



MEDICAL DIAGNOSTIC LABORATORIES
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A MEMBER OF GENESIS BIOTECHNOLOGY GROUP™

Podiatric Pathology & Molecular Test 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:

Patient Information (Please Print)

Name (Last, First) (Required):

In Care of:

Patient Address:

City:

State:

Zip:

Assigned Sex at Birth (Required):

☐ Female ☐ Male

Date of Birth (Required):

Patient ID#:

Phone Number:

☐ Cell Phone
☐ Home Phone

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 ☐ Not applicable

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

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#:

Molecular Testing Specimen Information

Date Collected (Required): Specimen Type: Specimen Source:

☐ OneSwab® ☐ Right foot ☐ Left foot

☐ Nail: ☐ Right foot ☐ Left foot

Skin & Soft Tissue Infections - OneSwab®

Common ICD10 codes (required):

A49.9 ☐ Bacterial infection, unspecified

B99.9 ☐ Unspecified infectious disease (opportunistic)

B99.8 ☐ Other infectious disease

☐ Other

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)

369 ☐ Acinetobacter baumannii

368 ☐ Fusobacterium species

126 ☐ Herpes subtype (HSV-1, HSV-2)

184 ☐ Staphylococcus aureus

709 ☐ Staphylococcus epidermidis

Pathology Specimen & Testing Information

ICD10 codes (required):

Specimen Source (Required):

Date Collected (Required):

Time Collected:

1 Site: ☐ Right ☐ Left Toe: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Nail - Submit dry:

☐ Shave ☐ Clipping

Skin Biopsy - submit in formalin fixative: Specimen Source: _____

☐ Punch ☐ Excision ☐ Shave

Bone Biopsy - submit in formalin fixative: Specimen Source: _____

☐ Biopsy ☐ Resection ☐ Amputation

Joint Synovium Aspirate - Specimen Source: _____

☐ Synovial Fluid-submit in Cyto Fixative ☐ Gout Crystals-submit in Cyto Fixative



Clinical History:

2 Site: ☐ Right ☐ Left Toe: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Nail - Submit dry:

☐ Shave ☐ Clipping

Skin Biopsy - submit in formalin fixative: Specimen Source: _____

☐ Punch ☐ Excision ☐ Shave

Bone Biopsy - submit in formalin fixative: Specimen Source: _____

☐ Biopsy ☐ Resection ☐ Amputation

Joint Synovium Aspirate - Specimen Source: _____

☐ Synovial Fluid-submit in Cyto Fixative ☐ Gout Crystals-submit in Cyto Fixative



Clinical History:

1401 ☐ Biopsy (H&E Stain)

1499 ☐ Nail with Nail Bed Biopsy with PAS

Clinical Information for Pathology Testing

Nail/Skin:

☐ Pigmented lesion

☐ BCC/SCC

☐ Verruca

☐ Dermatitis/inflammatory

☐ Tinea/Onychomycosis

☐ Chronic wound

☐ Other:

Bone/Joint:

☐ Degenerative joint disease clinical presentation:

☐ Reactive bone/joint mass

☐ Neoplastic bone/joint lesion (r/o malignancy)

☐ Osteomyelitis

☐ Other:

Soft Tissue:

☐ Benign mass/lesion (fibroma, neuroma, etc.)

☐ Neoplastic mass (r/o malignancy)

☐ Other:

Other Tests/Panels:

ICD10 codes (required):

For a full menu of testing, please visit www.mdlab





Antibiotic Abbreviations Key

A = aztreonam **AC**= amoxicillin-clavulanic acid, **AP** = ampicillin, **AZ** = azithromycin, **CC** = ceftriaxone/cefixime, **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.

**** This test can only be performed when the test in parenthesis is positive. All tests performed will be billed.** *OneSwab®* is registered in the USPTO.
Test by Real-Time PCR unless otherwise specified.

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.
Dry Nail Clippings or Dry Skin Scrapings		24 - 72 hours	7 days	30 days to add tests	<ul style="list-style-type: none">Collect fragments of nail with or without subungual curetting's (clipping, trimmings, removal, etc.) in a clean plastic bag (supplied by 4path) or in a clean container.
Biopsies: <ul style="list-style-type: none">SkinPunchBone		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 patientTime when specimen was placed into formalin
Aspirates: <ul style="list-style-type: none">Synovial FluidCysts		3 - 5 days	7 days	30 days to add tests	<ul style="list-style-type: none">Express aspirate into fresh cytology fixative gently and ensure all material is removed from hypodermic needle and syringe barrel.Do NOT submit hypodermic needle or barrelDo NOT submit in 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				
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		