

A MEMBER OF GENESIS BIOTECHNOLOGY GROUP

Wound Pathology & Molecular Testing Requisition Form

Ordering Physician/Laboratory

(Required: Include the ordering physician's first & last name, NPI, practice name, complete address, phone number and fax number.)

Physician to receive additional result report:

Physician's Signature:

Date:

Test Selection - OneSwab®

Date Collected (Required):

Specimen Source:

ICD10 codes (required):

- 369 *Acinetobacter baumannii*
- 6742 Diabetic Foot Infection General Panel (MRSA, CA-MRSA, GAS, GBS, *B. fragilis*)
- 6743 Diabetic Foot Osteomyelitis Panel (MRSA, CA-MRSA, *S. epidermidis*, *E. coli*, *Klebsiella* species, *P. mirabilis*, *P. aeruginosa*)
- 368 *Fusobacterium* species
- 6744 Geriatric Foot Infections Panel (MRSA, CA-MRSA, GAS, GBS)
- 6745 Geriatric Pressure Ulcers Panel (*E. coli*, *P. mirabilis*, *E. faecalis*, *S. aureus*, *S. epidermidis*, *P. aeruginosa*, *B. fragilis*)
- 1112 Group A Streptococcus (GAS) - *Streptococcus pyogenes*
- 127 Group B Streptococcus (GBS) - *Streptococcus agalactiae*
- 362 Prevotella species Group 1 (*P. bivia*, *P. disiens*, *P. intermedia*, *P. melaninogenica*)
- 363 Prevotella species Group 2 (*P. corporis*, *P. albensis*)
- 146 *Proteus mirabilis*
- 174 *Pseudomonas aeruginosa*

- 366 Skin & Soft Tissue Infections (SSTI) Panel** Includes -
- 125 *Bacteroides fragilis* 153 *Enterococcus faecalis*
 - 141 *Escherichia coli* 1112 Group A Streptococcus
 - 127 Group B Streptococcus (GBS) 727 *Klebsiella oxytoca*
 - 728 *Klebsiella pneumoniae* 1118 MRSA: Methicillin Resistant and Methicillin Susceptible (MSSA) *Staphylococcus aureus* by Conventional PCR 1119 CA-MRSA: Community-Associated MRSA. Panton-Valentine Leukocidin (PVL) DNA** (Type IV MRSA + #1118 Req.) [Community Associated MRSA = Type IV MRSA+ and PVL+]
 - 362 Prevotella species Group 1 (*P. bivia*, *P. disiens*, *P. intermedia*, *P. melaninogenica*), 363 Prevotella species Group 2 (*P. corporis*, *P. albensis*)
 - 146 *Proteus mirabilis* 174 *Pseudomonas aeruginosa*

- 367 SSTI Panel Antibiotic Resistance** Includes -
- [*E. faecalis*, *E. coli*, GAS, GBS, *K. oxytoca*, *K. pneumoniae*, *P. mirabilis*, *P. aeruginosa*, MRSA: **AC, AM** (for *E. faecalis*), **C, CL, D, TS, CP, CF, PT, I, G**] (153, 141, 1112, 127, 727, 728, 146, 174, or 1118 Req.) When panel is ordered and individual tests are not selected, all 9 will be performed & billed)

Patient Information (Please Print)

Name (Last, First) (Required):

In Care of:

Patient Address:

City:

State:

Zip:

Assigned Sex at Birth (Required):

Date of Birth (Required):

Patient ID#:

Female Male

Phone Number:

Race: Alaska Native or American Indian Asian Black or African American Multiracial Native Hawaiian or other Pacific Islander Other race White Does not wish to disclose Not provided

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown

Gender Identity: Male Female Gender nonconforming Transgender male-to-female Transgender female-to-male Does not wish to disclose Not provided

Sexual Orientation: Bisexual Straight Gay or Lesbian Something else Does not wish to disclose Not provided

Billing Information (Please include a copy of the front & back of card.)

Billing Type: Patient Insurance Client Relation (Required): Self Spouse Dependant

Insured's Name (if not patient):

Insured's SS#:

Insured's DOB:

Primary Insurance Carrier:

Medicare, Medicaid or Policy ID#:

Claims Address:

Employer/Group Name:

Group#:

Surgical Pathology Specimen Information

Date collected (required):

Time Collected:

Collected By:

Special Instructions:

History or Pre-op Diagnosis:

Specimen	Anatomic Location	Procedure
A		
B		
C		
D		
E		

For Lab use Only:

Additional Clinical Information:

Refer to the back for antibiotic abbreviation key.

Antibiotic Abbreviations Key

A = aztreonam **AC**= amoxicillin-clavulanic acid, **AP** = ampicillin, **AZ** = azithromycin, **CC** = ceftriaxone/cefepime, **C** = cephalothin (cephalexin), **CF** = cefepime, **CP** = ciprofloxacin, **CL** = clindamycin, **D** = doxycycline, **F** = fosfomycin, **FL** = fluoroquinolone **G** = gentamicin, **I** = imipenem, **L** = linezolid, **M** = metronidazole **N** = nitrofurantoin, **PT** = piperacillin-tazobactam, **TS** = trimethoprim-sulfamethoxazole.



Medical Necessity Guidelines:

Physicians must only order tests that they have determined are medically necessary for the diagnosis and treatment of a patient. MDL offers individual tests, as well as a limited number of customized panels. MDL provides practitioners with the flexibility to choose appropriate individual tests for each specimen to assure that the convenience of ordering panels does not impede them from ordering tests/panels that are medically necessary. All tests listed in panels may be ordered individually using this test requisition form. If you choose to order a panel, please make certain that each and every test is medically necessary. If you check off a panel as your choice, MDL understands that the physician has determined that all of the component tests are medically necessary, and will perform, report and bill for all such component tests.x

** This test can only be performed when the test in parenthesis is positive. All tests performed will be billed.

† Reflex to azithromycin & fluoroquinolone resistance by Pyrosequencing

‡ Reflex to fluoroquinolone resistance by Pyrosequencing
OneSwab® is a registered in the USPTO.

Specimen Collection Platform	TAT*	Stability	Test Additions*	Specimen Collection
Wound 	24 - 72 hours	7 days	30 days to add tests	<ul style="list-style-type: none"> Collect specimen with the sterile <i>OneSwab</i>® provided. Insert swab into the transport media, break off swab handle, and tightly re-secure the cap on the transport media vial.
Biopsies: • Skin • Punch 	3 - 5 days	7 days	30 days to add tests	<ul style="list-style-type: none"> Collect specimen and insert into the formalin vial. The following times must documented on the test requisition form: <ul style="list-style-type: none"> ◦ Time of specimen removal from patient ◦ Time when specimen was placed into formalin

* Up to 72 hours with reflex/antibiotic resistance testing

† Pending QC review for sufficient specimen volume

Specimen Packaging:

- Label every vial with a minimum of 2 patient identifiers including the patient's name and date of birth. Be sure the name on the vial is written exactly the same way as on the test requisition form.
- Place the vial into the Styrofoam/Cardboard container. For dry nail clippings or dry skin scrapings, place sealed bags into a Tyvec envelope and place in the US mail.
- Place the Styrofoam/Cardboard container into the central pocket of a biohazard bag containing absorbent material.
- Place a completed test requisition form for each vial in the front pocket of the biohazard bag.
- Place the biohazard bag into the prepaid Lab pack Envelope that has a preaddressed airbill attached. Package as many containers in one Labpack as possible.
- Be sure to seal the Lab pack by removing the plastic from the top of the adhesive.

Specimen Pick-up:

- If you have a specimen pick-up for a local courier in IL, Call 1-877-88-4path (1-877-884-7284), extension 1 no later than 2 hours prior to the closing of your facility and a member of the 4path team will assist you.
- For those infrequent times when we are unable to take your call ...please leave a message with our operators and include the following:
 - Client Name (or client ID number)
 - Date and Time
 - Address / location of your facility
 - Where specimen will be placed (i.e. lock box in front, in back, in lobby etc.)
 - Contact phone number
- If you have a specimen pick-up, please call your sales representative no later than 2 hours prior to the closing of your facility.

Helpful Hints Checklist

Please review these helpful hints to reduce specimen discrepancies and enhance turnaround time.

Verify Patient Name - did you:

- ✓ attach the correct demographics sheet?
- ✓ write the patient's name on the requisition form?

Patient Name Matches on Vial & Requisition Form- did you:

- ✓ make sure names on vial and requisition form match?
- ✓ list the patients married or maiden name?
- ✓ list a nickname by mistake?

Verify Date of Collection- did you:

- ✓ write the correct year?
- ✓ write the correct month?
- ✓ list the date of birth instead?

Verify Tests- did you:

- ✓ clearly mark each box?
- ✓ order tests appropriate for the specimen type?

No Tests Ordered- did you:

- ✓ mark the boxes for the tests/panels ordered?

Supply Orders:

Easily place supply orders online by visiting our website:



<http://www.4path.com/order-supplies-on-line/>

Supply orders may also be placed by calling 1-877-88-4path (1-877-884-7284), extension 1 and a member of the 4path team will assist you. Supply requests are processed and shipped on a daily basis. Please allow 3 to 5 business days for delivery, depending upon your location.

4path Contact Information	TOLL FREE	FAX
Quality Control Department <i>For Technical Assistance</i>	877.269.0090	609.245.7665
Client Services <i>General Questions, Results</i>	877.884.7284	630.560.0120
Client Services <i>Billing Questions</i>	877.884.7284	630.560.0120