Freedom PATHOLOGY PARTNERS
524 EAST ELM STREET, CONSHOHOCKEN, PA 19428 **(800-959-2846)**

Lab Use Only

WoundDX TEST REQUISITION

CLIENT INFORMATION *(Please check requesting physician)*

PATIENT INFORMATION *(Green highlighted sections are required information)*

Please attach patient face sheet and front and back of primary and secondary insurance card:

PATIENT NAME REQUIRED
☐ ***See Attached***

Name (Last, First):_____
Date of Birth: ___/___/___ Sex: M F SS#_____
Address: _____
City: _____ State:____ Zip:_____
Home Phone #: _____ Work Phone #: _____
Medical Record #: _____

BILLING INFORMATION

Primary: ☐ Medicare ☐ Medicaid ☐ Insurance ☐ Patient ☐ Client
Insurance: _____ Policy #:_____ Group #: _____
Ins. Address: _____ City: _____ State: ____ Zip: _____
Policy Holder: _____ DOB: _____
Policy Holder: ☐ Self ☐ Spouse ☐ Child ☐ Other

Secondary: ☐ Medicare ☐ Medicaid ☐ Insurance ☐ Patient ☐ Client
Insurance: _____ Policy #:_____ Group #: _____
Ins. Address: _____ City: _____ State: ____ Zip: _____

I hereby authorize the release to EmeritusDX/Freedom of any medical and insurance information necessary to process claims for services provided by EmeritusDX/Freedom. I hereby authorize EmeritusDX/Freedom to pursue all necessary appeals of full or partial denials of payment in relation to services provided by EmeritusDX/Freedom

Patient Signature

CLINICAL INFORMATION

Collection Date: _____ **Clinical History:** _____

PHYSICIAN NOTICE Physician is required to (1) submit ICD-10 diagnosis supported in patient's medical record as documentation of medical necessity, or (2) explain and have the patient sign an ABN.

ICD-10 CODES Physician is required to submit ICD-10 diagnosis supported in patient's medical record as documentation of medical necessity.

☐ T81.31XA	Disruption of external operation (surgical) wound, initial	☐ A49.01	Methicillin susceptible Staphylococcus aureus infection, unspecified site
☐ T81.31XD	Disruption of external op wound, not elsewhere classified, subsequent	☐ A49.02	Methicillin resistant Staphylococcus aureus infection, unspecified site
☐ T81.30XA	Disruption of wound, unspecified, initial	☐ A49.08	Other bacterial infections of unspecified site
☐ T81.30XD	Disruption of wound, unspecified, subsequent encounter	☐ B95.1	Streptococcus, group B, as the cause of diseases classified elsewhere
☐ T81.4XXA	Infection following a procedure, initial	☐ B95.2	Enterococcus as the cause of diseases classified elsewhere
☐ T81.4XXD	Infection following a procedure, subsequent encounter	☐ B95.8	Unspecified staphylococcus as the cause of diseases classified elsewhere
☐ L02.91	Cutaneous abscess, unspecified	☐ B96.4	Proteus (mirabilis) (morganii) as the cause of diseases classified elsewhere
☐ L08.9	Local infection of the skin and subcutaneous tissue	☐ B96.5	Pseudomonas (aeruginosa) as the cause of diseases classified elsewhere
☐ R89.5	Ab microbiological findings in other organs, systems and tissues	☐ B96.20	Unspecified Escherichia coli [E. coli] as the cause of diseases classified elsewhere
☐ S31.30XA	Unspecified open wound of scrotum and testes, initial encounter	☐ B96.29	Other Escherichia coli [E. coli] as the cause of diseases classified elsewhere
☐ S31.30XD	Unspecified open wound of scrotum and testes, subsequent encounter	☐ Other(s):	_____

WoundDX TEST

☐ WoundDX, collected via eSwab

Site:

1)_____ 3)_____

2)_____ 4)_____

IS PATIENT ON ANTIBIOTICS? ☐YES ☐NO

KNOWN ALLERGIES:_____

WoundDX PANEL

- ACINETOBACTER BAUMANNII
- ACTINOBACULUM SCHAALII
- AEROCOCCUS URINAE
- ALLOSCARDOVIA OMNICOLENS
- CANDIDA ALBICANS
- CANDIDA AURIS
- CANDIDA GLABRATA
- CANDIDA PARAPSILOSIS
- CITROBACTER FREUNDII
- CITROBACTER KOSERI
- COAGULASE NEGATIVE STAPH
- CORYNEBACTERIUM RIEGELII
- ENTEROBACTER AEROGENES
- ENTEROBACTER CLOACAE
- ENTEROCOCCUS FAECALIS
- ENTEROCOCCUS FAECIUM
- ESCHERICHIA COLI
- KLEBSIELLA OXYTOCA
- KLEBSIELLA PNEUMONIAE
- MORGANELLA MORGANII
- MYCOPLASMA HOMINIS
- PANTOEA AGGLOMERANS
- PROTEUS MIRABILIS
- PROTEUS VULGARIS
- PROVIDENCIA STUARTII
- PSEUDOMONAS AERUGINOSA
- SERRATIA MARCESCENS
- STAPHYLOCOCCUS AUREUS
- STAPHYLOCOCCUS AGALACTIAE
- UREAPLASMA UREALYTICUM
- VIRIDIANS GROUP STREP

GENOTYPE ANTIBIOTIC RESISTANCE GENES

• AMPICILLIN • CARBAPENEM • EXTENDED SPECTRUM BETA-LACTAMASE • METHICILLIN • QUINOLINONE/FLUOROQUINOLONE • VANCOMYCIN

By submission of this requisition and accompanying sample(s), I authorize and direct you to perform the testing indicated above, (I) certify that the ordered tests are reasonable and medically necessary by the diagnosis or treatment of this patient's condition. (I) certify that, to the extent required by the laws of the state in which I provide healthcare services, I have obtained this patient's informed consent to undergo any testing requested hereby, and to have the results reported to me and (I) agree to provide you a copy of this persons signed and dated consent form per your request.

Physician/Authorized Signature _____ *Signature required on this order or in the patient's medical record* **Date** _____ / _____ / _____

Name:_____ Name:_____ Name:_____ Name:_____
DOB:_____ DOB:_____ DOB:_____ DOB:_____
Site 1:_____ Site 2:_____ Site 3:_____ Site 4:_____

Please make a copy of this document for your records.