

# Dermistat™ CHECKLIST



## 1. REGISTRATION PROCESS

- Submit a registration form with doctor's NPI #, payment terms sheet, and rebate agreement (if applicable) to [orders@biolabsciences.net](mailto:orders@biolabsciences.net)
- Submit an IVR form to [dermistatpreauth@biolabsciences.net](mailto:dermistatpreauth@biolabsciences.net)
- Submit an order form for collection box(es) to [orders@biolabsciences.net](mailto:orders@biolabsciences.net)
- Email [dermistat@biolabsciences.net](mailto:dermistat@biolabsciences.net) the sample collection **DATE, TIME,** and **ADDRESS** at least 24 hours in advance; **TIME** recommendation is in the morning to give courier service time to deliver back to the lab
- Confirm labels were received from [dermistat@biolabsciences.net](mailto:dermistat@biolabsciences.net)

## 2. DAY OF COLLECTION

- Sign and complete patient consent form and photo release form (also in dropbox under the "Consent Forms" folder)
- Fill out the physician order form (POF) **COMPLETELY** and **CLEARLY**
- Label **PIN #** from collection box on both stickers (POF & skin vial bag)
- Label **PT ID** (same format as indicated on the POF) on skin vial sticker; any documentation associated with this patient needs to be expressed in the PT ID format on the POF – **the lab will NOT accept mislabeled or unidentified vials**
- Obtain a skin tissue sample. We need more surface than depth (only the epidermis and dermis layers). Better to have more skin than not enough. This can be done anywhere on the body that is healthy, clean, and hairless; recommendation is behind the ear. If working with podiatrists, it may need to be below the knee (in IFU)
- Fill out the **TIME** and **DATE** the skin biopsy was taken on BOTH stickers (POF & skin vial bag)
- Clearly indicate what size is being ordered on the POF with a check mark along with the quantity amount.
- Application **DATE** needs to be 48 hours after sample collection **DATE** i.e., if collection is on Monday, application of Dermistat needs to be on Wednesday (on POF) \*If local (AZ), can be same-day or next day
- Scan the QR code to input patient and wound information for data tracking and rebate guarantee
- Application **TIME** recommendation is in the afternoon to give courier service time to deliver product (on POF)

- Provide physicians email and phone number for invoice purposes (on POF)
- Print out label(s) and apply to collection box; place skin vial in silver pouch and put back in box
- Give to ShipCritical driver

### 3. DAY OF APPLICATION

- Receive Dermistat delivery from ShipCritical (SC) 2 hours prior to application time
- Debride the wound
- Vigorously shake Dermistat tube no more than 3 times.
- Make sure data logger is displaying a green light. If red light is shown, immediately discard Dermistat and call 602-565-8266
- Apply Dermistat directly onto the wound
- Use 100% of Dermistat; there should be **NO** recorded excess waste
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- Apply the mepitel (silicone membrane) over Dermistat, fully covering the wound; peel off both sides of the mepitel
- Dress/wrap the wound; recommendation is to use a gauze pad with an non-adhesive bandage for protection
- DO NOT** remove mepitel until after **21 DAYS**
- Expect drainage within the first 24-48 hours and redress; see patient weekly throughout the 21 days
- Send data logger back to BioLab Sciences