GenesisLabs
LABORATORY OF CHOICE

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Accession Info (For Genesis Lab Use)

Primarius Pathology

Dermatopathology 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 _____
Phone _____
Fax _____

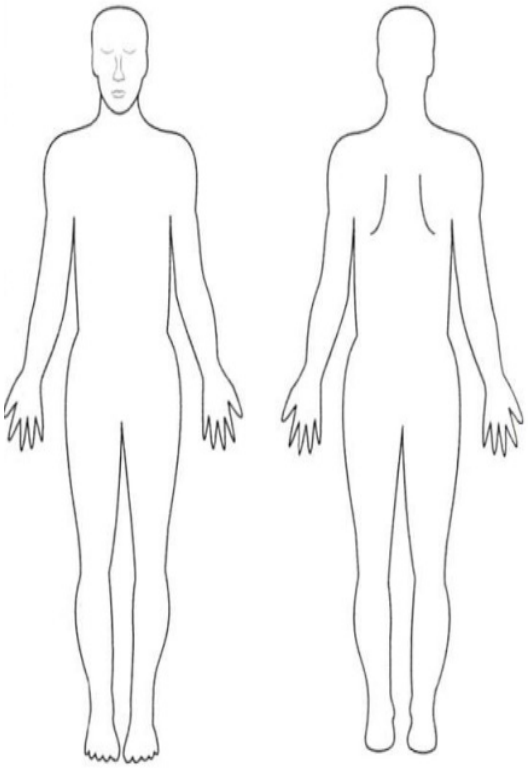
Patient and Insurance Information
(Currently Not Accepting Medicaid or Managed Medicaid Plans - Contract Pending)

Name _____ Cell/Home Phone* _____ Date of Birth _____
Full Address _____ Email _____
Gender* _____ Gender ID* _____ Race* _____ Ethnicity* _____ Sexual Orientation* _____

Site	Procedure
A	☐ Excision ☐ Saucerization ☐ Incisional ☐ Punch ☐ Shave ☐ Currette ☐ Laser ☐ Snip ☐ Other _____
B	☐ Excision ☐ Saucerization ☐ Incisional ☐ Punch ☐ Shave ☐ Currette ☐ Laser ☐ Snip ☐ Other _____
C	☐ Excision ☐ Saucerization ☐ Incisional ☐ Punch ☐ Shave ☐ Currette ☐ Laser ☐ Snip ☐ Other _____
D	☐ Excision ☐ Saucerization ☐ Incisional ☐ Punch ☐ Shave ☐ Currette ☐ Laser ☐ Snip ☐ Other _____

Specimen Site

☐ Anterior Front ☐ Posterior Back



Microbiology (eSwab)

☐ Wound Microbiota and Bacterial Genotypic Antibiotic Resistance by PCR [Liquid Amies eSwab/Puritan Opti-Swab]
☐ Other _____

Synovial/Aspiration

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

Needle Aspirate of Cyst
☐ Ganglion Cyst ☐ Other Cyst

ICD-10 Codes

- ☐ L81.9 Pigmented Lesion
- ☐ L30.9 Dermatitis
- ☐ B35.3 Tinea Pedis
- ☐ L72.0 Inclusion/Cyst
- ☐ L60.3 Dystrophic Nail
- ☐ M10.9 Gout
- ☐ M00.9 Septic Arthritis
- ☐ M67.479 Ganglion cyst
- ☐ M86.9 Osteomyelitis
- ☐ L40.9 Psoriasis/Psoriatic Toenail
- ☐ L97.502 Foot Ulceration with Fat Layer Exposed
- ☐ M65.9 Synovitis and tenosynovitis, unspecified
- ☐ D22.9 Pigmented Nevus/melanocytic nevus
- ☐ B07.0 Verrucous Lesion/plantar wart
- ☐ D48.9 Neoplasm Uncertain Malignant/Benign
- ☐ M79.9 Inflammatory/Soft Tissue Disorder
- ☐ D17.20 Benign lipomatous neoplasm
- ☐ B36.8 Other specified superficial mycoses
- ☐ B35.1 Onychomycosis/tinea unguium
- ☐ C44.722 Squamous Cell Carcinoma of skin of right lower limb, including hip
- ☐ C44.729 Squamous Cell Carcinoma of skin of left lower limb, including hip
- ☐ L08.89 Other specified local infections of the skin and subcutaneous tissue
- ☐ S91.301A Unspecified open wound, right foot, initial encounter
- ☐ S91.302A Unspecified open wound, left foot, initial encounter
- ☐ S91.101A Unspecified open wound of right great toe without damage to nail, initial encounter
- ☐ S91.102A Unspecified open wound of left great toe without damage to nail, initial encounter
- ☐ Other _____
- ☐ Other _____

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 _____

Special Stains

AFB
Reticulum
Iron
GMS-fungus
Amyloid/CongoRed
Trichrome
PAS fungus
Mucicarmine
Giemsa
AB/PAS
PAS-diastase
PAS
Fontana Masson
Toluidine Blue

IHC Stains

Lymphoma/Leukemia DLBL LGBL Hodgkin

BCL-1
BCL-2
BCL-6
CD3
CD23
CD8
CD5
CD61
CD10
CD71
CD138
MUM-1
TdT
c-Myc
CD20
CD21
CD4
Cyclin D
CD45/LCA
PDL
MPO
TIA-1
D2-40Podoplanin
CD1a
OCT2
BOB
CD34
CD56
CD79a
Kappa
PAX-5
EBER/EBARR (ISH) ASR*
ALK
Ki67
CD163
CD7
CD15
CD30
CD43
CD68
Granzyme B
Lambda
SOX11

Epithelial

AE1/AE3
OSCAR
PanKerat
BerEP4
CEA(P)
CA125
CK5/6
CK19
CK34 (K903, 34ßE12)
CAM.2
MOC-31
EMA
CEA (M)
CA 19-9
CK5
CK7
CK20

Urothelial

ERG
CK17
hTERT
CD44
GATA-4
p16 ASR*

Prostate

ERG
NKX3.1
P504s ASR*
K903 (CK34, 34BE12)
PIN4 (CK5, CK14, P63, P504s) ASR*

Neuroendocrine

Chromogranin
Synaptophysin
Gastrin
CD56
NSE

DNA Mismatch repair/MSI Panel

MLH1
MSH2
MSH6
PMS2

Miscellaneous

CD117
CDX2
Desmin
Vimentin
C-erB/HER2 ASR*
a-1-A
ß-Catenin
B 72.3
MSA
P40
SMA
WT1
ER
P16 ASR*
AFP
PAX-8
CK19
P63
BerEP4
OCT4
P53
CD31
DOG-1
OLIG2
PLAP
TTF-1
Calcitonin
MOC-31
Calretinin
GATA-3
Mammaglobin
Calponin
Arginase-1
GFAP
Factor 8
Factor 13
Uroplakin
Tryptase

Melanoma

HMB45
MelanA
S100
SOX-10
MiTF

FISH

Barrett's Esophagus
Anorectal TERC
HER-2 (Non-Breast)

Wound Microbiota and Bacterial Genotypic Antibiotic Resistance by PCR

Gram-Negative Bacteria

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

Gram-Positive Bacteria

Clostridium perfringens
Clostridium septicum
Corynebacterium striatum
Enterococcus faecalis
Finegoldia magna
Peptoniphilus harei
Peptostreptococcus anaerobius
Peptostreptococcus asaccharolyticus
Peptostreptococcus prevotii
Staphylococcus aureus
Staphylococcus haemolyticus
Staphylococcus lugdunensis
Staphylococcus saprophyticus
Streptococcus agalactiae
Streptococcus pyogenes

Genotypic Resistance

ampC
CTX-M Group1
CTX-M Group2
ErmB
ErmC
IMP-7
KPC
mecA
mecC
NDM
OXA-1
OXA-48
QnrA
vanA
vanB
VIM

Fungal

Candida albicans
Candida auris
Candida parapsilosis

***Gender, Cell/Home Phone, Gender Identity, Race, Ethnicity, and Sexual Orientation** are required by certain states and/or 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.*