genitourinary tract symptoms.

1. Use the specimen tube and furnished swab
2. Remove the swab from the packaging being careful not to contaminate the swab by touching it to any surface.
3. Insert the tip of the specimen swab about two inches (5 cm) into the opening of the vagina.
4. Withdraw the swab carefully.
5. Remove the cap from the tube carefully to avoid contamination.
6. Without contaminating the swab, place it into the specimen tube all the way to the bottom and rotate it 5 or more times in the medium to elute any diagnostic material from the flocked swab and discard the swab.
7. Recap the specimen tube carefully to ensure that the cap seals tightly.

Urethral Swab (MALE OR FEMALE)

Symptoms of urethritis include urethral discharge, dysuria, urethral pruritus, or vague complaints.

1. The healthcare provider uses sterile cotton or gauze to clean (gently wipe) the opening of the distal urethra.
2. Gently insert the swab about ¾ inch into the urethra and turn to capture exudate and dislodge urethral cells that may harbor intracellular organisms.
3. Without contaminating the swab, place it into the specimen tube all the way to the bottom and rotate it 5 or more times in the medium to elute any diagnostic material from the flocked swab and discard the swab.
4. Recap the specimen tube carefully to ensure that the cap seals tightly.

Urine Specimen (STD)

Female

Symptoms may often be vague where both urethritis and vaginitis are present. If multiple etiologies are suspected, a "dirty" urine collection that incorporates the contents of the urethra as well as the "wash-off" of the labia and vaginal introitis may be useful. Do not use any wipes to cleanse the external genital surfaces before collecting the specimen.

1. Using a sterile, plastic, preservative-free collection container, collect the voided urine specimen by allowing the urine to flow over the external genitalia during the collection. Do not overfill the collection container.
2. Unscrew the specimen tube taking care not to spill the transport medium. Handle the cap and tube carefully to avoid contamination.
3. Use the plastic transfer pipette to transfer 1 mL of urine from the collection cup into the transport medium. Half of the transfer pipette volume may be required to transfer the necessary volume of urine specimen (it should not exceed the volume of the medium already in the tube).

4. Recap the tube carefully to ensure that the cap seals tightly.

Male

Symptoms include urethral discharge, dysuria, urethral pruritus, or vague complaints.

1. Using a sterile, plastic, preservative-free collection container, collect the initial 5-10 mL segment of the first morning void. If the first morning void cannot be obtained, collect a 5-10 mL voided specimen at least one hour from the previous void.
2. Unscrew the specimen tube taking care not to spill the transport medium. Handle the cap and tube carefully to avoid contamination.
3. Use the plastic transfer pipette to transfer 1 mL of urine from the collection cup into the transport medium. Half of the transfer pipette volume may be required to transfer the necessary volume of urine specimen (it should not exceed the volume of the medium already in the tube).
4. Recap the tube carefully to ensure that the cap seals tightly.

SPECIMENS ARE SHIPPED AT ROOM TEMPERATURE



CHOOSE AND FOLLOW APPROPRIATE SPECIMEN COLLECTION PROCEDURES FOR CHOSEN EUROFINS DIATHERIX TEST.



PROPERLY CLOSE AND LABEL THE SPECIMEN TUBE.



PLACE LABELED TUBE(S) IN THE ZIPPERED POUCH OF THE BIOHAZARD BAG. ONE PATIENT'S SAMPLE(S) PER BIOHAZARD BAG.
WHITE-TOP AMIES TUBES MAY BE PACKAGED ALONGSIDE STOOL SPECIMEN VIALS.



SEAL THE BAG.



PLACE THE COMPLETED LABORATORY REQUISITION FORM (INCLUDING DEMOGRAPHIC AND INSURANCE INFO) IN THE FLAP POCKET (NOT INSIDE THE ZIPPER POUCH) IN THE BACK OF THE BIOHAZARD TRANSPORT BAG.



VERIFY THAT THE PATIENT SPECIMEN TUBE(S) AND THE REQUISITION ARE IN THE CORRECT POUCH.



PLACE THE BIOHAZARD SPECIMEN BAG, CONTAINING ONE PATIENT'S SPECIMEN TUBE(S), IN AN INSULATED PADDED ENVELOPE.



FOLD THE PADDED ENVELOPE WITH SPECIMEN(S) IN HALF AND PLACE IT IN A CARDBOARD SPECIMEN BOX. ONE PADDED ENVELOPE WITH SPECIMEN(S) PER SPECIMEN BOX.



PLACE THE CARDBOARD BOX INTO THE APPROPRIATE CLINICAL SHIPPING BAG FOR YOUR APPROVED SHIPPING PROVIDER. CONTACT THE APPROPRIATE SHIPPING PROVIDER TO SCHEDULE YOUR PICKUP.

**EUROFINS DIATHERIX
 TERRITORY MANAGER
 NAME AND CONTACT:** _____

CLIENT SERVICES DEPARTMENT
 HOURS: 8:00AM-7:00PM CST MON - FRI 8:30AM-4PM CST SAT
 TOLL FREE: 866.979.4242
 EMAIL: CLIENTSERVICES@DIATHERIX.EUROFINSUS.COM

FOR MORE INFORMATION PLEASE SCAN THE ORANGE QR CODE TO ACCESS OUR CLIENT SERVICES MANUAL.

www.eurofins-diatherix.com
 144663.1452 (version 1.0)



SPECIMEN COLLECTION & SHIPPING PROCEDURES



CHOOSE AND FOLLOW APPROPRIATE SPECIMEN COLLECTION PROCEDURES FOR CHOSEN EUROFINS DIATHERIX TEST.



PROPERLY CLOSE AND LABEL THE SPECIMEN TUBE.



PLACE ONE LABELED TUBE IN THE ZIPPERED POUCH OF THE BIOHAZARD BAG.



SEAL THE BAG.



PLACE THE COMPLETED LABORATORY REQ FORM (INCLUDING DEMOGRAPHIC AND INSURANCE INFO) IN THE FLAP POCKET (NOT INSIDE ZIPPER POUCH) IN THE BACK OF THE BIOHAZARD TRANSPORT BAG.



VERIFY THAT THE PATIENT SPECIMEN TUBE AND THE REQUISITION ARE IN THE CORRECT POUCH.



FOLLOW ESTABLISHED COURIER PICK UP INSTRUCTIONS.

EUROFINS DIATHERIX AREA OF DIAGNOSTICS



EUROFINS DIATHERIX
TERRITORY MANAGER
NAME AND CONTACT:

CLIENT SERVICES DEPARTMENT
HOURS: 8:00AM-7:00PM CST MON - FRI 8:30AM-4PM CST SAT
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SPECIMEN COLLECTION & SHIPPING PROCEDURES



CHOOSE AND FOLLOW APPROPRIATE SPECIMEN COLLECTION PROCEDURES FOR CHOSEN EUROFINS DIATHERIX TEST.



PROPERLY CLOSE AND LABEL THE SPECIMEN TUBE.



PLACE ONE LABELED TUBE IN THE ZIPPERED POUCH OF THE BIOHAZARD BAG.



SEAL THE BAG.



PLACE THE COMPLETED LABORATORY REQ FORM (INCLUDING DEMOGRAPHIC AND INSURANCE INFO) IN THE FLAP POCKET (NOT INSIDE ZIPPER POUCH) IN THE BACK OF THE BIOHAZARD TRANSPORT BAG.



VERIFY THAT THE PATIENT SPECIMEN TUBE AND THE REQUISITION ARE IN THE CORRECT POUCH.



PLACE THE BIOHAZARD SPECIMEN BAG(S), EACH CONTAINING ONLY ONE SAMPLE, IN THE CARDBOARD SPECIMEN BOX.



MORE THAN ONE SPECIMEN BIOHAZARD BAG MAY BE SHIPPED IN THE SAME BOX.



PLACE THE CARDBOARD BOX INTO THE APPROPRIATE CLINICAL SHIPPING BAGS FOR YOUR APPROVED SHIPPING PROVIDER

EUROFINS DIATHERIX
TERRITORY MANAGER
NAME AND CONTACT: _____

CLIENT SERVICES DEPARTMENT
HOURS: 8:00AM-7:00PM CST MON - FRI 8:30AM-4PM CST SAT
TOLL FREE: 866.979.4242
EMAIL: CLIENTSERVICES@DIATHERIX.EUROFINSUS.COM

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BIOHAZARD BAG

**CALPROTECTIN, FECAL/
PANCREATIC ELASTASE
STOOL KIT BLUE**

**CLINICAL SHIPPING PACK
FEDEX / UPS**

**DISPOSABLE
TRANSFER PIPET**

**NASOPHARYNGEAL
SWAB**

**PATIENT STOOL
COLLECTION DEVICE**

**PREPRINTED REQUISITION
FORMS**

**SHIPPING LABELS
FEDEX / UPS**

**SPECIMEN TUBE
INCLUDING SWAB**

**SPECIMEN
SHIPPING BOX**

**STOOL PCR
COLLECTION KIT**

**UTI URINE
SPECIMEN KIT**

To order supplies, visit our website at www.eurofins-diatherix.com.
Click on the Supply Order tab located at the top of the page. When prompted, enter your
Client ID and ZIP Code to automatically populate your practice information for shipping.

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Notes: Client supplies can be easily ordered online at: <https://eurofins-diatherix.com/resources/online-supply-ordering/> Your CLIENT ID and ZIP CODE are required to use this form. Your CLIENT ID can be located on your Eurofins Diatherix Laboratory Request form next to your company name.

CLIENT SUPPLY ORDERING PROCESS

Web Client Instructions

Logging In:

We suggest using Microsoft Edge, Google Chrome, or Firefox as your browser. Go to www.eurofins-diatherix.com and click on **Client Login**.



Then click on Login at the top right of the screen.



Enter your **Username** (assigned by Eurofins Diatherix) and **Password** (created by you) and click on **Log In**

The **FIRST** time you login, go to Help and change your password. The password must be at least 7 characters and contain at least one non-alphanumeric character (! or @, etc.).

A screenshot of the Diatherix Client Portal login form. The page has a dark blue header with 'Home' and 'Help' links. Below the header, there is a 'Log In' link. The login form consists of two input fields: 'User Name:' and 'Password:'. Below the password field is a checkbox labeled 'Remember me next time.' and a 'Log In' button.

Helpful hints before you get started entering data:

- You can type in all lowercase letters and the system will capitalize for you.
- You may enter a date without “/” marks. For example, if the date is 8/24/2009 you can type 0 8 2 4 2 0 0 9 and the system will format it.
- You may enter a time without using the “:” by typing as follows: if the time collected is 8:23 AM, type 8 2 3 and if the time is 12:54 PM, type 1 2 5 4 p.)

Creating a Lab Request

Under the **Lab Request** menu option click on **Submit Lab Request**

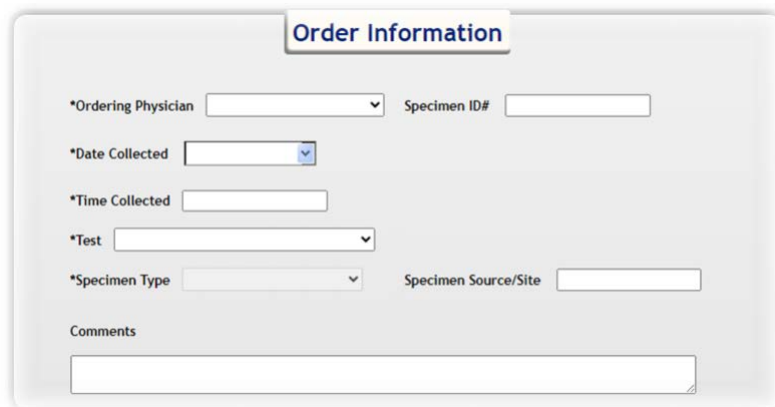


STEP 1

Fill in the appropriate fields for **Patient Information**; All fields marked with asterisk (*) are required. You may click on the **Patient Search** button to find any of your patients that Diatherix has tested within the last 2 years.

A screenshot of a web form titled 'Patient Information'. At the top of the form is a yellow button labeled 'Patient Search'. Below the button are several input fields for patient information. The fields are arranged in two columns. The left column contains: '*First Name' (text box), 'M.I.' (checkbox), '*Date of Birth' (text box with a dropdown arrow), 'Patient ID #' (text box), 'Race' (dropdown menu with 'Unknown' selected), '*Address Line 1' (text box), 'Address Line 2' (text box), '*City' (text box), and '*Phone Number' (text box). The right column contains: '*Last Name' (text box), '*Gender' (dropdown menu), 'Pregnant?' (checkbox), 'Ethnicity' (dropdown menu with 'Unknown' selected), and '*Zip Code' (text box). All fields marked with an asterisk (*) are required.

Fill in Order Information



The screenshot shows a web-based form titled "Order Information" with a light gray background and a white border. The form contains several input fields and dropdown menus. At the top, the title "Order Information" is centered in a white box with a black border. Below the title, the form is organized into rows. The first row has two fields: "*Ordering Physician" followed by a dropdown menu, and "Specimen ID#" followed by a text input field. The second row has "*Date Collected" followed by a date picker. The third row has "*Time Collected" followed by a time input field. The fourth row has "*Test" followed by a dropdown menu. The fifth row has "*Specimen Type" followed by a dropdown menu, and "Specimen Source/Site" followed by a text input field. At the bottom, there is a "Comments" label above a large text area with a small "X" icon in the bottom right corner.

Order Information

*Ordering Physician Specimen ID#

*Date Collected

*Time Collected

*Test

*Specimen Type Specimen Source/Site

Comments

Note the **Specimen Type** is dependent on the selected Test. (*HINT: You may also type the first letter, such as S and Sputum will be chosen. You can scroll up and down this list.*)

The **Ordering Physician** at your location should be on the list. If the Ordering Physician is not on the list, choose any physician on the list and enter the Ordering Physician's name and NPI in the Comment field and it will be added at the lab.

Fill in the Billing Information

Billing Information

Self-Pay

Insurance

Client

Note: If Bypass is checked, then Billing Information will not be recorded electronically and any included will be lost on submittal. If checked, only Billing Information sent in with your specimen will be used toward your Lab Request!

☐ Bypass Insurance Entry
☐ Worker's Comp?

Primary Insurance

Auto Fill from Patient

*Insurance Name

*Subscriber Number

Group Number

Address Line 1

Address Line 2

City

State

Zip Code

*First Name

*Last Name

Phone

*Relationship to Patient

Date of Birth

Gender

+

Clear

Please enter 1 to 4 ICD codes (required if Insurance or Self-Pay billing)

	ICD Code		ICD Short Description
		Validate Code	
		Validate Code	
		Validate Code	
		Validate Code	

Note the Specimen Source is dependent on the selected Test. (HINT: You may also type the first letter, such as S and Sputum will be chosen. You can scroll up and down this list.)
 The Ordering Physician at your location should be on the list. If the Ordering Physician is not on the list, choose any physician on the list and enter the Ordering Physician's name and NPI in the Comment field and it will be added at the lab.

In the Billing Information Section, the **Insurance** option is preselected. However, if your facility is set up as client bill, please select the Client button and no diagnosis codes are required. Up to 3 unique insurances can be entered per request, simply click the + button to add an extra

insurance form or click the **X** button to remove a form. A **Clear** button and an **Auto Fill from Patient** button are also provided for convenience: use the Auto Fill from Patient button to fill similar insurance fields from the Patient Information section, and the **Clear** button provides an easy reset on each form. A checkbox is also provided for **Worker's Comp** and when selected, a textbox/calendar will allow the user to enter the **date of injury**.

If patient/insurance is correct you will need to enter at least one valid ICD code, or more, depending on the diagnoses assigned by your physician. Click the validate code button to verify that your code is valid. If it is invalid, you will be notified in the adjacent box and need to correct it. To lookup current ICD codes at any time, click on the binocular icon to the left of the desired field. A search engine will appear where you can enter the type of condition and or symptoms to search for an appropriate diagnosis code. Click the Add button beside the desired diagnosis code to enter it on the "Submit a Lab Request" page. We suggest using Microsoft Edge, Google Chrome, or Firefox as your browser. Click Continue and you will be taken to the verification screen where you can look at the data you have entered.

STEP 2

Verify the information you have entered. From the verification screen, you can: Choose **Edit** and change any of the information you have entered or Choose **Submit** and be taken to a next step to print the Laboratory Request.

eurofins | [Outlets](#)

[Home](#) [Lab Request](#) [Results](#) [Help](#)

STEP 2 of 3

Patient Information

Patient Name XXXX XXXXX	Date of Birth 5/1/2008	Gender MALE
Patient ID XXXX	Prenatal No	Race Unknown
Ethnicity Unknown	Patient Address Line 1 601 GENEHE WAY	Patient Address Line 2 SUITE 2100
Patient City HUNTSVILLE	Patient State AL	Patient Zip Code 35806
Patient Phone 256-867-5309		

Order Information

Order Type In-Person/Non-Virtual	Ordering Physician PRESTLEY, JUDY	Specimen ID
Test Name RESPIRATORY INFECTION	Specimen Type NASAL	Date Collected 8/27/2024 1:23:00 AM
Comments		

Billing Information

Bill To Client	Worker's Comp No	Date of Injury
Address Line 1 601 GENEHE WAY	ICD Codes	Phone 256-867-5309
Billing City HUNTSVILLE	Address Line 2 SUITE 2100	Billing Zip Code 35806
Billing State AL		

Note: Please make sure all information is correct before submitting Lab request.

[Submit](#) [Edit](#) [Cancel](#)

After you click on the **Submit** button, you will be prompted by a popup message to read and electronically sign your Lab Request.

Please type in the **Ordering Provider with Credentials**, check the “**I understand and consent...**” checkbox, and then click the **Sign Electronically** button. Your request will then be created.

Medical Professional Statement: By submission of this request and accompanying samples, I (1) authorize and direct you to perform the testing indicated below; (2) certify that any custom profile on file and/or the ordered tests requested on this test request form are reasonable and medically necessary for the diagnosis and/or treatment of this patient's condition at the time of service; (3) certify that to the extent required by the laws of the state in which I am licensed and provide healthcare services, I have obtained this patient's written informed consent to undergo any testing requested herein; to be financially responsible for any tests not covered by his or her health plan regardless of reason (e.g., medical necessity, experimental, etc.); and to have the test results reported to me; (4) agree to provide you with a copy of this patient's signed and dated consent form upon your request; (5) provide the full and appropriate diagnosis code(s) indicated to the highest level of specificity.

By inputting your full legal name into the text field below as it would appear on the request as the ordering provider, you acknowledge that you are signing this order request through an electronic signature. Through this electronic signature, you authenticate that you are the ordering provider for this request and are responsible for the ordering of this request. Through this electronic signature, you acknowledge that you accept that this electronic signature will only be used for this particular order request and agree that your signature for this order request will be done electronically. Through this electronic signature, you acknowledge that you consent to receiving this order request and correspondence regarding this order request through electronic means. Your electronic signature will appear on the order request, as typed, along with a proposed date time stamp for the time that the order was signed.

For completion of this order request and completion of the electronic signature process, please type your full legal name as the ordering provider into the below text field as you would like it to appear on the order request and check the box below that you understand and consent to the statements above and agree to using the input in the below text field as your legal, electronic signature.

Ordering Provider with Credentials:

☐ I understand and consent to the above statements and agree to using my input for the above text field as my legal, electronic signature.

STEP 3

You **must** print the Request by clicking on the print icon at the top left-hand corner of the Request window. If a print icon is not visible, hover your mouse over the upper left portion of the PDF and a menu bar with a print icon should appear.

The screenshot shows the Eurofins Diatherix web interface. At the top, there's a navigation bar with 'Home', 'Lab Request', 'Results', and 'Help'. Below it, a message says 'Successfully submitted Lab Request.' and 'STEP 3 of 3'. The main content area displays a PDF of the 'LABORATORY REQUEST' form. The form includes the Eurofins Diatherix logo, a barcode, and contact information: '601 Genome Way - Suite 2100 Huntsville, AL 35896', 'Toll Free: 866-979-4242 - Fax: 256-327-0984 - Director: Frank Monahan, M.D. - CLIA #: 01-D1085737'. Below the form, there's a 'CLIENT INFORMATION' section with 'Client Code: 2500000508', 'Name: SALES REP TEST CLIENT', and 'Address: 601 GENOME WAY STE 4208 City, State ZIP: HUNTSVILLE, AL 35896'. At the bottom, there are three buttons: 'Create New', 'Create Another for Same Patient', and 'Finished'. A red arrow points to the print icon in the PDF viewer toolbar at the top of the form.

After printing, you have the option to create another request or return **Home** by clicking **Finished**.

*If you need to reprint a Request that is already complete, go to the **Results** tab and select Search Reports. Click on **Search** (at the bottom) and under **Ordered** status you will see a list of the patients that have orders. Click on the **WIB ID** by the patient's name and you will see the Request. Click on the printer icon to reprint the Request.

If you have any questions or need additional assistance on our Web Client service, please contact the Eurofins Diatherix Client Services Department at 866.979.4242.

Please reach out to your Eurofins Diatherix representative for EMR Requests.

All sections of the requisition are needed for testing. Failure to complete all sections may lead to your test not being performed or a delay in testing. In addition, a patient demographic sheet as well as copies of the front and back of the insurance card are preferred. Black ink is preferred for completing this requisition.

Select the test(s) by checking the box to the left of the test name. All tests are listed on the back of the requisition for reference. You can also view a list of all approved sources for each test in the Eurofins Diatherix Tests section of this manual. Testing may be combined if source is compatible with all tests selected.

The appropriate ICD-10 code for test(s) selected should be listed in the yellow section titled ICD-10-CM Diagnosis Codes with the authorized provider signature and date.

	LABORATORY REQUEST	BIOFARM INTERNATIONAL LABORATORIES, LLC 601 GARDEN ROAD, SUITE 200, GAITHERSBURG, MD 20878 301.948.0000 • FAX 301.948.0001 • EMAIL: INFO@BIOFARM.COM
CUSTOMER INFORMATION ONLY		SUBMISSION LABEL
ORDERING PROVIDER INFORMATION		
PLEASE PRINT PROVIDER NAME AND JOB ON STICKER AND PLACE ON SPECIMEN TUBE		Patient Name: _____ Patient ID: _____
SPECIMEN INFORMATION		
SPECIMEN TYPE: _____		
ORDERING PROVIDER: _____ SUBMITTING PROVIDER: _____	COLLECT DATE: _____ TIME: _____ COLLECTION TIME: _____ 12 AM 1 PM 2 PM	
ORDERING PROVIDER AKA: _____ SUBMITTING PROVIDER AKA: _____	REPORT ID: _____ SUBMIT NUMBER: _____	
KID-TECH DIAGNOSTIC CODES		
(See URL: www.kid-tech.com for details of Kid-Tech Diagnostic Codes & Key required for Molecular Testing)		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100		
TEST SELECTION		
1. Genetic Inheritance _____ Select all appropriate(s). Plus appropriate		
2. Infectious Pathogens _____ Select all appropriate(s)		
3. Autoimmune _____ Select all appropriate(s)		
4. Endocrine _____ Select all appropriate(s)		
5. Cancer _____ Select all appropriate(s)		
6. Other _____ Select all appropriate(s)		
7. Kidney _____ Select all appropriate(s)		
8. Liver _____ Select all appropriate(s)		
9. Lung _____ Select all appropriate(s)		
10. Muscle _____ Select all appropriate(s)		
11. Nervous System _____ Select all appropriate(s)		
12. Skin _____ Select all appropriate(s)		
13. Stomach _____ Select all appropriate(s)		
14. Throat _____ Select all appropriate(s)		
15. Urinary System _____ Select all appropriate(s)		
16. Vascular _____ Select all appropriate(s)		
17. Whole Body _____ Select all appropriate(s)		
18. Other _____ Select all appropriate(s)		
19. Kidney _____ Select all appropriate(s)		
20. Liver _____ Select all appropriate(s)		
21. Lung _____ Select all appropriate(s)		
22. Muscle _____ Select all appropriate(s)		
23. Nervous System _____ Select all appropriate(s)		
24. Skin _____ Select all appropriate(s)		
25. Stomach _____ Select all appropriate(s)		
26. Throat _____ Select all appropriate(s)		
27. Urinary System _____ Select all appropriate(s)		
28. Vascular _____ Select all appropriate(s)		
29. Whole Body _____ Select all appropriate(s)		
30. Other _____ Select all appropriate(s)		
31. Kidney _____ Select all appropriate(s)		
32. Liver _____ Select all appropriate(s)		
33. Lung _____ Select all appropriate(s)		
34. Muscle _____ Select all appropriate(s)		
35. Nervous System _____ Select all appropriate(s)		
36. Skin _____ Select all appropriate(s)		
37. Stomach _____ Select all appropriate(s)		
38. Throat _____ Select all appropriate(s)		
39. Urinary System _____ Select all appropriate(s)		
40. Vascular _____ Select all appropriate(s)		
41. Whole Body _____ Select all appropriate(s)		
42. Other _____ Select all appropriate(s)		
43. Kidney _____ Select all appropriate(s)		
44. Liver _____ Select all appropriate(s)		
45. Lung _____ Select all appropriate(s)		
46. Muscle _____ Select all appropriate(s)		
47. Nervous System _____ Select all appropriate(s)		
48. Skin _____ Select all appropriate(s)		
49. Stomach _____ Select all appropriate(s)		
50. Throat _____ Select all appropriate(s)		
51. Urinary System _____ Select all appropriate(s)		
52. Vascular _____ Select all appropriate(s)		
53. Whole Body _____ Select all appropriate(s)		
54. Other _____ Select all appropriate(s)		
55. Kidney _____ Select all appropriate(s)		
56. Liver _____ Select all appropriate(s)		
57. Lung _____ Select all appropriate(s)		
58. Muscle _____ Select all appropriate(s)		
59. Nervous System _____ Select all appropriate(s)		
60. Skin _____ Select all appropriate(s)		
61. Stomach _____ Select all appropriate(s)		
62. Throat _____ Select all appropriate(s)		
63. Urinary System _____ Select all appropriate(s)		
64. Vascular _____ Select all appropriate(s)		
65. Whole Body _____ Select all appropriate(s)		
66. Other _____ Select all appropriate(s)		
67. Kidney _____ Select all appropriate(s)		
68. Liver _____ Select all appropriate(s)		
69. Lung _____ Select all appropriate(s)		
70. Muscle _____ Select all appropriate(s)		
71. Nervous System _____ Select all appropriate(s)		
72. Skin _____ Select all appropriate(s)		
73. Stomach _____ Select all appropriate(s)		
74. Throat _____ Select all appropriate(s)		
75. Urinary System _____ Select all appropriate(s)		
76. Vascular _____ Select all appropriate(s)		
77. Whole Body _____ Select all appropriate(s)		
78. Other _____ Select all appropriate(s)		
79. Kidney _____ Select all appropriate(s)		
80. Liver _____ Select all appropriate(s)		
81. Lung _____ Select all appropriate(s)		
82. Muscle _____ Select all appropriate(s)		
83. Nervous System _____ Select all appropriate(s)		
84. Skin _____ Select all appropriate(s)		
85. Stomach _____ Select all appropriate(s)		
86. Throat _____ Select all appropriate(s)		
87. Urinary System _____ Select all appropriate(s)		
88. Vascular _____ Select all appropriate(s)		
89. Whole Body _____ Select all appropriate(s)		
90. Other _____ Select all appropriate(s)		
91. Kidney _____ Select all appropriate(s)		
92. Liver _____ Select all appropriate(s)		
93. Lung _____ Select all appropriate(s)		
94. Muscle _____ Select all appropriate(s)		
95. Nervous System _____ Select all appropriate(s)		
96. Skin _____ Select all appropriate(s)		

[illegible]

Sample Laboratory Report

Notes: Reports can be received via fax, email, Web Client online portal, or direct computer interface. To view examples of other test specific reports please contact your territory manger.



Diatherix

LABORATORY REPORT

Diatherix Laboratories, LLC
601 Genome Way, Suite 2100 / Huntsville, AL 35896
Phone: 866.979.4342 / Fax: 256.327.0894 / CLIA ID: 01D1085737
Medical Director: Frank A. Honkanen, MD

PATIENT:		ORDERING PHYSICIAN:	
Gender:	Age:	DOB:	ID:
Name:		Phone:	
SPECIMEN:		CLIENT:	
Type:	Collected:	Name:	
Source/Site:	Received:	Code:	
Specimen ID:	Reported:	Address:	
Accession ID:			

Respiratory Infection:	DETECTED	NOT DETECTED	COMMENTS:
<i>Acinetobacter baumannii</i>			
<i>Bordetella pertussis</i>			
<i>Chlamydia pneumoniae</i>			
<i>Haemophilus influenzae</i>			
<i>Haemophilus influenzae</i> (type B)			
<i>Klebsiella</i> spp.			
<i>Legionella pneumophila</i>			
<i>Moraxella catarrhalis</i>			
<i>Mycoplasmoides pneumoniae</i>			
<i>Neisseria meningitidis</i>			
<i>Pseudomonas aeruginosa</i>			
<i>Staphylococcus aureus</i>			
MRSA - Methicillin-resistant <i>Staphylococcus aureus</i>			
Panton-Valentine leukocidin (PVL) gene			
<i>Streptococcus pneumoniae</i>			
<i>Streptococcus pyogenes</i> (Group A)			
Adenovirus			
Coronavirus 229E			
Coronavirus HKU1			
Coronavirus NL63			
Coronavirus OC43			
Human Bocavirus			
Human Metapneumovirus			
Human Rhinovirus/Enterovirus			
Influenza A			
A(H1N1)pdm09			
Influenza B			
Parainfluenza Virus 1			
Parainfluenza Virus 2			
Parainfluenza Virus 3			
Parainfluenza Virus 4			
Respiratory Syncytial Virus (A and B)			

All tests listed on this report were performed as a Laboratory Developed Test utilizing TBM-PCR® (Target Enriched Multiplex Polymerase Chain Reaction) technology.

Patent US 7,851,148 B2

Linking Diagnostics to Therapeutics™

Document FO-080407 Rev 9/08/12/17

To view sample reports for all test results, please visit our website.