



Podiatry Requisition

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

Laboratory Use Only
Accession Number _____ Date Received _____ Time Received _____

Practice Name _____ Practice ID _____ _____ _____

Ordering Physicians _____ _____ _____

Practice Contact Information
Address _____
City, State, Zip _____
Phone _____ Fax _____

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 _____ Cell/Home Phone _____ Email _____

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 (PAS/GMS/FM)
 Other _____

Microbiology (eSwab)

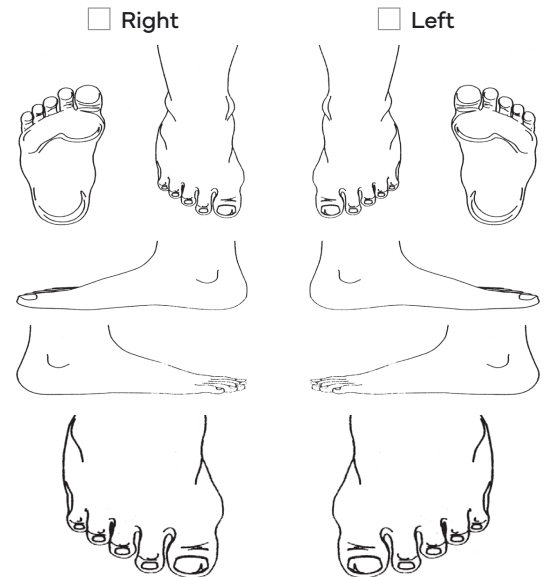
Wound Microbiota and Bacterial Genotypic Antibiotic Resistance by PCR with Gram Stain [Liquid Amies/eSwab]
 Other _____

Synovial/Aspiration

Synovial Aspirate Crystal Analysis for Gout Septic Arthritis Chronic Inflammation of Joint

Needle Aspirate of Cyst Ganglion Cyst Other Cyst

Specimen Site



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	<input type="checkbox"/> _____

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 Microbiota and Bacterial Genotypic Antibiotic Resistance by PCR with Gram Stain

Gram-Negative Bacteria

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

Gram-Positive Bacteria

Clostridium perfringens
Clostridium septicum
Corynebacterium striatum
Enterococcus faecalis
Finnegoldia magna
Peptoniphilus harei
Peptostreptococcus anaerobius
Peptostreptococcus asaccharolyticus
Peptostreptococcus prevotii
Staphylococcus aureus
Staphylococcus haemolyticus
Staphylococcus lugdunensis
Staphylococcus saprophyticus

Streptococcus agalactiae
Streptococcus pyogenes

Genotypic 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-M Group1</i>
<i>CTX-M Group2</i>	<i>ErmB</i>
<i>ErmC</i>	<i>mecA</i>
<i>mecC</i>	<i>QnrA</i>
<i>vanA</i>	<i>vanB</i>

Fungal

Candida albicans
Candida auris
Candida parapsilosis

Dystrophic Nail with PCR

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>Microsporium audouinii</i>	<i>Trichophyton soudanense</i>
<i>Aspergillus niger</i>	<i>Microsporium canis</i>	<i>Trichophyton violaceum</i>
<i>Aspergillus terreus</i>	<i>Microsporium gypseum</i>	<i>Trichophyton tonsurans</i>
<i>Aspergillus versicolor</i>	<i>Microsporium nanum</i>	<i>Trichosporon beigelii</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

*Gender, Gender Identity, Race, Ethnicity, and Sexual Orientation are required by certain states and the CDC. ICD-10 Codes are listed for information purposes only. It is the provider's responsibility to order tests that are medically necessary and in the best interest of the patient. For specimen pick up please call our Courier Line at 732-508-9154.