
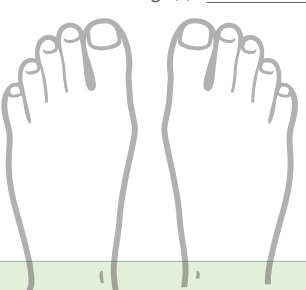



M.D./CLIENT NAME ACCOUNT INFORMATION	PATIENT NAME (LAST, FIRST, MI)		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH
	ADDRESS			
	CITY	STATE	ZIP CODE	PHONE
	RESPONSIBLE PARTY (IF OTHER THAN PATIENT)		RELATIONSHIP TO PATIENT <input type="checkbox"/> PARENT <input type="checkbox"/> SPOUSE <input type="checkbox"/> _____	
	BILL TYPE: <input type="checkbox"/> PATIENT <input type="checkbox"/> M.D./CLIENT <i>Insurance Will Be Billed Unless Otherwise Noted By Checking One Of The Boxes</i>			
	CC TO REFERING PHYSICIAN:		PHONE:	FAX:
	HEALTHCARE PROVIDER SIGNATURE:		DATE: TIME:	

### PATHOGEN DETECTION TESTING

<input type="radio"/> <b>Wound Bacterial Pathogen Detection Test</b> <i>(Sample collected in Copan eSwab)</i> <b>Specimen Source:</b> _____ <input type="radio"/> <b>Add-On Wound Culture</b> <i>(Additional eSwab vial required)</i>	<input type="radio"/> <b>Wound Fungal Pathogen Detection Test</b> <i>(Sample collected in Copan eSwab)</i> <b>Specimen Source:</b> _____ <input type="radio"/> <b>Add-On Wound Culture</b> <i>(Additional eSwab vial required)</i>	<input type="radio"/> <b>Nail/Skin Fungal Pathogen Detection Test</b> <i>(Dry biopsy or nail clippings in sterile container)</i> <b>Specimen Source:</b> _____ <input type="radio"/> <b>Add-On Wound Culture</b> <i>(Additional eSwab vial required)</i>
<b>ICD-10 Code (Required):</b> <input type="radio"/> S91 Open wound of ankle, foot and toes <input type="radio"/> M79.673 Pain in foot, uns. <input type="radio"/> Other: _____	<b>ICD-10 Code (Required):</b> <input type="radio"/> S91 Open wound of ankle, foot and toes <input type="radio"/> M79.673 Pain in foot, uns. <input type="radio"/> Other: _____	<b>ICD-10 Code (Required):</b> <input type="radio"/> L60.3 Dystrophia unguium <input type="radio"/> B35.1 Tinea unguium <input type="radio"/> Other: _____

### PLEASE INDICATE PRECISE SITE AND SOURCE OF SPECIMEN:

<b>LEFT</b> <input type="radio"/> Skin <input type="radio"/> Soft Tissue <input type="radio"/> Bone <input type="radio"/> Nerve 	<b>NAIL</b> <input type="radio"/> Nail <input type="radio"/> Left <input type="radio"/> Right Digit(s): _____ 	<b>RIGHT</b> <input type="radio"/> Skin <input type="radio"/> Soft Tissue <input type="radio"/> Bone <input type="radio"/> Nerve 
<input type="radio"/> MARGINS REQUESTED		<input type="radio"/> MARGINS REQUESTED
<b>CLINICAL IMPRESSION</b> <input type="checkbox"/> <b>SKIN</b> <input type="checkbox"/> Shave <input type="checkbox"/> Punch <input type="checkbox"/> Biopsy <input type="checkbox"/> Excision <input type="radio"/> Pigmented / Melanoma / Nevus <input type="radio"/> Verruca / Squamous Cell Carcinoma <input type="radio"/> Dermatitis / Tinea / Psoriasis <input type="radio"/> Ulceration <input type="radio"/> Other _____ <input type="checkbox"/> <b>SUBCUTANEOUS SOFT TISSUE</b> <input type="checkbox"/> Shave <input type="checkbox"/> Punch <input type="checkbox"/> Biopsy <input type="checkbox"/> Excision <input type="radio"/> Neoplastic / Tumor <input type="radio"/> Inflammatory / Infectious <input type="radio"/> Other _____ <input type="checkbox"/> <b>BONE</b> <input type="radio"/> Neoplastic / Tumor <input type="radio"/> Degenerative Joint Disease <input type="radio"/> Osteomyelitis <input type="radio"/> Other _____ ICD-10: _____	<b>CLINICAL IMPRESSION</b> <input type="checkbox"/> <b>NAIL</b> <input type="radio"/> Pigmented / Melanoma / Nevus <input type="radio"/> Non-Pigmented Lesion <input type="radio"/> Dystrophic / Dermatophyte / Psoriasis <input type="radio"/> Verruca / Squamous Cell Carcinoma <input type="radio"/> PAS (recommended for initial test) <input type="radio"/> PAS + GMS (higher sensitivity) <input type="radio"/> Other _____ <b>CYTOLOGY / FLUID / CRYSTAL ANALYSIS</b> <input type="radio"/> Aspiration Crystal Analysis (Fresh or in ETOH) <input type="radio"/> Aspiration Tumor (Ganglion / Cyst) Source: _____ <b>ADDITIONAL CLINICAL INFORMATION:</b>	<b>CLINICAL IMPRESSION</b> <input type="checkbox"/> <b>SKIN</b> <input type="checkbox"/> Shave <input type="checkbox"/> Punch <input type="checkbox"/> Biopsy <input type="checkbox"/> Excision <input type="radio"/> Pigmented / Melanoma / Nevus <input type="radio"/> Verruca / Squamous Cell Carcinoma <input type="radio"/> Dermatitis / Tinea / Psoriasis <input type="radio"/> Ulceration <input type="radio"/> Other _____ <input type="checkbox"/> <b>SUBCUTANEOUS SOFT TISSUE</b> <input type="checkbox"/> Shave <input type="checkbox"/> Punch <input type="checkbox"/> Biopsy <input type="checkbox"/> Excision <input type="radio"/> Neoplastic / Tumor <input type="radio"/> Inflammatory / Infectious <input type="radio"/> Other _____ <input type="checkbox"/> <b>BONE</b> <input type="radio"/> Neoplastic / Tumor <input type="radio"/> Degenerative Joint Disease <input type="radio"/> Osteomyelitis <input type="radio"/> Other _____ ICD-10: _____

**Please make a copy of this document for your records.**

**Please Discard Extra Labels**

1-Complete all required information on requisition. 2-Use appropriate number of labels provided. 3-Place 1 label on each specimen container (not on lid).

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

LOCATION: \_\_\_\_\_

LOCATION: \_\_\_\_\_

LOCATION: \_\_\_\_\_

LOCATION: \_\_\_\_\_

# PODIATRY ICD-10 CODES

ICD-10 CODE	DIAGNOSIS DESCRIPTION	ICD-10 CODE	DIAGNOSIS DESCRIPTION
782.3	Edema	S90.426A	Blister (nonthermal), unspecified lesser toe(s), initial encounter
R60.0	Localized edema	L60.0	Ingrowing nail
R60.1	Generalized edema	I73.00	Raynaud's syndrome without gangrene
R60.9	Edema, unspecified	M66.369	Spontaneous rupture of flexor tendons, unspecified lower legs
M20.10	Hallux valgus (acquired), unspecified foot	S92.324A	Non-displaced fracture of second metatarsal, right foot, fracture
M20.11	Hallux valgus (acquired), right foot	S92.323A	Displaced fracture of second metatarsal, unspecified foot, closed fracture
M20.12	Hallux valgus (acquired), left foot	S92.322A	Displaced fracture of second metatarsal, left foot, closed fracture
M77.30	Calcaneal spur, unspecified foot	S92.321A	Displaced fracture of second metatarsal, right foot, closed fracture
M77.31	Calcaneal spur, right foot	S92.316A	Non-displaced fracture of first metatarsal, unspecified foot, closed fracture
S98.119A	Complete traumatic amputation of unspecified great toe, initial encounter	S92.315A	Non-displaced fracture of first metatarsal, left foot, closed fracture
S98.129A	Partial traumatic amputation of unspecified great toe, initial encounter	S92.314A	Non-displaced fracture of first metatarsal, right foot, closed fracture
S98.139A	Complete traumatic amputation of one unspecified lesser toe, initial encounter	S92.313A	Displaced fracture of first metatarsal, unspecified foot, closed fracture
S98.149A	Partial traumatic amputation of one unspecified lesser toe, initial encounter	S92.312A	Displaced fracture of first metatarsal, left foot, closed fracture
S98.219A	Complete traumatic amputation of two or more unspecified lesser toes, initial encounter	S92.311A	Displaced fracture of first metatarsal, right foot, closed fracture
S98.229A	Partial traumatic amputation of two or more unspecified lesser toes, initial encounter	S92.302A	Fracture of unspecified metatarsal, left foot, closed fracture
L03.119	Cellulitis of unspecified part of limb	S92.301A	Fracture of unspecified metatarsal, right foot, closed fracture
L03.129	Acute lymphangitis of unspecified part of limb	S92.309A	Fracture of unspecified metatarsal, unspecified foot, closed fracture
M20.5X9	Other deformities of toe(s) (acquired), unspecified foot	I73.9	Peripheral vascular disease, unspecified
M20.5X1	Other deformities of toe(s) (acquired), right foot	B35.3	Tinea pedis
M20.5X2	Other deformities of toe(s) (acquired), left foot	S92.345A	Non-displaced fracture of fourth metatarsal, left foot, closed fracture
B07.0	Plantar wart	S92.344A	Non-displaced fracture of fourth metatarsal, right foot, closed fracture
M21.40	Flat foot [pes planus] (acquired), unspecified foot	S92.343A	Displaced fracture of fourth metatarsal, unspecified foot, closed fracture
M21.42	Flat foot [pes planus] (acquired), left foot	S92.342A	Displaced fracture of fourth metatarsal, left foot, closed fracture
M21.41	Flat foot [pes planus] (acquired), right foot	S92.341A	Displaced fracture of fourth metatarsal, right foot, closed fracture
Q66.50	Congenital pes planus, unspecified foot	S92.336A	Non-displaced fracture of third metatarsal, unspecified foot, closed fracture
Q66.52	Congenital pes planus, left foot	S92.335A	Non-displaced fracture of third metatarsal, left foot, closed fracture
Q66.80	Congenital vertical talus deformity, unspecified foot	S92.334A	Non-displaced fracture of third metatarsal, right foot, closed fracture
Q66.51	Congenital pes planus, right foot	S92.333A	Displaced fracture of third metatarsal, unspecified foot, closed fracture
L84	Corns and callosities	S92.332A	Displaced fracture of third metatarsal, left foot, closed fracture
B35.1	Tinea unguium	S92.331A	Displaced fracture of third metatarsal, right foot, closed fracture
M81.0	Age-related osteoporosis without current pathological fracture	S92.326A	Non-displaced fracture of second metatarsal, unspecified foot, closed fracture
M81.8	Other osteoporosis without current pathological fracture	S92.325A	Non-displaced fracture of second metatarsal, left foot, closed fracture
M76.60	Localized osteoporosis [Lequesne]	S92.356A	Non-displaced fracture of fifth metatarsal, unspecified foot, closed fracture
M76.60	Achilles tendinitis, unspecified leg	S92.355A	Non-displaced fracture of fifth metatarsal, left foot, closed fracture
M76.62	Achilles tendinitis, left leg	S92.354A	Non-displaced fracture of fifth metatarsal, right foot, closed fracture
M76.61	Achilles tendinitis, right leg	S92.353A	Displaced fracture of fifth metatarsal, unspecified foot, closed fracture
S90.423A	Blister (nonthermal), unspecified great toe, initial encounter	S92.352A	Displaced fracture of fifth metatarsal, left foot, closed fracture
S90.829A	Blister (nonthermal), unspecified foot, initial encounter	S92.351A	Displaced fracture of fifth metatarsal, right foot, fracture
		S92.346A	Non-displaced fracture of fourth metatarsal, unspecified foot, closed fracture
		Z03.818	Suspected exposure to COVID-19
		Z20.828	Exposure to a confirmed case of COVID-19

## Bacterial Wound w/ABX:

Acinetobacter baumannii, Bacteroides fragilis, Citrobacter braakii/freundii, Citrobacter koseri, Enterobacter cloacae, Enterococcus spp., Escherichia coli, Klebsiella aerogenes, Klebsiella oxytoca/michiganensis, Klebsiella pneumoniae, Morganella morganii, Proteus mirabilis, Pseudomonas aeruginosa, Serratia marcescens, Staphylococcus aureus, Staphylococcus epidermidis, Staphylococcus saprophyticus, Streptococcus pyogenes **ABX Resistance Marker:** Class A  $\beta$ -lactamase (blaKPC), Class A  $\beta$ -lactamase (CTX-M-Group 1), Class B metallo- $\beta$ -lactamase (blaNDM), Vancomycin (vanA, vanB), Methicillin/Oxacillin (mecA), Fluoroquinolones, Sulfonamides, Trimethoprim

## Fungal Wound/Fungal Nail:

Trichophyton anthropophilic spp., Trichophyton zoophilic spp., Epidermophyton floccosum, Microsporum canis, Alternaria spp, Aspergillus spp, Curvularia spp, Fusarium spp, Sarocladium strictum, Scytalidium dimidiatum, Candida albicans, Candida glabrata, Candida krusei, Candida parapsilosis, Candida tropicalis, Cryptococcus spp, Malassezia spp, Meyerozyma guilliermondii, Trichosporon spp, Pseudomonas aeruginosa  
**ABX Resistance Marker:** Methicillin/Oxacillin (mecA)