Wound ID by PCR Requisition

Gulf Coast Pathologists

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Example Clinic

123 N. Main St
City, FL
Ph: (727) 555-5555 F: (727) 555-5555

☐ Dr. John Doe, DPM - NPI: 1112223334
☐ Dr. Jane Doe, DPM - NPI: 1112223335

DATE COLLECTED: _____
Time collected: _____ AM/PM Collected by: _____

PATIENT NAME: _____

DOB: _____ M / F

Address: _____

☐ Insurance attached ☐ Patient bill ☐ Client bill

Lab Use Only

ACCESSION NUMBER: _____

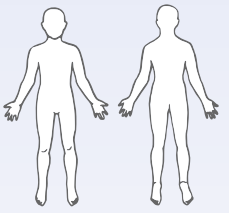
ICD-10 CODES AND/OR CLINICAL NOTES:

SPECIMEN TYPE

☐ Wound Swab
☐ Sott Tissue
☐ Bone

LOCATION OF WOUND

SIZE OF WOUND



Type of Wound: ☐ DFU ☐ Pressure Ulcer ☐ Non-pressure Chronic Ulcer ☐ Surgical ☐ Venous Leg Ulcer ☐ Other

Previous Antibiotic Therapy: ☐ Yes ☐ No

Duration of Wound: _____

Prior Testing: ☐ None ☐ Culture ☐ Molecular

☐ TOTAL WOUND PROFILE

(All organisms and Abx resistance listed below)

☐ Bacteria Only

- ☐ Acinetobacter baumanii
- ☐ Bacteroides fragilis
- ☐ Citrobacter braakii/freundii
- ☐ Citrobacter koseri
- ☐ Enterobacter cloacae
- ☐ Enterococcus spp.
- ☐ Escherichia coli
- ☐ Klebsiella aerogenes
- ☐ Klebsiella oxytoca
- ☐ Klebsiella pneumoniae
- ☐ Morganella morganii
- ☐ Proteus mirabilis
- ☐ Pseudomonas aeruginosa
- ☐ Serratia marcescens
- ☐ Staphylococcus aureus
- ☐ Staphylococcus epidermidis
- ☐ Staphylococcus saprophyticus
- ☐ Streptococcus pyogenes (Group A)

☐ Abx Resistance

- ☐ β-lactamase (blaKPC)
- ☐ β-lactamase (CTX-M-Group 1)
- ☐ metallo-β-lactamase (blaNDM)
- ☐ Fluoroquinolones
- ☐ Methicillin/Oxacillin (mecA)
- ☐ Sulfonamides
- ☐ Trimethoprim
- ☐ Vancomycin (vanA/vanB)

☐ Add-on Only

- ☐ Candida albicans
- ☐ Candida dublinensis
- ☐ Candida glabrata
- ☐ Candida krusei
- ☐ Candida parapsilosis
- ☐ Candida tropicalis
- ☐ Mycoplasma genitalium
- ☐ Mycoplasma hominis
- ☐ Prevotella bivia
- ☐ Strep. agalactiae (Group B)
- ☐ Ureaplasma Urealyticum

PHYSICIAN SIGNATURE

X _____ DATE _____

PROVIDER AUTHORIZATION

I hereby certify that the tests ordered are medically necessary for patient management.

PATIENT SIGNATURE

X _____

PATIENT ACKNOWLEDGEMENT

I, the patient, voluntarily consent to the collection and testing of my sample. I certify that the specimen is fresh and has not been adulterated in any manner. I authorize the laboratory to release the results of this testing to the ordering provider. I further authorize my insurance benefits to be paid directly to Gulf Coast Pathologists for services rendered. I acknowledge that the lab may be treated as an out-of-network provider. In the even I receive payment for laboratory services from my insurer, I will remit said payment to the lab within 14 days of receipt. I will either endorse the original check, or produce a cashier's check for the entire payment amount, and forward it back to the lab. When selecting "self pay" above, I acknowledge financial responsibility for all lab charges associated with the processing of the testing indicated on this requisition. All rights to the samples will belong to the laboratory conducting the testing. There will be no compensation in the event of an invention resulting from research and development using this sample. I agree to allow my provided samples to be used for the purpose of diagnosis/research as well as development/quality control. I understand that if I agree, any information identifying me will be kept confidential so that it will not be possible to determine from whom the sample was drawn. Your signature on this form indicates that you understand to your satisfaction the information about Gulf Coast Pathologists and agree to have the testing done. In no way does this waive your legal rights or release anyone from their legal and professional responsibilities. If you have further questions concerning matters related to this consent, you may wish to seek professional genetic counseling prior to signing this form. Consultation with a medical geneticist, genetic counselor, or your referring healthcare provider also may be warranted after the test has been completed.