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www.yourgolab.com



Patient Name: _____

DOB: ____ / ____ / ____



Patient Name: _____

DOB: ____ / ____ / ____

UTI & Wound Requisition

Physician Information

Patient Information

Patient Name: _____
(Last Name, First Name)

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____ / ____ / ____ Phone#: _____

Gender: Male Female SS#: _____

Requesting Physician's Signature

X _____

Collection Information

Collection Date: ____ / ____ / ____ Time: _____ am/pm

Collection Site: Office Home ASC Urgent Care Hospital

Billing Information (Please attach copies of all cards, front and back)

PRIMARY Billing Information Attached

Medicare Medicaid Other Insurance Self Pay Bill Ordering Physician

Insurance Carrier: _____ Policy/ID #: _____ Group #: _____

SECONDARY

Medicare Medicaid Other Insurance Self Pay Bill Ordering Physician (no ins. info needed)

ICD-10 CODE(S): _____

(See list on reverse side for references)

Specimen Submitted

Wound Site: _____

UTI Panel

Bacteria

- Acinetobacter baumannii
- Chlamydia trachomatis
- Citrobacter freundii
- Enterobacter aerogenes
- Enterobacter cloacae
- Enterococcus faecalis
- Enterococcus faecium
- Escherichia coli
- Klebsiella pneumoniae
- Morganella morganii
- Neisseria gonorrhoeae
- Proteus mirabilis
- Pseudomonas aeruginosa
- Staphylococcus aureus
- Staphylococcus saprophyticus
- Streptococcus agalactiae
- Streptococcus pyogenes
- Trichomonas vaginalis

Fungus

- Candida albicans
- Candida glabrata

Antibiotic Resistance

- AmpC b-Lactamase, Class C
- Carbapenemase, Class A
- Carbapenemase, Class B
- Carbapenemase, Class D
- Ext.Spectrum-b-Lactamase
- Methicillin-resistant Staphylococcus aureus (MRSA)
- Vancomycin-resistant Enterococcus (VRE)

Wound Panel

Bacteria

- Acinetobacter baumannii
- Citrobacter freundii
- Enterobacter aerogenes
- Enterobacter cloacae
- Enterococcus faecalis
- Enterococcus faecium
- Escherichia coli
- Klebsiella oxytoca
- Klebsiella pneumoniae
- Morganella morganii
- Mycobacterium avium
- Mycobacterium intracellulare
- Proteus species
- Pseudomonas aeruginosa
- Staphylococcus aureus
- Staphylococcus epidermidis
- Streptococcus agalactiae
- Streptococcus pyogenes

Fungus

- Aspergillus flavus
- Aspergillus fumigatus
- Candida albicans
- Candida glabrata

Antibiotic Resistance

- Carbapenemase, Class A
- Carbapenemase, Class B
- Carbapenemase, Class D
- Ext.Spectrum-b-Lactamase
- Methicillin-resistant Staphylococcus aureus (MRSA)
- Panton-Valentine leukocidin (PVL) Positive MRSA
- Vancomycin-resistant Enterococcus (VRE)

Patient Consent: I authorize payment to be paid to A2Z Diagnostics, LLC shown above for laboratory testing benefits otherwise payable to me. I understand I am financially responsible to A2Z Diagnostics, LLC for charges not paid or payable under my insurance program attached. I understand that my insurance may not be able to honor this request. If they cannot, they will pay the benefits directly to me as the insured and will direct the payment to A2Z Diagnostics, LLC.

Patient Signature: _____

DIAGNOSIS/ICD-10 CODES

Note: This list is provided in an effort to show some of the more commonly used Diagnosis Codes. Please Mark with a ALL Diagnosis Codes that describe the reason(s) for ordering the test(s).

Mark ()	Diagnosis Code	Diagnosis Description
Wound ICD-10		
	I02.415	Cutaneous abscess
	E11.621	Type 2 DM with foot ulcer
	I03.115	Cellulitis of right lower limb
	I02.91	Cutaneous abscess, Unspecified
	I03.116	Cellulitis of left lower limb
	I03.119	Cellulitis part of limb, Unspecified
	I08.9	Local infection of the skin and subcutaneous tissue, Unspecified
	R21	Rash & other unspecified skin eruption
	I08.89	Other spc local infections of the skin & subcutaneous tissue
	B35.1	Tinea unguium
	I03.32	Cellulitis of left toe
	I03.31	Cellulitis of right toe
	B87.1	Wound myiasis
	T86.821	Skin graft (allo/auto) failure
	B49	Unspecified mycosis
	T81.31XA	Disruption of ext. operation wound, initial encounter
	E11.622	Type 2 diabetes melitus with other skin ulcer
	A03.9	Shigellosis unspecified
	A07.1	Giardiasis lambliasis
	B35.3	Tinea pedis
	I20.81	Atopic neurodermatitis
	I89.893	Pressure ulcer other site, stage 3
	I02.612	Cutaneous abscess of left foot
	I02.416	Cutaneous abscess left lower limb
	I21.9	Seborrheic dermatitis, unspecified
	Z16.30	Resistace to unspecified antimicrobial drugs
	B34.9	Viral infection, Unspecified
	I30.9	Dermatitis, Unspecified
	A05.9	Bacterial foodborne intoxication, Unspecified
	I02.415	Cutaneous Abscess right lower limb

WOUND COLLECTION INSTRUCTIONS:

Prepare

Using universal precautions, open sterile swab package and apply completed requisition label to collection tube.

Collect

Using aseptic technique, clean surface with sterile saline and collect specimen using sterile swab. Remove scab from wound (if applicable) and swab underneath scab or biofilm for an optimal sample.

Seal

After collection, place swab back in collection tube and close tightly. Place sealed swab into biohazard bag and close. Place white copy of requisition form and patient paperwork in outer pouch.

WOUND TISSUE INSTRUCTIONS:

Prepare

Using universal precautions, open sterile collection cup and apply completed requisition label to collection cup.

Collect

Using aseptic technique, clean surface with sterile saline and collect tissue specimen using sterile instruments.

Seal

After collection, place tissue specimen in collection cup and close tightly. Place sealed cup into biohazard bag and close. Place white copy of requisition form and patient paperwork in outer pouch.