



4path Pathology Services
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Wound Pathology & Molecular Testing Requisition Form

Ordering Physician/Laboratory	Test Selection												
<p>(Required: Include the ordering physician's first & last name, NPI, practice name, complete address, phone number and fax number.)</p>	<p>OneSwab® SKIN & SOFT TISSUE ANALYSIS by Real-Time PCR unless otherwise specified All tests included in panels may be ordered individually.</p> <p>369 <input type="checkbox"/> <i>Acinetobacter baumannii</i> 125 <input type="checkbox"/> <i>Bacteroides fragilis</i> 6742 <input type="checkbox"/> Diabetic Foot Infection General Panel (MRSA, CA-MRSA, GAS, GBS, <i>B. fragilis</i>) 6743 <input type="checkbox"/> Diabetic Foot Osteomyelitis Panel (MRSA, CA-MRSA, <i>S. epidermidis</i>, <i>E. coli</i>, <i>Klebsiella</i> species, <i>P. mirabilis</i>, <i>P. aeruginosa</i>) 153 <input type="checkbox"/> <i>Enterococcus faecalis</i> 141 <input type="checkbox"/> <i>Escherichia coli</i> 368 <input type="checkbox"/> <i>Fusobacterium</i> species 6744 <input type="checkbox"/> Geriatric Foot Infections Panel (MRSA, CA-MRSA, GAS, GBS) 6745 <input type="checkbox"/> Geriatric Pressure Ulcers Panel(<i>E. coli</i>, <i>P. mirabilis</i>, <i>E. faecalis</i>, <i>S. aureus</i>, <i>S. epidermidis</i>, <i>P. aeruginosa</i>, <i>B. fragilis</i>) 1112 <input type="checkbox"/> Group A Streptococcus (GAS) - <i>Streptococcus pyogenes</i> 127 <input type="checkbox"/> Group B Streptococcus (GBS) - <i>Streptococcus agalactiae</i> 727 <input type="checkbox"/> <i>Klebsiella oxytoca</i> 728 <input type="checkbox"/> <i>Klebsiella pneumoniae</i> 1118 <input type="checkbox"/> MRSA: Methicillin-Resistant <i>Staphylococcus aureus</i> by Conventional PCR (includes methicillin susceptible <i>S. aureus</i> detection) 1119 <input type="checkbox"/> CA-MRSA: Community-Associated MRSA. Panton-Valentine Leukocidin (PVL) DNA** (Type IV MRSA + #1118 Req.) [Community Associated MRSA = Type IV MRSA+ and PVL+] 362 <input type="checkbox"/> Prevotella species Group 1 (<i>P. bivia</i>, <i>P. disiens</i>, <i>P. intermedia</i>, <i>P. melaninogenica</i>) 363 <input type="checkbox"/> Prevotella species Group 2 (<i>P. corporis</i>, <i>P. albensis</i>) 146 <input type="checkbox"/> <i>Proteus mirabilis</i> 174 <input type="checkbox"/> <i>Pseudomonas aeruginosa</i> 366 <input type="checkbox"/> Skin & Soft Tissue Infections (SSTI) Panel [<i>B. fragilis</i>, <i>E. faecalis</i>, <i>E. coli</i>, GAS, GBS, <i>K. oxytoca</i>, <i>K. pneumoniae</i>, <i>P. mirabilis</i>, <i>P. aeruginosa</i>, MRSA, CA-MRSA: amoxicillin-clavulanic acid, ampicillin (for <i>E. faecalis</i>), cephalothin (cephalexin), clindamycin, doxycycline, trimethoprim-sulfamethoxazole, ciprofloxacin, cefepime, piperacillin-tazobactam, imipenem, gentamicin]** (153, 141, 1112, 127, 727, 728, 146, 174, or 1118 Req.) When panel is ordered and individual tests above are not selected, all 8 will be performed and billed. 184 <input type="checkbox"/> <i>Staphylococcus aureus</i> 709 <input type="checkbox"/> <i>Staphylococcus epidermidis</i></p>												
<p>Physician's Signature: _____ Date: _____</p> <p>Physician to receive additional result report:</p>													
Patient Information (Please Print)													
<p>Name (Last, First) (Required): _____</p> <p>In Care of: _____</p> <p>Patient Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Sex at Birth (Required): <input type="checkbox"/> Female <input type="checkbox"/> Male Date of Birth (Required): _____</p> <p>Patient SS#: _____ Patient ID#: _____</p> <p>Phone Number: _____ Email: _____</p>													
Billing Information (Please include a copy of the front & back of card.)													
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Patient Billing</td> <td style="width: 33%; border: none;">Relation (Required):</td> <td style="width: 33%; border: none;">Diagnosis Codes (Required):</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Insurance Billing</td> <td style="border: none;"><input type="checkbox"/> Self</td> <td style="border: none;">Please provide ALL applicable diagnosis codes.</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Path Lab/Hospital</td> <td style="border: none;"><input type="checkbox"/> Spouse</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Physician Account</td> <td style="border: none;"><input type="checkbox"/> Dependant</td> <td style="border: none;">_____</td> </tr> </table> <p>Primary Insurance Carrier: _____</p> <p>Insured's Name (if not patient): _____</p> <p>Insured's SS#: _____ Insured's DOB: _____</p> <p>Claims Address: _____</p> <p>Medicare, Medicaid or Policy ID#: _____</p> <p>Employer/Group Name: _____ Group#: _____</p> <p>Secondary Insurance Carrier: _____</p> <p>Secondary Claims Address: _____</p> <p>Secondary Policy ID or Medicare #: _____</p> <p>Secondary Employer/Group Name: _____ Secondary Group#: _____</p>		<input type="checkbox"/> Patient Billing	Relation (Required):	Diagnosis Codes (Required):	<input type="checkbox"/> Insurance Billing	<input type="checkbox"/> Self	Please provide ALL applicable diagnosis codes.	<input type="checkbox"/> Path Lab/Hospital	<input type="checkbox"/> Spouse	_____	<input type="checkbox"/> Physician Account	<input type="checkbox"/> Dependant	_____
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<input type="checkbox"/> Insurance Billing	<input type="checkbox"/> Self	Please provide ALL applicable diagnosis codes.											
<input type="checkbox"/> Path Lab/Hospital	<input type="checkbox"/> Spouse	_____											
<input type="checkbox"/> Physician Account	<input type="checkbox"/> Dependant	_____											
Specimen Information													
<p>Date Collected (Required): _____ Specimen Source: _____</p> <p>Other Tests/Panels: _____</p> <p>** This test can only be performed when the test in parenthesis is positive. All tests performed will be billed. † Reflex to fluoroquinolone resistance by Pyrosequencing ‡ Reflex to azithromycin & fluoroquinolone resistance by Pyrosequencing OneSwab® is a registered in the USPTO. 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. 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. Histology and molecular testing may be performed on site at Medical Diagnostic Laboratories, L.L.C. (MDL) - 08690 or 60527</p>													
Surgical Pathology Specimen Information													
<p>Date collected (required): _____ Time Collected: _____ Collected By: _____</p> <p>Special Instructions: _____</p> <p>History or Pre-op Diagnosis: _____</p>													
Specimen	Specimen / Anatomic Location / Procedure												
A													
B													
C													
D													
E													
For Lab Use Only:	Additional Clinical Information:												

Commonly Used ICD-10 Diagnosis Codes for Molecular* Testing

Please indicate your Diagnosis Code selection on the front of this test requisition in the designated spaces under “Billing Information – Diagnosis Codes (Required)”.

This is a general, non-comprehensive guide for use by the healthcare provider to assist in the assignment of a diagnosis code to the laboratory testing ordered. The healthcare clinician must only order tests determined to be medically necessary for the diagnosis and treatment of the patient.

ICD-10	Description
Diabetic Foot Infections – Geriatric Infections – General Skin & Soft Tissue Infections	
A49.01	Methicillin susceptible <i>Staphylococcus aureus</i> infection, unspecified site
A49.02	Methicillin resistant <i>Staphylococcus aureus</i> infection, unspecified site
A49.8	Other bacterial infections of unspecified site
B95.0	Streptococcus, group A, as the cause of diseases classified elsewhere
B95.1	Streptococcus, group B, as the cause of diseases classified elsewhere
B95.2	Enterococcus as the cause of diseases classified elsewhere
B95.8	Unspecified staphylococcus as the cause of diseases classified elsewhere
B96.4	<i>Proteus (mirabilis) (morganii)</i> as the cause of diseases classified elsewhere
B96.5	<i>Pseudomonas (aeruginosa) (mallei) (pseudomallei)</i> as the cause of disease classified elsewhere
B96.6	<i>Bacteroides fragilis</i> as the cause of diseases classified elsewhere
B96.20	Unspecified <i>Escherichia coli</i> as the cause of diseases classified elsewhere
B96.29	Other <i>Escherichia coli</i> as the cause of diseases classified elsewhere