



GenesisLabs
LABORATORY OF CHOICE

1912 Rt 35 S, Ste 203, Oakhurst, NJ 07755
10 Industrial Way E, Ste 110, Eatontown, NJ 07724
P 732 389 1530 | F 732 389 0352
Courier P 732 508 9154
genesislaboratory.com

Accession Info (For Genesis Lab Use)

Primarius Pathology

Podiatry Requisition

Date Specimen Collected: _____ **Time Specimen Collected:** _____

Laboratory Use Only

Accession Number _____ Date Received _____ Time Received _____

Practice Name _____ Practice ID _____ **Practice Contact Information**
Ordering Physicians ☐ _____ Address Line 1 _____ Phone _____
☐ _____ Address Line 2 _____ Fax _____
☐ _____ City, State, Zip _____

Patient Information

(Currently Not Accepting Medicaid or Managed Medicaid Plans - Contract Pending) Attach Patient Demographics (Insurance Information).

First Name _____ Last Name _____ Middle Initial _____ Gender* _____
Address Line 1 _____ Address Line 2 _____ City _____ State _____ Zip _____
DOB _____ Home Phone _____ Cell Phone _____
Gender Identity* _____ Race* _____ Ethnicity* _____ Sexual Orientation* _____ **SS** _____

Procedure

☐ Shave ☐ Punch ☐ Excision ☐ Curette ☐ Biopsy ☐ eSwab ☐ Other _____

Skin

☐ Pigmented Lesion ☐ Pigmented Lesion Nevus ☐ Verrucous Lesion
☐ Squamous Cell Carcinoma ☐ Dermatitis ☐ Tinea Pedis ☐ Psoriasis
☐ Foot Ulceration with Fat Layer Exposed (Vasculitis/Malignancy)
☐ Inclusion/Dermoid Cyst ☐ Melanoma ☐ Other _____

Soft Tissue

☐ Neoplasm Uncertain Malignant Vs. Benign ☐ Inflammatory
☐ Benign lipomatous neoplasm

Bone

☐ Osteomyelitis (Also submit for microbiology)
☐ Neoplasm Uncertain Malignant Vs. Benign

Nail

☐ Nail Unit to r/o Melanoma of Nail ☐ Dystrophic Nail (with PCR and PAS/GMS/FM)
☐ Other _____

Microbiology (eSwab)

☐ Wound Microbiota and Bacterial Genotypic antibiotic resistance by PCR with Gram Stain [Liquid Amies/eSwab]
☐ Other _____

Synovial/Aspiration

Synovial Aspirate

☐ Crystal Analysis for Gout ☐ Septic Arthritis
☐ Chronic Inflammation of Joint

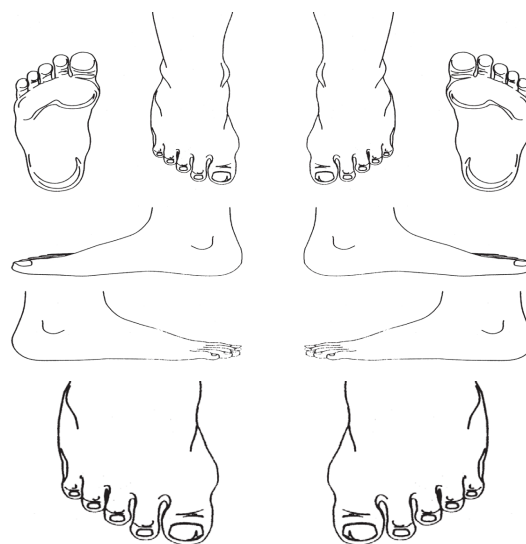
Needle Aspirate of Cyst

☐ Ganglion Cyst ☐ Other Cyst

Specimen Site

☐ Right

☐ Left



Specimen Source

A. _____
B. _____
C. _____

ICD-10 Codes

<input type="checkbox"/> L81.9 Pigmented Lesion	<input type="checkbox"/> L40.9 Psoriasis/Psoriatic Toenail	<input type="checkbox"/> M86.9 Osteomyelitis
<input type="checkbox"/> D22.9 Pigmented Nevus/melanocytic nevus	<input type="checkbox"/> L97.502 Foot Ulceration with Fat Layer Exposed	<input type="checkbox"/> D48.9 Neoplasm Uncertain Malignant/Benign
<input type="checkbox"/> B07.0 Verrucous Lesion/plantar wart	<input type="checkbox"/> L72.0 Inclusion/Cyst	<input type="checkbox"/> M79.9 Inflammatory/Soft Tissue Disorder
<input type="checkbox"/> C44.722 Squamous Cell Carcinoma of skin of right lower limb, including hip	<input type="checkbox"/> L60.3 Dystrophic Nail	<input type="checkbox"/> D17.20 Benign lipomatous neoplasm
<input type="checkbox"/> C44.729 Squamous Cell Carcinoma of skin of left lower limb, including hip	<input type="checkbox"/> M10.9 Gout	<input type="checkbox"/> L08.9 Local infection of skin and subcutaneous tissue, unspecified
<input type="checkbox"/> L30.9 Dermatitis	<input type="checkbox"/> M00.9 Septic Arthritis	<input type="checkbox"/> B36.8 Other specified superficial mycoses
<input type="checkbox"/> B35.3 Tinea Pedis	<input type="checkbox"/> M65.9 Synovitis and tenosynovitis, unspecified	<input type="checkbox"/> B35.1 Onychomycosis/tinea unguium
	<input type="checkbox"/> M67.479 Ganglion cyst	

This test is medically necessary for the diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder. The results will determine my patient's medical management and treatment decisions. The person listed as the ordering provider is authorized by law to order the test(s) requested herein.

Signature of Physician or Other Authorized NPI Provider (REQUIRED)

Date

Accessioner Initials 1 _____ 2 _____

Wound Panel

Gram-Negative Bacterial Targets

Acinetobacter baumannii
Bacteroides fragilis
Bacteroides vulgatus
Citrobacter freundii
Escherichia coli
Enterobacter cloacae
Fusobacterium necrophorum
Klebsiella pneumoniae
Proteus mirabilis
Pseudomonas aeruginosa
Morganella morganii

Gram-Negative Bacterial Targets

Clostridium perfringens
Clostridium septicum
Corynebacterium striatum
Enterococcus faecalis
Finnegoldia magna
Peoniphilium harei
Peptostreptococcus anerobius
Peptostreptococcus asaccarolyticus
Peptostrepto prevotii
Staphylococcus aureus
Staphylococcus haemolyticus
Staphylococcus lugdunensis
Staphylococcus saprophyticus
Staphylococcus agalactiae
Staphylococcus pyogenes

Fungal Targets

Candida albicans
Candida auris
Candida parapsilosis

Bacterial Genotypic Antibiotic Resistance

<i>ampC</i>	<i>VIM</i>
<i>KPC</i>	<i>IMP-7</i>
<i>OXA-1</i>	<i>OXA-48</i>
<i>NDM</i>	<i>CTX- Group 1</i>
<i>CTX-M Group 2</i>	<i>ErmB</i>
<i>ErmC</i>	<i>mecA</i>
<i>mecC</i>	<i>QnrA</i>
<i>vanA</i>	<i>vanB</i>

Fungal

Fungal

<i>Arcremonium strictum</i>	<i>Fusarium solani</i>	<i>Trichophyton interdigitale</i> (<i>T. mentagrophytes</i>)
<i>Alternaria</i>	<i>Geotrichum candidum</i>	<i>Trichophyton rubrum</i>
<i>Aspergillus fumigatus</i>	<i>Microsporum audouinii</i>	<i>Trichophyton soudanense</i>
<i>Aspergillus niger</i>	<i>Microsporum canis</i>	<i>Trichophyton violaceum</i>
<i>Aspergillus terreus</i>	<i>Microsporum gypseum</i>	<i>Trichophyton tonsurans</i>
<i>Aspergillus versicolor</i>	<i>Microsporum nanum</i>	<i>Trichosporon beigeli</i>
<i>Candida albicans</i>	<i>Neofuscioccum magniferae</i>	<i>Trichosporon mucoides</i>
<i>Candida paapsilosis</i>	<i>Pichia onychis</i>	
<i>Curvularia lunata</i>	<i>Scopulariopsis brevicaulis</i>	
<i>Epidermonphyton floccosum</i>	<i>Scytalidium dimidiatum</i>	

Arthropod

Sarcoptes scabiei