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Indianapolis, IN 46241
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Phone: 317-856-2681
Fax: 317-856-3685

Result Inquires: x450

Clinical Consults: x452

Current licensure available on our website.
www.miravistalabs.com

TEST REQUISITION						
Patient Name Last, First (Required):			Patient ID#:		Ordering Facility: (Required) Name:	
Specimen ID# (Required):		Collection Date (Required):		Date Last Dose:		Address:
Specimen Type (Required): UR SER PLA CSF BAL Other:		Collection Time:		Time Last Dose:		
		Date of Birth/Age:		Physician:		Phone: Fax: e-mail:

Bills and Results will be sent to Facilities and Physicians Only. Due to HIPAA regulations, reports will only be sent to the FAX number listed above.

MVista® Therapeutic Substance Monitoring (HPLC testing M,W,F with results out the same day; Bioassay testing Tue & Thu with results released the following morning)

Check to order test	Test code	MVista® Test Name	Test Type	CPT Code	Specimen Volume	Specimen Stability
	311	Posaconazole by HPLC	Antifungal Drug Monitoring	82491	2 ml	FREEZE on day of collection and remain frozen during shipment. Check box for shipping method: <input type="checkbox"/> Frozen Ice Pack <input type="checkbox"/> Dry Ice
	312	Itraconazole by Bioassay	Antifungal Drug Monitoring	80299	2 ml	
	313	Voriconazole by HPLC	Antifungal Drug Monitoring	82491	2 ml	

Acceptable specimen types: Serum or plasma separated from the clot or CSF, stored and shipped frozen. List all antifungal agents patient is receiving:

MVista® Antigen Detection Tests (Antigen testing daily Mon-Fri – results released within 24 hours)

Check to order test	Test code	MVista® Test Name	Test Type	CPT Code	Specimen Volume	Specimen Stability
	310	Histoplasma Quantitative	Antigen Detection by EIA	87385	2 ml	Up to 14 days ambient or one month refrigerated, indefinitely if frozen.
	316	Blastomyces Quantitative	Antigen Detection by EIA	87449	2 ml	
	315	Coccidioides Quantitative	Antigen Detection by EIA	87449	2 ml	

Acceptable specimen types: Urine, serum or plasma separated from the clot, CSF, BAL or other sterile body fluid, stored and shipped ambient. Storage or shipment refrigerated or frozen will not adversely affect the test. Interfering substances include Sputolysin and Sodium Hydroxide.

Other Antigen Detection Tests (Aspergillus testing daily Mon-Fri – results released within 24 hours)

Check to order test	Test code	Test Name	Test Type	CPT Code	Specimen Volume	Specimen Stability
	309	Platelia™ Aspergillus Galactomannan	Antigen Detection by EIA	87305	2 ml	Refrigerated or frozen if tested within 5 days of collection. Frozen if tested 6 or more days after collection. Check box: <input type="checkbox"/> 2-8°C <input type="checkbox"/> -70°C

Acceptable specimen types: Serum or plasma separated from the clot are FDA cleared. BAL and CSF have been validated in-house. Serum, plasma and BAL are NYSDH cleared. Storage or shipment refrigerated or frozen based on date of collection.

CAP 7182293
CLIA 15D0996282
Medicare Part B 190460
NPI 1588600456

CA COS800133
FL L800017215
MD 1077
NY 8036

NJ 25ms00007800
PA 028127
RI 00360