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PATIENT INFORMATION

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH MM / DD / YYYY	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PATIENT ID
FACE SHEET - ATTACH A COPY OF THE PATIENT DEMOGRAPHICS AND INSURANCE/BILLING INFORMATION <input type="checkbox"/> INSURANCE <input type="checkbox"/> SELF-PAY <input type="checkbox"/> PRACTITIONER <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID					

CLINICAL INFORMATION & ICD-10 CODES

Date Collected (Required): MM / DD / YYYY	Physician (or Authorized Designee) Signature:	ICD-10 Code(s) (REQUIRED)
HISTORY OF PRESENT ILLNESS / PAST MEDICAL HISTORY		SPECIAL INSTRUCTIONS or SEND REPORT COPY TO

SPECIMEN #1 ■ RIGHT ■ LEFT

NAIL



SPECIMEN #2 ■ RIGHT ■ LEFT

<input type="checkbox"/> NAIL REMOVAL <input type="checkbox"/> NAIL CLIPPING <input type="checkbox"/> PUNCH <input type="checkbox"/> SHAVE <input type="checkbox"/> EXCISION <input type="checkbox"/> _____	SPECIMEN #1 SITE: SPECIMEN #2 SITE: PLEASE INDICATE PRECISE SITE OF ORIGIN (1 & 2) RIGHT LEFT	<input type="checkbox"/> NAIL REMOVAL <input type="checkbox"/> NAIL CLIPPING <input type="checkbox"/> PUNCH <input type="checkbox"/> SHAVE <input type="checkbox"/> EXCISION <input type="checkbox"/> _____
NAIL UNIT DYSTROPHY (Fungal, Inflammatory) <input type="checkbox"/> Higher Sensitivity (PAS/GMS/GRAM) <input type="checkbox"/> Routine (PAS)		NAIL UNIT DYSTROPHY (Fungal, Inflammatory) <input type="checkbox"/> Higher Sensitivity (PAS/GMS/GRAM) <input type="checkbox"/> Routine (PAS)
FUNGAL SPECIATION/ORGANISM IDENTIFICATION REFLEX PCR FOR ORGANISM AND ABR GENE IDENTIFICATION <input type="checkbox"/>		FUNGAL SPECIATION/ORGANISM IDENTIFICATION REFLEX PCR FOR ORGANISM AND ABR GENE IDENTIFICATION <input type="checkbox"/>
NEOPLASIA <input type="checkbox"/> Pigmented Streak/Lesion (R/O Melanoma) <input type="checkbox"/> Non-Pigmented Lesion (Verruca / R/O Carcinoma)		NEOPLASIA <input type="checkbox"/> Pigmented Streak/Lesion (R/O Melanoma) <input type="checkbox"/> Non-Pigmented Lesion (Verruca / R/O Carcinoma)

SKIN / SOFT TISSUE / BONE

SKIN* <input type="checkbox"/> Pigmented Lesion (Rule out Melanoma) <input type="checkbox"/> Non-Pigmented Lesion (Verruca/Rule out Carcinoma) <input type="checkbox"/> Dermatitis (Eczematous/Tinea) <input type="checkbox"/> Ulceration (Malignancy/Vasculitis) <input type="checkbox"/> Other: _____	R L ANTERIOR L R POSTERIOR	SKIN* <input type="checkbox"/> Pigmented Lesion (Rule out Melanoma) <input type="checkbox"/> Non-Pigmented Lesion (Verruca/Rule out Carcinoma) <input type="checkbox"/> Dermatitis (Eczematous/Tinea) <input type="checkbox"/> Ulceration (Malignancy/Vasculitis) <input type="checkbox"/> Other: _____
SOFT TISSUE* <input type="checkbox"/> Tumor (Ganglion/Lipoma/Sarcoma) <input type="checkbox"/> Inflammatory (Tophus/Abscess)		SOFT TISSUE* <input type="checkbox"/> Tumor (Ganglion/Lipoma/Sarcoma) <input type="checkbox"/> Inflammatory (Tophus/Abscess)
BONE* <input type="checkbox"/> Arthritis (HAV/Hammer Toe/DJD/Exostosis) <input type="checkbox"/> Lytic/Destructive (Osteomyelitis/Neoplasm) <input type="checkbox"/> Other: _____		BONE* <input type="checkbox"/> Arthritis (HAV/Hammer Toe/DJD/Exostosis) <input type="checkbox"/> Lytic/Destructive (Osteomyelitis/Neoplasm) <input type="checkbox"/> Other: _____
*REFLEX PCR FOR ORGANISM AND ABR GENE IDENTIFICATION <input type="checkbox"/>		*REFLEX PCR FOR ORGANISM AND ABR GENE IDENTIFICATION <input type="checkbox"/>
CYTOLOGY/FLUID/CRYSTAL ANALYSIS <input type="checkbox"/> Aspiration Crystal Analysis (fresh or in ETOH) <input type="checkbox"/> Aspiration Tumor (Ganglion / Cyst)		CYTOLOGY/FLUID/CRYSTAL ANALYSIS <input type="checkbox"/> Aspiration Crystal Analysis (fresh or in ETOH) <input type="checkbox"/> Aspiration Tumor (Ganglion / Cyst)
BACTERIOLOGY/SWAB (Open Wound) <input type="checkbox"/> PCR: Bacterial/Fungus with reflex antibiotic resistance gene detection <input type="checkbox"/> PCR: Bacterial/Fungus only, no ABR gene detection		BACTERIOLOGY/SWAB (Open Wound) <input type="checkbox"/> PCR: Bacterial/Fungus with reflex antibiotic resistance gene detection <input type="checkbox"/> PCR: Bacterial/Fungus only, no ABR gene detection

SPECIMEN CONTAINER MUST INCLUDE PATIENT NAME, SITE, AND BARCODED LABEL

SPECIMEN #1  NAME 100-1	SPECIMEN #2  NAME 100-2	SPECIMEN #3  NAME 100-3
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PATIENT ACKNOWLEDGMENT

This specimen was provided voluntarily for analysis and I authorize Reditus Laboratories to process, bill and provide results. I agree to the declarations and terms in the patient acknowledgment and irrevocable assignment of benefits on the back of this form.

Patient Signature _____ Date ____/____/____

MEDICAL PROVIDER ACKNOWLEDGMENT

Positive tests will receive histology, fungal and bacterial identification by PCR (Reflex test). This test is medically necessary for the risk assessment, diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder. The results will determine my patient's medical management and treatment decisions. By my signature below, I indicate that I am the referring physician or authorized health care provider. I have explained the purpose of the test. The patient has been given the opportunity to ask questions and/or seek further counsel. The patient has voluntarily decided to have the test performed by Reditus Laboratories. As the medical provider, I am responsible for documenting applicable ICD-10 diagnosis codes.

Physician Signature _____ Date ____/____/____

PATIENT ACKNOWLEDGMENT AND IRREVOCABLE ASSIGNMENT OF BENEFITS

The information provided on this form and on the label affixed to the specimen cup is accurate. The specimen identified on this form is my own. I have not adulterated it in any way. I am voluntarily submitting this specimen for analysis by my healthcare provider and/or third party lab. I authorize the lab to release the results of this test to the ordering healthcare provider. The lab is authorized to bill my insurance provider, or any payer, whether fully insured or self-insured, and I will irrevocably assign any payment of benefits, claims, rights, and interests related to the services my healthcare provider performed against any payer. I further authorize the lab and my healthcare provider to release to my insurance provider any medical information necessary to process this claim.

I acknowledge that AIT may be an out-of-network facility/provider with my insurance provider. I am also aware that in some circumstances my insurance provider may send the payment directly to me. I agree to endorse the insurance check and forward it to AIT within 15 days of receipt as payment towards the lab services provided by AIT. I acknowledge that I am responsible for any amounts not covered by my insurer including any deductibles and co-payments/co-insurance. I understand that AIT may use my specimen and any testing performed on that specimen for research and development so long as the information has been de-identified pursuant to law. I am aware that all AIT Privacy Practices can be found at www.healthtrackrx.com.

DIAGNOSIS (ICD-10) CODES: Antibiotic Resistance

- () Z16.30 Resistance to unspecified antimicrobial drugs
- () Z16.31 Resistance to antiparasitic drug(s)
- () Z16.32 Resistance to antifungal drug(s)
- () Z16.33 Resistance to antiviral drug(s)
- () Z16.35 Resistance to multiple antimicrobial drugs
- () Z16.39 Resistance to other specified antimicrobial drugs
- () Z16.341 Resistance to single antimycobacterial drug
- () Z16.342 Resistance to multiple antimycobacterial drugs

DIAGNOSIS (ICD-10) CODES: Nail/Paronychia

- () B35.8 Other dermatophytoses
- () B35.9 Dermatophytosis, unspecified
- () B36.9 Superficial mycosis, unspecified
- () L00-L99 Diseases of the skin and subcutaneous tissue
- () L00-L08 Infections of the skin and subcutaneous tissue
- () L03.0 Cellulitis and acute lymphangitis of finger and toe
- () L03.01 Cellulitis of finger
- () L03.011 Cellulitis right finger
- () L03.012 Cellulitis left finger
- () L03.019 Cellulitis unspecified finger
- () L03.03 Cellulitis of toe
- () L60.0 Ingrowing nail
- () L60.1 Onycholysis
- () L60.2 Onychogryphosis
- () L60.3 Nail dystrophy
- () L60.4 Beau's lines
- () L60.5 Yellow nail syndrome
- () L60.8 Other nail disorders
- () L60.9 Nail disorder, unspecified

DIAGNOSIS (ICD-10) CODES: Wound

- () E11.621 Type 2 diabetes mellitus with foot ulcer
- () E11.622 Type 2 diabetes mellitus with other skin ulcer
- () I70.203 Unsp atherosclerotic native arteries of extremities, bilateral legs
- () I70.232 Atherosclerotic native arteries of right leg w ulceration of calf
- () I70.234 Atherosclerotic native art of right leg w ulcer of heel and mid-foot
- () I70.244 Atherosclerotic native art of left leg w ulcer of heel and mid-foot
- () I70.245 Atherosclerotic native arteries of left leg w ulceration oth prt foot
- () I87.311 Chronic venous hypertension w ulcer of r low extremity
- () I87.312 Chronic venous hypertension w ulcer of l low extremity
- () I87.313 Chronic venous hypertension w ulcer of bilateral low extremity
- () I87.332 Chronic venous htn w ulcer and inflammation of l low extremity
- () L03.115 Cellulitis of right lower limb
- () L03.116 Cellulitis of left lower limb
- () L89.143 Pressure ulcer of left lower back, stage 3
- () L89.144 Pressure ulcer of left lower back, stage 4
- () L89.154 Pressure ulcer of sacral region, stage 4
- () L89.313 Pressure ulcer of right buttock, stage 3
- () L89.314 Pressure ulcer of right buttock, stage 4
- () L89.323 Pressure ulcer of left buttock, stage 3
- () L89.324 Pressure ulcer of left buttock, stage 4
- () L89.513 Pressure ulcer of right ankle, stage 3
- () L89.893 Pressure ulcer of other site, stage 3
- () L89.894 Pressure ulcer of other site, stage 4
- () L97.212 Non-pressure chronic ulcer of right calf w fat layer exposed
- () L97.222 Non-pressure chronic ulcer of left calf w fat layer exposed
- () L97.312 Non-pressure chronic ulcer of right ankle w fat layer exposed
- () L97.411 Non-pressure chr. ulcer of right heel and midft lmt to brkdwn skin
- () L97.412 Non-pressure chr ulcer of right heel and mid-foot w fat layer expos
- () L97.413 Non-pressure chr ulcer of right heel and mid-foot w necros muscle
- () L97.419 Non-pressure chr ulcer of right heel and mid-foot w unsp severt
- () L97.422 Non-pressure chr ulcer of left heel and mid-foot w fat layer expos
- () L97.423 Non-pressure chr ulcer of left heel and midfoot w necros muscle
- () L97.429 Non-pressure chronic ulcer of left heel and mid-foot w unsp severt
- () L97.512 Non-pressure chronic ulcer oth prt right foot w fat layer exposed
- () L97.522 Non-pressure chronic ulcer oth prt left foot w fat layer exposed
- () L97.811 Non-pressure chr ulcer oth prt r low leg limited to brkdwn skin
- () L97.812 Non-pressure chronic ulcer oth prt r low leg w fat layer exposed
- () L97.821 Non-pressure chr ulcer oth prt l low leg limited to brkdwn skin
- () L97.822 Non-pressure chronic ulcer oth prt l low leg w fat layer exposed
- () L97.912 Non-pressure chr ulc unsp prt of r low leg w fat layer exposed
- () M86.171 Other acute osteomyelitis, right ankle and foot
- () M86.172 Other acute osteomyelitis, left ankle and foot
- () M86.18 Other acute osteomyelitis, other site
- () S31.105S Unsp open wound abd wall, periumb rgn w/o penet perit cav, sqla
- () S81.001A Unspecified open wound, right knee, initial encounter
- () S81.002A Unspecified open wound, left knee, initial encounter
- () S81.801A Unspecified open wound, right lower leg, initial encounter
- () S81.802A Unspecified open wound, left lower leg, initial encounter
- () T81.31XA Disruption of external operation (surgical) wound, NEC, init
- () T86.821 Skin graft (allograft) (autograft) failure
- () T86.828 Other complications of skin graft (allograft) (autograft)

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