

WOUND MOLECULAR TEST REQUISITION



Clinic:

Address:

Phone:

Provider:

PATIENT INFORMATION

Male Female

First:

Last:

DOB:

SSN:

Email:

Phone:

SPECIMEN COLLECTION

Collector:

Date/Time:

Date Received:

BILLING

PATIENT

CLINIC

WORKERS COMP: _____

INSURANCE ***Include a copy of front and back of insurance card

Company: _____

Policy #: _____ Group#: _____

MEDICATIONS

WOUND SITE

WOUND PANEL with ABR Reflex

Bacteria

- *Acinetobacter baumannii*
- *Bacterioides* spp.
- *Citrobacter freundii* & *braakii*
- *Enterobacter aerogenes*
- *Enterobacter cloacae*
- *Escherichia coli*
- *Enterococcus faecalis*
- *Enterococcus faecium*
- *Klebsiella oxytoca*
- *Klebsiella pneumoniae*
- *Morganella morganii*
- *Pseudomonas aeruginosa*
- *Proteus mirabilis*
- *Proteus vulgaris*
- *Staphylococcus aureus*
- *Streptococcus pyogenes*

Fungi

- *Acremonium potronii*
- *Acremonium (Sarcoclaim) strictum*
- *Alternaria species*
- *Aspergillus fumigatus*
- *Aspergillus niger / tubingensis*
- *Aspergillus terreus*
- *Aspergillus flavus / oryzae*
- *Candida albicans*
- *Candida glabrata*
- *Candida parapsilosis*
- *Candida tropicalis*
- *Epidermophyton floccosum*
- *Fusarium solani*
- *Microsporum spp*
- *Neofusicoccum mangiferae*
- *Neosytalidium (Scytalidium) dimidiatum*
- *Scopulariopsis brevicaulis*
- *Trichophyton interdigitale / mentagrophytes*
- *Trichophyton rubrum / soudanese*

ICD-10 CODES MUST BE SELECTED

WOUND CODES: Select Applicable Codes

- ☐ A49.9 - Bacterial infection, unspec.
- ☐ E11.621-Type 2 diabetes mellitus w/ foot ulcer
- ☐ I87.2 - Venous insufficiency (chronic) (peripheral)
- ☐ I87.331-Chronic venous htn. w/ ulcer, inflammation of R low extrem
- ☐ I87.332-Chronic venous htn. w/ ulcer, inflammation of L low extrem.
- ☐ L02.214 - Cutaneous abscess of groin
- ☐ L02.612 - Cutaneous abscess of L foot
- ☐ L02.611 - Cutaneous abscess of R foot
- ☐ L02.91 - Cutaneous abscess, unspec.
- ☐ L03.115 - Cellulitis of R low limb
- ☐ L03.116 - Cellulitis of L low limb
- ☐ L03.119 - Cellulitis of unspec. part of limb
- ☐ L03.3 - Cellulitis, acute lymphangitis of trunk
- ☐ L08.9 - Local infection of the skin and subcu tissue, unspec.
- ☐ L03.90 - Cellulitis, unspec.
- ☐ L89.150 - Prs ulcer of sacral region, unstageable
- ☐ L89.152 - Prs ulcer of sacral region, stage 2
- ☐ L89.153 - Prs ulcer of sacral region, stage 3
- ☐ L89.154 - Prs ulcer of sacral region, stage 4
- ☐ L89.90 - Prs ulcer of unspec. site, unspec. stage
- ☐ L97.512 - Non-prs chronic ulcer oth prt R foot w/ fat layer exposed
- ☐ L97.522 - Non-prs chronic ulcer oth prt L foot w/ fat layer exposed
- ☐ L97.812-Non-prs chronic ulcer oth prt R low leg w/fat layer exposed
- ☐ L97.822 - Non-prs chronic ulcer oth prt L low leg w/fat layer exposed
- ☐ L98.492-Non-prs chronic ulcer of skin, other sites w/fat layer exposed
- ☐ L98.499-Non-prs chronic ulcer of skin, other sites w/unspec. severity
- ☐ L98.9 - Other spec. disorders of the skin, subcutaneous tissue
- ☐ M86.18 - Other acute osteomyelitis, other site
- ☐ Z48.817-Encounter for aftercare following surgery on skin, subQ
- ☐ Other: _____

ANTIBIOTIC RESISTANCE GENES

Auto Reflex with Positive Pathogen

- *Klebsiella pneumoniae carbapenemase*
- *Methicillin Resistance*
- *Sulphydryl Variable-B-lactamase*
- *Vancomycin Resistance (Van A and Van B)*
- *Verona integron-encoded metallo-B-lactamase*

PROVIDER ATTESTATION: The requested tests are medically necessary for the risk assessment, diagnosis, or detection of a disease, illness, impairment, symptom, syndrome, or disorder. The results will determine my patient's medical management and treatment decisions. My signature below indicates that I am the referring physician or authorized health care provider. I have explained the purpose of the testing to my patient. My patient has been given the opportunity to ask questions and/or seek further counsel and has voluntarily decided to have the testing performed by HDx Labs. **As the medical provider, I am responsible for documenting applicable ICD-10 diagnosis codes.**

PROVIDER SIGNATURE: _____

DATE: _____

REQUIRED DOCUMENTATION:

- 1) Clear copy of front & back of patient insurance card
- 2) Copy of patient's demographics
- 3) Copy of current driver's license
- 4) Prior Authorization or Accident Form (if applicable)
- 5) If Worker's Comp. claim, SSN required in Patient Info

HDX Labs

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