



Medical Diagnostic Laboratories, L.L.C.
A MEMBER OF GENESIS BIOTECHNOLOGY GROUP

Managed by GenesisPath, LLC
A MEMBER OF GENESIS BIOTECHNOLOGY GROUP

4path Pathology Services
8238 S. Madison Street • Burr Ridge, IL 60527
Toll Free: (877) 88-4PATH • (877) 884-7284
(630) 828-2286 • Fax: (630) 560-0120
www.4path.com



Dermatology Test Requisition Form

Ordering Physician/Laboratory		Infectious Disease Specimen Information	
(Required: Include the ordering physician's first & last name, NPI, practice name, complete address, phone number and fax number.)		Date Collected (Req.):	Specimen Source:
Infectious Disease Test Selection			
SKIN AND SOFT TISSUE INFECTIONS - OneSwab®			
Testing by Real-Time PCR unless otherwise specified.			
369 <input type="checkbox"/> <i>Acinetobacter baumannii</i>			
125 <input type="checkbox"/> <i>Bacteroides fragilis</i>			
105 <input type="checkbox"/> <i>Chlamydia trachomatis</i> (**Reflex to azithromycin resistance by Pyrosequencing)			
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>Proteus mirabilis</i> , <i>Pseudomonas 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>Proteus mirabilis</i> , <i>E. faecalis</i> , <i>S. aureus</i> , <i>S. epidermidis</i> , <i>Pseudomonas 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>			
126 <input type="checkbox"/> Herpes subtype (HSV-1, HSV-2)			
713 <input type="checkbox"/> HPV Type-Detect® 3.0 by Next Generation Sequencing (Reflex to HPV-16 Risk Assessment Status) (Positive HPV-16 Only Req.)			
727 <input type="checkbox"/> <i>Klebsiella oxytoca</i>			
728 <input type="checkbox"/> <i>Klebsiella pneumoniae</i>			
121 <input type="checkbox"/> Leukorrhea Panel (<i>N. gonorrhoeae</i> , <i>C. trachomatis</i> **, <i>T. vaginalis</i> *)			
128 <input type="checkbox"/> Molluscum contagiosum virus (MCV)			
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+]			
738 <input type="checkbox"/> <i>Neisseria gonorrhoeae</i>			
109 <input type="checkbox"/> <i>N. gonorrhoeae</i> & <i>C. trachomatis</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>Prevotella</i> Groups 1 & 2, <i>P. mirabilis</i> , <i>P. aeruginosa</i> , MRSA, Community Associated MRSA (CA-MRSA)]			
367 <input type="checkbox"/> Antibiotic Susceptibility Panel [<i>Enterococcus 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 9 will be performed and billed.			
184 <input type="checkbox"/> <i>Staphylococcus aureus</i>			
709 <input type="checkbox"/> <i>Staphylococcus epidermidis</i>			
111 <input type="checkbox"/> <i>Trichomonas vaginalis</i> (*Reflex to metronidazole resistance)			
215 <input type="checkbox"/> Varicella-Zoster Virus (VZV)			
** This test can only be performed when the test in parenthesis is positive. All tests performed will be billed.			
Ordering Physician/Laboratory		Infectious Disease Specimen Information	
(Required: Include the ordering physician's first & last name, NPI, practice name, complete address, phone number and fax number.)		Date Collected (Req.):	
Infectious Disease Test Selection			
NAIL ANALYSIS - Nail Clippings/Shavings or OneSwab®			
Testing by Real-Time PCR unless otherwise specified.			
589 <input type="checkbox"/> Dermatophyte DNA Panel by Microarray [Anthropophilic: <i>Trichophyton tonsurans</i> , <i>T. interdigitale</i> , <i>T. schoenleinii</i> , <i>T. concentricum</i> , <i>T. rubrum</i> , <i>T. violaceum</i> , <i>Epidermophyton floccosum</i> , <i>Microsporum ferrugineum</i> , <i>M. audouinii</i> Zoophilic: <i>Trichophyton equinum</i> , <i>T. mentagrophytes</i> (<i>T. interdigitale</i>), <i>T. simii</i> , <i>T. quinckeanum</i> (<i>T. mentagrophytes</i>), <i>T. erinacei</i> , <i>T. bulbosum</i> , <i>T. benhamiae</i> (<i>Arthroderma benhamiae</i>), <i>T. verrucosum</i> , <i>T. eriotrephon</i> , <i>Microsporum canis</i> , <i>Nannizzia persicolor</i> Geophilic: <i>Nylanderia fulva</i> (<i>Microsporum fulvum</i>), <i>Nannizzia gypsea</i> (<i>Microsporum gypseum</i>), <i>N. incurvata</i> (<i>M. incurvatum</i>), Yeasts/Molds: <i>Candida parapsilosis</i> , <i>C. albicans</i> , <i>C. guilliermondii</i> , <i>Fusarium solani</i> , <i>F. oxysporum</i> , <i>Scopulariopsis brevicaulis</i>]			
586 <input type="checkbox"/> <i>Trichophyton rubrum</i> & <i>T. interdigitale</i> with a Pan-Fungal Real-Time PCR and Sanger Sequence Identification			
551 <input type="checkbox"/> <i>Candida albicans</i>			
558 <input type="checkbox"/> <i>Candida parapsilosis</i>			
<input type="checkbox"/> Nail with Nail Bed Biopsy with PAS			
<input type="checkbox"/> Reflex GMS Stain			
Oncology Testing Specimen Information			
Date Collected (Required):		Specimen Source:	
		<input type="checkbox"/> Saliva <input type="checkbox"/> Whole Blood	
Hereditary Genetics - Whole Blood or Saliva			
2605 <input type="checkbox"/> Hereditary Melanoma Cancer Panel (10 genes) by Next Generation Sequencing (BAP1, BRCA1, BRCA2, CDK4, CDKN2A, MITF, POT1, PTEN, RB1, TP53)			
Oncology Testing Specimen Information			
Date Collected (Required):		Specimen Source:	
		<input type="checkbox"/> Saliva <input type="checkbox"/> Whole Blood	
PHARMACOGENOMICS TESTING - Whole Blood or Saliva			
*Informed Consent form must accompany specimen			
4048 <input type="checkbox"/> Azathioprine		3861 <input type="checkbox"/> Erythromycin	
3837 <input type="checkbox"/> Cyclosporine		3840 <input type="checkbox"/> Daptomycin	
3910 <input type="checkbox"/> Methotrexate		3849 <input type="checkbox"/> Dicloxacillin	
3950 <input type="checkbox"/> Prednisone/Prednisolone		3957 <input type="checkbox"/> Rifampicin	
3970 <input type="checkbox"/> Sulfonamides		3993 <input type="checkbox"/> Voriconazole	
Other Tests/Panels: Upd.: 5/2021v2			
For a complete list of testing, please visit our website www.mdlab.com			

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

Physician Signature: _____ Date: _____

Physician to receive additional result report: _____

Patient Information (Please Print)

Name (Last, First) (Required): _____

In Care of: _____

Patient Address: _____

City: _____ State: _____ Zip: _____

Gender (Required): Female Male Date of Birth (Required): _____

Patient SS# (Required): _____ Patient ID#: _____

Phone Number (Required): _____ Email: _____

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

Patient Billing Insurance Billing Path Lab/Hospital Physician Account

Relation (Required): Self Spouse Dependant

Primary Insurance Carrier: _____

Insured's Name (if not patient): _____ Insured's SS#: _____ Insured's DOB: _____

Claims Address: _____

Medicare, Medicaid or Policy ID#: _____

Employer/Group Name: _____ Group#: _____

Confirmation of Informed Consent and Medical Necessity for Pharmacogenomic/Genetic Testing

My signature below certifies that I am a licensed medical professional or his/her representative or a genetic counselor authorized to order genetic testing. My signature further acknowledges the patient has been supplied information regarding genetic testing and has been informed about the purpose, limitation and possible risks. The patient has been given the opportunity to ask questions about this consent and seek outside genetic counseling.

In the event that the patient's health insurance plan determines for the test(s) I checked above that some of the genes that I requested for analysis are not covered, I understand that Medical Diagnostic Laboratories, L.L.C. shall perform and result the test(s) for the genes I selected, then submit the claim to the patient's health insurance plan for the testing of the genes covered under the patient's plan.

If the testing is covered by the patient's health plan and the out-of-pocket expense is less than \$150.00, testing will proceed without further delay or additional contact. The patient has given consent for genetic testing to be performed and the signed consent form is being provided with this requisition. I confirm that this testing is medically necessary for the specified patient and that these results will be used in the medical management and treatment decisions for this patient.

Medical Professional Signature (Req.): _____ Date: _____

Biopsy Information

Date Collected (Req.): _____ Time Collected: _____ Collector Signature: _____ No. vials collected: _____

1 Site: _____

Punch Biopsy Shave Removal (Ink) Alopecia Sections

Punch Excision (Ink) Excision (Ink) DIF

Shave Biopsy Curettage

Clinical Findings

Nevus Atypical SCC FEP

Melanoma AK DF

BCC SK VV

2 Site: _____

Punch Biopsy Shave Removal (Ink) Alopecia Sections

Punch Excision (Ink) Excision (Ink) DIF

Shave Biopsy Curettage

Clinical Findings

Nevus Atypical SCC FEP

Melanoma AK DF

BCC SK VV

3 Site: _____

Punch Biopsy Shave Removal (Ink) Alopecia Sections

Punch Excision (Ink) Excision (Ink) DIF

Shave Biopsy Curettage

Clinical Findings

Nevus Atypical SCC FEP

Melanoma AK DF

BCC SK VV

Test No.	Drug/Gene(s)	Test No.	Drug/Gene(s)
4048	Azathioprine (TPMT)	3993	Voriconazole (CYP2C19, CYP2C9, CYP3A4)
3861	Erythromycin (CYP3A4)	3910	Methotrexate (MTHFR, ABCB1, SLCO1B1, ABCG2)
3970	Sulphonamides (CYP2C9)	3849	Dicloxacillin (ABCB1)
3837	Cyclosporine (ABCB1, CYP3A4, CYP3A5)	3950	Prednisone/Prednisolone (ABCB1)
3840	Daptomycin (ABCB1)	3957	Rifampicin (SLCO1B1, CYP2C9, CYP2C19)

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

ICD10	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
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E11.621	Type 2 diabetes mellitus with foot ulcer
E13.621	Other specified diabetes mellitus with foot ulcer
L08.9	Local infection of the skin and subcutaneous tissue, unspecified
L98.9	Disorder of the skin and subcutaneous tissue, unspecified
M60.073	Infective myositis, right foot
M60.074	Infective myositis, left foot
Z86.31	Personal history of diabetic foot ulcer
Malignancies	
C43.0	Malignant melanoma of lip
C43.10	Malignant melanoma of unspecified eyelid, including canthus
C43.11	Malignant melanoma of right eyelid, including canthus
C43.12	Malignant melanoma of left eyelid, including canthus
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified
C44.90	Unspecified malignant neoplasm of skin, unspecified
C44.91	Basal cell carcinoma of skin, unspecified
C44.92	Squamous cell carcinoma of skin, unspecified
C44.99	Other specified malignant neoplasm of skin, unspecified
Pharmacogenomics	
T50.995A	Adverse effect of other drugs, medicaments and biological substances, initial encounter
T50.995D	Adverse effect of other drugs, medicaments and biological substances, subsequent encounter
T50.995S	Adverse effect of other drugs, medicaments and biological substances, sequelae
T50.996A	Underdosing of other drugs, medicaments and biological substances, initial encounter
T50.996D	Underdosing of other drugs, medicaments and biological substances, subsequent encounter
T50.996S	Underdosing of other drugs, medicaments and biological substances, sequelae
T50.915A	Adverse effect of multiple unspecified drugs, medicaments and biological substances, initial encounter
T50.915D	Adverse effect of multiple unspecified drugs, medicaments and biological substances, subsequent encounter
T50.915S	Adverse effect of multiple unspecified drugs, medicaments and biological substances, sequelae
T50.916A	Underdosing of multiple unspecified drugs, medicaments and biological substances, initial encounter
T50.916D	Underdosing of multiple unspecified drugs, medicaments and biological substances, subsequent encounter
T50.916S	Underdosing of multiple unspecified drugs, medicaments and biological substances, sequelae

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.

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.

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