

PATIENT INFORMATION						*Denotes Required Field
Last Name*		First Name*		SSN	DOB*	BIOLOGICAL SEX* <input type="checkbox"/> M <input type="checkbox"/> F
Street Address*			APT#	City*	State*	ZIP* Phone*
▼ RESPONSIBLE PARTY ▼						
Last Name		First Name		Relation*	DOB	Phone
Street Address				APT#	City	State ZIP
INSURANCE INFORMATION				ORDERING INFORMATION		
Primary Insurance*		Secondary Insurance		Ordering Facility*		Ordering Physician*
Primary Insurance ID #*		Secondary Insurance ID #		Billing Type* <input type="checkbox"/> Client Bill <input type="checkbox"/> Bill Insurance <input type="checkbox"/> Bill Patient		
Primary Insurance Group #*		Secondary Insurance Group #		Collection Date* and Time*		

I HEREBY ATTEST TO THE FOLLOWING: I am the licensed medical professional treating the patient listed above. Based on my examination of the patient and assessment of the patient's symptoms and condition, I have determined each component included in the panel test ordered below to be medically necessary in order to obtain diagnostic information needed for the management and treatment of the patient's medical condition. I am responsible for documenting the medical necessity of the ordered test and will provide such documentation upon authorized request. I understand that tests ordered by someone other than the treating provider are not reimbursable and that Medicare does not generally cover routine tests.

Provider's Signature* _____ Date* _____

No. MO325871

ICD-10 CODES*								SEE REVERSE SIDE FOR SAMPLE ICD-10 CODES. SELECT ALL THAT APPLY.							

MULTIPLEX PANELS

It is solely the treating practitioner's responsibility to order only those panel tests listed below after the practitioner determines that each component of the test is medically necessary for the diagnosis and treatment of the patient.

WOUND PANEL *By PCR (Nylon Swab with Liquid Amies Media) SOURCE: _____

BACTERIAL TARGETS			ANTIBIOTIC RESISTANCE	
Acinetobacter baumannii	Haemophilus influenzae	Staphylococcus aureus	Aminoglycoside	**Antibiotic Resistance Targets will automatically be tested if positive results occur on applicable pathogens.
Bacteroides fragilis	Klebsiella pneumoniae	Staphylococcus spp. haemolyticus, saprophyticus, epidermidis, lugdunensis	Carbapenemase	
Citrobacter freundii	Morganella morganii	Streptococcus agalactiae	Class A beta-lactamase	
Clostridium septicum	Mycobacterium abscessus	Streptococcus pyogenes	Fluoroquinolone	
Corynebacterium striatum	Mycobacterium ulcerans	VIRAL TARGETS	Macrolide	
Enterobacter aerogenes, cloacae	Pasteurella multocida	Varicella Zoster Virus	Methicillin	
Enterococcus faecalis	Peptostreptococcus anaerobius, asaccharolyticus, magnus, prevotii		Tetracycline	
Enterococcus faecium	Pseudomonas aeruginosa		Trimethoprim/Sulfonamide	
Escherichia coli			Vancomycin	

FUNGAL PANEL *By PCR (Nylon Swab with Liquid Amies Media) SOURCE: _____

FUNGAL TARGETS		
Aspergillus terreus, niger, flavus	Candida auris	Scopulariopsis brevicaulis
Blastomyces dermatitidis	Epidermophyton floccosum	Trichophyton interdigitale, rubrum, tonsurans
Candida albicans, glabrata, parapsilosis, tropicalis	Fusarium oxysporum, solani	Trichophyton soudanense, violaceum
	Microsporium audouinii, canis, gypseum	

COMMON BACTERIA PANEL *By PCR (Nylon Swab with Liquid Amies Media) SOURCE: _____

BACTERIAL TARGETS		ANTIBIOTIC RESISTANCE	**Antibiotic Resistance
Acinetobacter baumannii	Staphylococcus haemolyticus, saprophyticus, epidermidis, lugdunensis	Aminoglycoside	Targets will automatically be tested if positive results occur on applicable pathogens.
Bacteroides fragilis	Streptococcus agalactiae	Carbapenemase	
Citrobacter freundii	Streptococcus pyogenes	Class A beta-lactamase	
Enterobacter aerogenes, cloacae		Fluoroquinolone	
Enterococcus faecalis		Macrolide	
Enterococcus faecium		Methicillin	
Escherichia coli		Tetracycline	
Haemophilus influenzae		Trimethoprim/Sulfonamide	
Klebsiella pneumoniae		Vancomycin	
Morganella morganii			
Pseudomonas aeruginosa			
Staphylococcus aureus			

*This Area
For Laboratory
Use Only*

11"

LABEL SIZE 8" X 1 1/4" W/SLIT - 4 LABELS @ 2" X 1 1/4" - LABELS ON PT 1 ONLY

PGL PCL	No. 325871	Label 1	PGL PCL	No. 325871	Label 2	PGL PCL	No. 325871	Label 3	PGL PCL	No. 325871	Label 4
Last Name:		_____									
First Name:		_____									
Date of Birth:		_____									

3/8"

PERF 2 1/2" FROM BOTTOM

MEDICAL NECESSITY MULTIPLEX PANELS

It is solely the treating practitioner's responsibility to document the medical necessity of the ordered test based on the patient's clinical symptoms. The following ICD-10 codes are only a sample of possible ICD-10 codes the treating practitioner may select to describe the patient's clinical symptoms supporting the medical necessity of the ordered test. All Tests require documentation of Primary Codes. Please also provide Secondary Codes where warranted.

WOUND (BACTERIAL / FUNGAL) ICD-10 Codes**PRIMARY CODES**

B35.0 *Tinea barbae*
B35.1 *Tinea unguium*
B35.4 *Tinea Corporis*
B35.8 *Other dermatophytoses*
B95.7 *Other staphylococcus as the cause of diseases classified elsewhere*
B96.5 *Pseudomonas (aeruginosa) (mallei) (pseudomallei) as the cause of diseases classified elsewhere*
D48.5 *Neoplasm of uncertain behavior of skin*
H57.89 *Other specified disorders of eye and adnexa*
H65.23 *Chronic serous otitis media, bilateral*
H92.11 *Otorrhea, right ear*
H92.12 *Otorrhea, left ear*
L01.00 *Impetigo, unspecified*
L02.92 *Furuncle, unspecified*
L02.214 *Groin*
L02.215 *Perineum*
L02.216 *Umbilicus*
L02.31 *Cutaneous abscess of the buttock*
L02.212 *Cutaneous abscess of back (any part except buttock)*
L02.411 *Cutaneous abscess of right axilla*
L02.412 *Cutaneous abscess of left axilla*
L02.91 *Cutaneous abscess, unspecified*
L03.113 *Cellulitis right upper limb*
L03.114 *Cellulitis left upper limb*
L03.115 *Cellulitis of right lower limb*
L03.116 *Cellulitis of left lower limb*
L03.211 *Cellulitis of face*
L03.90 *Cellulitis, unspecified*
L08.9 *Local infection of the skin and subcutaneous tissue, unspecified*
L08.89 *Other Specified Local Infections of the Skin and Subcutaneous Tissue*
L60.1 *Onycholysis*
L60.2 *Onychogryphosis*
L60.3 *Nail dystrophy*
L60.8 *Other nail disorders*
L97.212 *Non-pressure chronic ulcer of right calf with fat layer exposed*
L97.222 *Non-pressure chronic ulcer of left calf with fat layer exposed*
R21 *Rash and other nonspecific skin eruption*

LINER 8.375 X 1.75" (PART 1 ONLY)