SAMPLE WOUND REQUISITION FORM

Provider Information / Place of Collection

Please attach the following documents with this test order:

- ☐ Demographics
- ☐ Insurance Information
- ☐ Medical Necessity
- ☐ SOAP Notes
- ☐ Visit History Notes

Patient Information

Failure to fill in information may result in a delay of processing specimens.

Last _____ **First** _____

DOB / / **Gender:** ☐ Male ☐ Female

Address: _____

City: _____ **State:** _____ **Zip:** _____

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaii or other Pacific Islander ☐ Other Race

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Other

Specimen Collection Information

Specimen Collection Type: ☐ NAIL CLIPPING ☐ E SWAB

Date: / / Time: : ☐ AM ☐ PM

Collectors Name: _____

Place of Collection: ☐ OFFICE ☐ LAB ☐ HOME

☐ Out-Patient ☐ Skilled Nursing Facility ☐ Nursing Facility

☐ Self-Referral/ Walk-in

Attach Patient Demographics and Insurance Information

☐ Insurance Verified Relationship ☐ Self ☐ Parent ☐ Spouse

☐ Self-Pay Form Attached Primary Insurance: _____

Member ID: _____ Group ID: _____

☐ Medicare ☐ Medicaid Work Comp DOI / /

☐ Self Pay ☐ Client Bill 3rd Party Insurance _____

Diagnosis Codes

- ☐ B35.1 Tinea unguium
- ☐ B35.3 Tinea pedis
- ☐ L02. 91 Cutaneous abscess, unspecified.
- ☐ A49. 9 Bacterial infection, unspecified.
- ☐ L98.9 Disorder of the skin and subcutaneous tissue, unspecified

☐ 2311-Wound Infection Panel (E-Swab)

Bacteria Panel 87798

- Acinetobacter baumanii
- Anaerococcus vaginalis
- Bacteroides fragilis/ vulgatus
- Burkholderia cepacia/pseudomallei
- Citrobacter freundii
- Clostridium perfringenes/ septicum
- Clostridium novyi A, B
- Corynebacterium jeikeium/ tuberculostearicum/ striatum
- Enterobacter aerogenes/ cloacae
- Cutibacterium acnes
- Enterococcus faecalis/ faecium
- Escherichia coli
- Fusobacterium necrophorum/ nucleatum
- Haemophilus influenzae
- Klebsiella pneumoniae/ oxytoca
- Mycobacterium avium-intracellulare 87561
- Mycobacterium marinum/ ulcerans/ fortuitum
- Mycobacterium abscessus/ chelonae/ fortuitum 87551
- Mycobacterium kanasasii 87551
- Mycoplasma genitalium/ hominis 87563
- Peptoniphilus harei/ ivorii
- Peptostreptococcus anaerobius/ prevotii/ asaccharolyticus/ magnus
- Proteus mirabilis/ vulgaris
- Pseudomonas aeruginosa
- Salmonella enterica
- Serratia marcescens
- Staphylococcus aureus 87640
- Staphylococcus epidermidis/ haemolyticus/ lugdunensis/ saprophyticus/ saprophyticus
- Streptococcus agalactiae 87653
- Streptococcus pyogenes
- Streptococcus pneumoniae
- Vibrio Cholerae/ parahaemolyticus/ vulnificus

Fungal Panel 87481

- Candida albicans
- Candida auris
- Candida glabrata
- Candida parapsilosis
- Candida tropicalis
- Aspergillus flavus
- Blastomyces dermatitidis/ gilchristii
- Fusarium oxysporum/ solani
- Malassezia furfur/ restricta/ sympodialis/ globosa
- Trichophyton interdigitale/ mentagrophytes/ tonsurans/ rubrum
- Trichophyton soudanense/ terrestre/ tonsurans/ verrucosum
- Trichosporon mucoides/ asahii

Virus Panel 87529

- Herpes simplex 1 (HSV-1)
- Herpes simplex 2 (HSV-2)
- Varicella Zoster virus (HHV3) 87798

Resistance Markers

ampC	blaACC	blaACT	blaCMY, blaLAT	blaFOX	blaGES	blaVIM/KPC	Cfr	CMY/MOX/DHA	CTX-M_1	CTX-M_2	CTX-M_8_25	CTX-M_9	dfrA1	dfrA5
ermA	ErmB	ErmC	femA	IMP-1	IMP-2	KPC	MCR-1	MecA	MecC	mefA	NDM	OXA-48	OXA-51	PER-1
qnrA	QnrB_1of4		QnrB_2of4	QnrB_3of4	QnrB_4of4	qnrS	SHV	Sul1	Sul2	Tet(M)	Tet(S)	vanA2	vanB	VEB

☐ 2310-Infection Panel (Sterile Cup)

Bacteria Panel 87798

- Bacteroides fragilis/ vulgatus
- Enterobacter aerogenes/ cloacae
- Enterococcus faecalis/ faecium
- Escherichia coli
- Klebsiella pneumoniae/ oxytoca
- Mycobacterium avium-intracellulare
- Mycobacterium marinum/ ulcerans/ fortuitum
- Mycobacterium kanasasii
- Mycobacterium abscessus/chelonae/fortuitum
- Mycoplasma genitalium/ hominis 87563
- Pseudomonas aeruginosa
- Peptostreptococcus anaerobius/ prevotii/ asaccharolyticus/ magnus
- Serratia marcescens
- Staphylococcus aureus 87640
- Staphylococcus epidermidis/ haemolyticus/ lugdunensis/ saprophyticus
- Streptococcus agalactiae 87653
- Streptococcus pyogenes

Fungal Panel 87481

- Acremonium strictum
- Alternaria species
- Aspergillus versicolor
- Aspergillus flavus/ fumigatus/ niger/ terreus
- Blastomyces dermatitidis/ gilchristii
- Epidermophyton floccosum
- Fusarium oxysporum/ solani
- Malassezia furfur/ restricta/ sympodialis/ globosa
- Microsporum canis/ferrugineum/audouinii/gypseum
- Neofusicoccum mangiferae
- Scopulariopsis brevicaulis
- Scytalidium dimidiatum
- Trichophyton interdigitale/ mentagrophytes/ tonsurans/ rubrum
- Trichophyton soudanense/ terrestre/ tonsurans/ verrucosum
- Trichosporon mucoides/ asahii

Resistance Markers (included in both the and Wound Panels)

ampC	blaACC	blaACT	blaCMY, blaLAT	blaFOX	blaGES	blaVIM/KPC	Cfr	CMY/MOX/DHA	CTX-M_1	CTX-M_2	CTX-M_8_25	CTX-M_9	dfrA1	dfrA5
ermA	ErmB	ErmC	femA	IMP-1	IMP-2	KPC	MCR-1	MecA	MecC	mefA	NDM	OXA-48	OXA-51	PER-1
qnrA	QnrB_1of4		QnrB_2of4	QnrB_3of4	QnrB_4of4	qnrS	SHV	Sul1	Sul2	Tet(M)	Tet(S)	vanA2	vanB	VEB

Consent for Testing

I hereby assign all rights and benefits under my health plan, and all rights and obligations that I and my dependents have, under my health plan to **GenviewDX,** its assigned affiliates and authorized representatives for laboratory services furnished to me by **GenviewDX**. I irrevocably designate, authorize and appoint **GenviewDX,** or its assigned affiliates and their authorized representatives, as my true and lawful attorney-in-fact for the purpose of submitting my claims, obtain a copy of my health plan document, Summary Plan Description, disclosure, appeal, litigation or other remedies in accordance with the benefits and rights under my health plan and in accordance with federal or state laws. If my health plan fails to abide by my authorization and makes payment directly to me, I agree to endorse the insurance check and forward it to **GenviewDX** immediately upon receipt. I hereby authorize **GenviewDX** its assigned affiliates and authorized representatives to contact me or my health Plan/administrator for billing or payment purposes by phone, text message, or email with the contact information that I have provided to **GenviewDX**, in compliance with federal and state laws. **GenviewDX**, its assigned affiliates and their authorized representatives may release to my health plan administrator, my employer, and my authorized representative my personal health information for the purpose of procuring payment of **GenviewDX** and for all the laboratory services. I understand the acceptance of insurance does not relieve me from any responsibility concerning payment for laboratory services and that I am financially responsible for all charges whether they are covered by my insurance.

Patient Signature: _____

Date: / /

Physician Information

As part of my antibiotic stewardship policy, I find it medically necessary to rapidly determine and differentiate a viral and/or bacterial infection in order to treat with or without appropriate antibiotics. Having the most accurate and timely data available to me directly guides my treatment and patient management. Empiric treatment and management leads to inappropriate and unnecessary antibiotic use (50% according to the CDC) and delayed diagnosis which can lead to severe consequences. Standard antibody/antigen detection is only available to detect few pathogens and comes with a high false negative rate, relatively lower sensitivity (60-70%) and specificity (80-90%).

In addition, standard antibody/antigen detection requires the infection to be present for days allowing the body to make ample antibodies in order to detect. Qualitative Nucleic Acid Amplification Testing (NAAT) is far superior with sensitivities and specificities > 98% and available to detect many pathogens. In addition, NAAT has built in controls to determine if an adequate patient sample was collected and processed, therefore greatly reducing false negative results. NAAT also includes controls to easily determine a contaminated sample, therefore reducing false positive results.

Physicians Signature: _____

Date: / /