



4path Pathology Services
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 www.4path.com



A MEMBER OF GENESIS BIOTECHNOLOGY GROUP™

Dermatology 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: _____

Biopsy Information

ICD10 codes (required):

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

Type: Punch Biopsy Shave Removal (Ink) Alopecia Sections
 Punch Excision (Ink) Excision (Ink) DIF
 Shave Biopsy Curettage

1

Site: _____

Clinical Findings

Nevus Atypical SCC FEP
 Melanoma AK DF
 BCC SK VV

2

Site: _____

Clinical Findings

Nevus Atypical SCC FEP
 Melanoma AK DF
 BCC SK VV

3

Site: _____

Clinical Findings

Nevus Atypical SCC FEP
 Melanoma AK DF
 BCC SK VV

1401 Biopsy (H&E Stain)

1499 Nail with Nail Bed Biopsy with PAS

Nail Analysis - Nail Clippings/Shavings or OneSwab®

ICD10 codes (required):

Date Collected (Required): _____ Specimen Type: Nail Shave Nail Clipping OneSwab®
 Site: Right Left
 Digit: 01 02 03 04 05

589 **Dermatophyte DNA Panel by Microarray** Includes -
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 gypseae (Microsporum gypseum)*, *N. incurvata (M. incurvatum)*.
Yeasts/Molds: *Candida parapsilosis*, *C. albicans*, *C. guilliermondii*, *Fusarium solani*, *F. oxysporum*, *Scopulariopsis brevicaulis*

Confirmation of Informed Consent and Medical Necessity for Pharmacogenomic Genetic Testing

My signature below acknowledges the patient has been informed about the purpose, limitation and possible risks of genetic testing. The patient has been given the opportunity to ask questions about this consent and seek outside genetic counseling.

If the genetic 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's signed informed consent 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: _____

Other Tests/Panels:

ICD10 codes (required):

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

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: _____

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#: _____

Sexually Transmitted Infections - OneSwab®

Common ICD10 codes (required):

N89.8 Other specified noninflammatory disorders of vagina N76.4 Abscess of vulva
 Z20.2 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission Other: _____

121 **Leukorrhea Panel** Includes -
 105 *Chlamydia trachomatis* (**Reflex to antibiotic resistance by Molecular Analysis)
 167 *Neisseria gonorrhoeae* (*Reflex to antibiotic resistance by Molecular Analysis)
 111 *Trichomonas vaginalis* (*Reflex to M resistance),
 129 *Mycoplasma genitalium* (u)Reflex to AZ & FL resistance by Pyrosequencing)

115 **Genital Ulcer Disease Panel** Includes -
 122 *Haemophilus ducreyi* 126 Herpes subtype (HSV-1, HSV-2)
 110 *Treponema pallidum* (syphilis)

739 **HPV Type-Detect® 4.0 by Multiplex Real-Time PCR**

Dermatologic Infections - OneSwab®

Common ICD10 codes (required):

A49.9 Bacterial infection, unspecified B99.8 Other infectious disease
 B99.9 Unspecified infectious disease (opportunistic) Other: _____

Skin & Soft Tissue Infections (SSTI):

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*
 368 *Fusobacterium* species 553 *Aspergillus fumigatus*

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)

551 *Candida albicans*
558 *Candida parapsilosis*
285 Monkeypox virus (Non-variola Orthopoxvirus)

Diabetic & Geriatric Infections:

6742 **Diabetic Foot Infection General Panel** Includes - GAS, GBS, *B. fragilis*, *E. faecalis*, *P. aeruginosa*, 184 *Staphylococcus aureus*
 162 *Clostridium difficile* (Toxins A and B)

6743 **Diabetic Foot Osteomyelitis Panel** Includes - *E. coli*, *P. mirabilis*, *S. aureus*, *P. aeruginosa*, *K. oxytoca*, *K. pneumoniae*, MRSA, CA-MRSA, 709 *Staphylococcus epidermidis*

6745 **Geriatric Pressure Ulcers Panel** Includes - (*E. coli*, *Proteus mirabilis*, *E. faecalis*, *S. aureus*, *S. epidermidis*, *P. aeruginosa*, *B. fragilis*)

Dermatologic Viruses:

286 **Dermatologic Viruses Panel** Includes - HSV-1 & HSV-2, HPV, 219 Human herpesvirus-6 (HHV-6) Variants A & B 263 HHV-7
 128 Molluscum contagiosum virus (MCV) 215 Varicella-zoster virus (VZV)

Genetic Testing - Saliva or Whole Blood®

ICD10 codes (Req.): _____ Date Collected (Req.): _____ Specimen Source: Saliva Whole Blood

Hereditary Genetics -

2605 **Hereditary Melanoma Cancer Panel (10 genes) by Next Generation Sequencing (BAP1, BRCA1, BRCA2, CDK4, CDKN2A, MITF, POT1, PTEN, RB1, TP53)**

Pharmacogenomic Testing - Informed Consent Form must accompany specimen

4048 Azathioprine 3861 Erythromycin 3970 Sulfonamides
 3837 Cyclosporine 3840 Daptomycin 3993 Voriconazole
 3910 Methotrexate 3849 Dicloxacillin 3957 Rifampicin
 3950 Prednisone/Prednisolone

Refer to the back for antibiotic abbreviation key.

Testing performed on site at Medical Diagnostic Laboratories (MDL) - 08690

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: • Skin • Punch • Bone 	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 be 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
Whole Blood  Yellow Top Tube (ACD Solution A)	3-5 days	48 hours	30 days to add tests	<ol style="list-style-type: none"> In accordance with the standard operating procedure of your facility, collect blood in two yellow top (ACD solution A) tubes. Allow the tubes to fill properly to ensure the proper blood to anticoagulant ratio. Invert gently several times to mix and prevent clot formation. Do not shake the tubes. Do not centrifuge.
Saliva 	5 - 10 days	48 hours	30 days to add tests	<ul style="list-style-type: none"> Vigorously rinse mouth with clean water 5 minutes prior to specimen collection (30 minutes prior is ideal). After rinsing, do not brush teeth, use mouthwash, eat, drink, chew gum or smoke prior to sample collection. <ol style="list-style-type: none"> Begin collecting your sample by allowing saliva to pool in your mouth. Then spit into the wide funnel of the tube allowing saliva to collect in the upper chamber of the tube. Fill the tube until the amount of saliva (not bubbles) reaches the fill line as shown. Once filled, unscrew the funnel allowing the saliva to flow into the lower chamber of the tube containing the stabilizing solution. Discard the funnel. Use the blue cap to close the tube tightly. Shake the capped tube for 5 seconds.

* 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. You can fit up to 3 vials in one container.
- 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. One envelope will accommodate 6-7 containers. 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 the NJ, PA, DE, D.C., MD, VA, KS, MO or Phoenix, AZ area, please call (877) 205-0005 no later than 2 hours prior to the closing of your facility.
- If you have a specimen pick-up, please call your sales representative or MDL customer service at 877.269.0090 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.mdlab.com/physicians/supplies/#>

Supply orders may also be placed by contacting our Client Services department toll free 877.269.0090 or by fax 609.570.1050. Supply requests are processed and shipped on a daily basis. Please allow 3 to 5 business days for delivery, depending upon your location.



MDL Contact Information

GBS Hotline 24 hours - 7 days a week Group B Strep & HSV results only	877.MDL.GBS7 877.635.4277	
Quality Control Department For Technical Assistance	877.269.0090	609.245.7665
Client Services General Questions, Results	877.269.0090	609.570.1050
Client Services Billing Questions	877.333.9233	609.245.7683