

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.			
<input type="checkbox"/> WOUND PANEL *By PCR (Nylon Swab with Liquid Amies Media) SOURCE: _____			
BACTERIAL TARGETS Acinetobacter baumannii Bacteroides fragilis Citrobacter freundii Clostridium septicum Corynebacterium striatum Enterobacter aerogenes, cloacae Enterococcus faecalis Enterococcus faecium Escherichia coli	Haemophilus influenzae Klebsiella pneumoniae Morganella morganii Mycobacterium abscessus Mycobacterium ulcerans Pasteurella multocida Peptostreptococcus anaerobius, asaccharolyticus, magnus, prevotii Pseudomonas aeruginosa	Staphylococcus aureus Staphylococcus spp. haemolyticus, saprophyticus, epidermidis, lugdunensis Streptococcus agalactiae Streptococcus pyogenes VIRAL TARGETS Varicella Zoster Virus	ANTIBIOTIC RESISTANCE Aminoglycoside Carbapenemase Class A beta-lactamase Fluoroquinolone Macrolide Methicillin Tetracycline Trimethoprim/Sulfonamide Vancomycin **Antibiotic Resistance Targets will automatically be tested if positive results occur on applicable pathogens.

<input type="checkbox"/> FUNGAL PANEL *By PCR (Nylon Swab with Liquid Amies Media) SOURCE: _____			
FUNGAL TARGETS Aspergillus terreus, niger, flavus Blastomyces dermatitidis Candida albicans, glabrata, parapsilosis, tropicalis	Candida auris Epidermophyton floccosum Fusarium oxysporum, solani Microsporium audouinii, canis, gypseum	Scopulariopsis brevicaulis Trichophyton interdigitale, rubrum, tonsurans Trichophyton soudanense, violaceum	

<input type="checkbox"/> COMMON BACTERIA PANEL *By PCR (Nylon Swab with Liquid Amies Media) SOURCE: _____				<div>This Area For Laboratory Use Only</div>
BACTERIAL TARGETS Acinetobacter baumannii Bacteroides fragilis Citrobacter freundii Enterobacter aerogenes, cloacae Enterococcus faecalis Enterococcus faecium Escherichia coli Haemophilus influenzae Klebsiella pneumoniae Morganella morganii Pseudomonas aeruginosa Staphylococcus aureus	Staphylococcus haemolyticus, saprophyticus, epidermidis, lugdunensis Streptococcus agalactiae Streptococcus pyogenes	ANTIBIOTIC RESISTANCE Aminoglycoside Carbapenemase Class A beta-lactamase Fluoroquinolone Macrolide Methicillin Tetracycline Trimethoprim/Sulfonamide Vancomycin	**Antibiotic Resistance Targets will automatically be tested if positive results occur on applicable pathogens.	

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: _____	Last Name: _____	Last Name: _____	Last Name: _____
First Name: _____	First Name: _____	First Name: _____	First Name: _____
Date of Birth: _____	Date of Birth: _____	Date of Birth: _____	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