

Podiatric Pathology & Molecular Testing Requisition Form

Ordering Physician/Laboratory		Molecular Specimen Information	
<div>(Required: Include the ordering physician's first & last name, NPI, practice name, complete address, phone number and fax number.)</div>		Date Collected (Required):	
		Specimen Source:	
		Molecular Test Selection	
		SKIN AND SOFT TISSUE ANALYSIS	
		OneSwab® By Real-Time PCR unless otherwise specified	
Physician's Signature:Date:		366 <input type="checkbox"/> Skin & Soft Tissue Infections (SSTI) Panel [B. fragilis, E. faecalis, E. coli, GAS, GBS, K. oxytoca, K. pneumoniae, Prevotella Groups 1 & 2, P. mirabilis, P. aeruginosa, MRSA, Community Associated MRSA (CA-MRSA)]	
		367 <input type="checkbox"/> Antibiotic Susceptibility Panel [Enterococcus faecalis, E. coli, GAS, GBS, K. oxytoca, K. pneumoniae, P. mirabilis, P. aeruginosa, MRSA, CA-MRSA: amoxicillin-clavulanic acid, ampicillin (for E. faecalis), 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 13 will be performed and billed	
Physician to receive additional result report:		369 <input type="checkbox"/> Acinetobacter baumannii	
		125 <input type="checkbox"/> Bacteroides fragilis	
Patient Information (Please Print)		153 <input type="checkbox"/> Enterococcus faecalis	
		141 <input type="checkbox"/> Escherichia coli	
Name (Last, First) (Required):		368 <input type="checkbox"/> Fusobacterium species	
In Care of:		1112 <input type="checkbox"/> Group A Streptococcus (GAS) - Streptococcus pyogenes	
Patient Address:		127 <input type="checkbox"/> Group B Streptococcus (GBS) - Streptococcus agalactiae	
City:State:Zip:		126 <input type="checkbox"/> Herpes subtype (HSV-1, HSV-2)	
Sex at Birth (Required): <input type="checkbox"/> Female <input type="checkbox"/> MaleDate of Birth (Required):		727 <input type="checkbox"/> Klebsiella oxytoca	
Patient SS# (Required):Patient ID#:		728 <input type="checkbox"/> Klebsiella pneumoniae	
Phone Number (Required):		1118 <input type="checkbox"/> MRSA: Methicillin-Resistant Staphylococcus aureus by Conventional PCR (includes methicillin susceptible S. aureus detection)	
Email:		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+]	
Billing Information (Please include a copy of the front & back of card.)		362 <input type="checkbox"/> Prevotella species Group 1 (P. bivia, P. disiens, P. intermedia, P. melaninogenica)	
<input type="checkbox"/> Patient Billing	Diagnosis Codes (Required): Please provide ALL applicable diagnosis codes.	363 <input type="checkbox"/> Prevotella species Group 2 (P. corporis, P. albensis)	
<input type="checkbox"/> Insurance Billing		146 <input type="checkbox"/> Proteus mirabilis	
<input type="checkbox"/> Path Lab/Hospital		174 <input type="checkbox"/> Pseudomonas aeruginosa	
<input type="checkbox"/> Physician Account		184 <input type="checkbox"/> Staphylococcus aureus	
		709 <input type="checkbox"/> Staphylococcus epidermidis	
Relation (Required):		NAIL ANALYSIS - Nail Clippings/Shavings or OneSwab®	
<input type="checkbox"/> Self		By Real-Time PCR unless otherwise specified	
<input type="checkbox"/> Spouse		To order panel components individually, select tests beneath the panel.	
<input type="checkbox"/> Dependant		589 <input type="checkbox"/> Dermatophyte DNA Panel by Microarray [Anthropophilic: Trichophyton tonsurans, T. interdigitale, T. schoenleinii, T. concentricum, T. rubrum, T. violaceum, Epidermophyton floccosum, Microsporum ferrugineum, M. audouinii Zoophilic: Trichophyton equinum, T. mentagrophytes (T. interdigitale), T. simii, T. quinckeanum (T. mentagrophytes), T. erinacei, T. bulbosum, T. benhamiae (Arthroderma benhamiae), T. verrucosum, T. eriotrephon, Microsporum canis, Nannizzia persicolor Geophilic: Nylanderia fulva (Microsporum fulvum), Nannizzia Nannizzia gypseae (Microsporum gypseum), N. incurvata (M. incurvatum). Yeasts/Molds: Candida parapsilosis, C. albicans, C. guilliermondii, Fusarium solani, F. oxysporum, Scopulariopsis brevicaulis]	
Primary Insurance Carrier:		551 <input type="checkbox"/> Candida albicans	
Insured's Name (if not patient):		558 <input type="checkbox"/> Candida parapsilosis	
Insured's SS#:Insured's DOB:		<input type="checkbox"/> Nail with Nail Bed Biopsy with PAS	
Claims Address:		<input type="checkbox"/> Nail with Nail Bed Biopsy with PAS, with Fungal Culture	
Medicare, Medicaid or Policy ID#:		<input type="checkbox"/> Reflex GMS Stain	
Employer/Group Name:Group#:			
**This test can only be performed when test in parenthesis is positive. All tests performed will be billed. OneSwab® is a registered in the USPTO. Histology & molecular testing may be performed on site at Medical Diagnostic Laboratories, L.L.C. (MDL)-08690 or 60527			
Specimen Collection Data:		Date Collected (Required):	Time Collected:Collected By:
Specimen		Clinical Findings	
1	Site: <input type="radio"/> Right <input type="radio"/> Left		Nail/Skin: <input type="radio"/> Pigmented lesion <input type="radio"/> BCC/SCC
Toe: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5			<input type="radio"/> Verruca <input type="radio"/> Dermatitis/inflammatory
Nail - Submit dry: <input type="radio"/> Shave <input type="radio"/> Clipping			<input type="radio"/> Tinea/Onychomycosis <input type="radio"/> Chronic wound
Skin Biopsy - submit in formalin fixative:			<input type="radio"/> Other:
<input type="radio"/> Punch <input type="radio"/> Excision <input type="radio"/> Shave			Bone/Joint:
Bone - submit in formalin fixative:		<input type="radio"/> Degenerative joint disease-clinical presentation:	<input type="radio"/> Neoplastic bone/joint lesion (r/o malignancy)
<input type="radio"/> Bone		<input type="radio"/> Osteomyelitis <input type="radio"/> Other:	Soft Tissue: <input type="radio"/> Benign mass/lesion (fibroma, neuroma, etc.)
Joint Synovium:		<input type="radio"/> Neoplastic mass (r/o malignancy) <input type="radio"/> Other:	
<input type="radio"/> Synovial Fluid – submit in Cyto Fixative			
<input type="radio"/> Gout Crystals – submit in Cyto Fixative			
Clinical History:			
2	Site: <input type="radio"/> Right <input type="radio"/> Left		Nail/Skin: <input type="radio"/> Pigmented lesion <input type="radio"/> BCC/SCC
Toe: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5			<input type="radio"/> Verruca <input type="radio"/> Dermatitis/inflammatory
Nail - Submit dry: <input type="radio"/> Shave <input type="radio"/> Clipping			<input type="radio"/> Tinea/Onychomycosis <input type="radio"/> Chronic wound
Skin Biopsy - submit in formalin fixative:			<input type="radio"/> Other:
<input type="radio"/> Punch <input type="radio"/> Excision <input type="radio"/> Shave			Bone/Joint:
Bone - submit in formalin fixative:		<input type="radio"/> Degenerative joint disease-clinical presentation:	<input type="radio"/> Neoplastic bone/joint lesion (r/o malignancy)
<input type="radio"/> Bone		<input type="radio"/> Osteomyelitis <input type="radio"/> Other:	Soft Tissue: <input type="radio"/> Benign mass/lesion (fibroma, neuroma, etc.)
Joint Synovium:		<input type="radio"/> Neoplastic mass (r/o malignancy) <input type="radio"/> Other:	
<input type="radio"/> Synovial Fluid – submit in Cyto Fixative			
<input type="radio"/> Gout Crystals – submit in Cyto Fixative			
Clinical History:			

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
Onychomycosis	
B35.1	Tinea unguium (onychomycosis)
B35.8	Other dermatophytoses
B35.9	Dermatophytosis, unspecified
B37.2	Candidiasis of skin and nail
B37.9	Candidiasis, unspecified
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	Proteus (<i>mirabilis</i>) (<i>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

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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.