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Lab Director: Guihua M. Cao, MD

PRACTICE INFORMATION

REQUIRED

Practice Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

PHYSICIAN INFORMATION

REQUIRED

Physician Name: _____ NPI: _____
Physician Name: _____ NPI: _____
Physician Name: _____ NPI: _____

WOUND PCR LABORATORY REQUISITION FORM

1 PATIENT INFORMATION

REQUIRED

First Name: _____ Last Name: _____ Date of Birth: _____
Gender: ☐ M ☐ F Bill Type: ☐ Insurance ☐ Self-Pay ☐ Client Bill ATTACH A COPY OF THE PATIENT DEMOGRAPHICS AND INSURANCE INFORMATION

2 COLLECTION INFORMATION

REQUIRED

Date: _____ Time: _____ ☐ AM ☐ PM Specimen Type: ☐ Swab Collector Initials: _____

3 DIAGNOSIS (ICD-10) CODES (MEDICALLY NECESSARY) List of Recommended ICD-10 Codes on Reverse Side

REQUIRED

ICD-10 Codes: _____

4 TEST ORDER

SELECT ONE OR MORE (REQUIRED)

☐ WOUND PCR PANEL: If you select the Full Wound Panel the Antibiotic Resistance (ABR) PCR Panel below is available to added to the order

- | | | | |
|-----------------|--|--|---|
| BACTERIA | <input type="checkbox"/> Acinetobacter baumannii | <input type="checkbox"/> Enterobacter cloacae | <input type="checkbox"/> Proteus mirabilis |
| | <input type="checkbox"/> Anaerococcus vaginalis | <input type="checkbox"/> Enterococcus faecalis | <input type="checkbox"/> Pseudomonas aeruginosa |
| | <input type="checkbox"/> Bacteroides fragilis | <input type="checkbox"/> Enterococcus faecium | <input type="checkbox"/> Serratia marcescens |
| | <input type="checkbox"/> Citrobacter freundii | <input type="checkbox"/> Citrobacter freundii | <input type="checkbox"/> Staphylococcus aureus |
| | <input type="checkbox"/> Clostridium perfringenes | <input type="checkbox"/> Finegoldia magna / Peptostreptococcus maganus | <input type="checkbox"/> Staphylococcus epidermidis |
| | <input type="checkbox"/> Clostridium septicum | <input type="checkbox"/> Fusobacterium necrophorum | <input type="checkbox"/> Staphylococcus haemolyticus |
| | <input type="checkbox"/> Corynebacterium jeikeium | <input type="checkbox"/> Fusobacterium nucleatum | <input type="checkbox"/> Staphylococcus lugdunensis |
| | <input type="checkbox"/> Corynebacterium striatum | <input type="checkbox"/> Klebsiella pneumoniae | <input type="checkbox"/> Staphylococcus saprophyticus |
| | <input type="checkbox"/> Corynebacterium tuberculostrictum | <input type="checkbox"/> Peptoniphilus harei | <input type="checkbox"/> Streptococcus agalactiae |
| | <input type="checkbox"/> Escherichia coli | <input type="checkbox"/> Peptoniphilus ivorii | <input type="checkbox"/> Streptococcus pneumoniae |
| | <input type="checkbox"/> Enterobacter aerogenes | <input type="checkbox"/> Peptostreptococcus anaerobius | <input type="checkbox"/> Streptococcus pyogenes |
| ----- | | | |
| FUNGI | <input type="checkbox"/> Candida albicans | <input type="checkbox"/> Candida tropicali | <input type="checkbox"/> Sporothrix brasiliensis |
| | <input type="checkbox"/> Candida glabrata | <input type="checkbox"/> Arthroderma vanbreuseghemii / Trichophyton mentagrophytes | <input type="checkbox"/> Sporothrix globosa |
| | <input type="checkbox"/> Candida parapsilosis | <input type="checkbox"/> Trichophyton rubrum | <input type="checkbox"/> Sporothrix schenckii |

☐ Antibiotic Resistance (ABR) PCR Panel ABR PCR Panel can be ordered with the Wound PCR Panel above

- | | | |
|---|---|--|
| <ul style="list-style-type: none">• ampC, ACC, ACT/MIR (Ampicillin Resistance)• BlaNDM-1, GES, CTX-M 1, 2, 8/25, 9, PER 1, VEB, blaFOX, CMY/LAT/MOX (Extended-Spectrum-Betalactamase Resistance)• Sul 1, 2 (Sulfonamide Resistance:)• dfrA1, 5 (Trimethoprim Resistance) | <ul style="list-style-type: none">• blaOXA-48, Imp 1, Imp2, KPC, NDM, OXA-48, OXA-51, VIM (Carbanpenem Resistance)• Cfr (Phenicol and Lincosamide Resistance)• ermA, ermB, ermC (Macrolide Resistance)• tetM, tetS (Tetracycline Resistance)• QnrA, QnrB1, QnrB2, QnrB3, QnrB4 (Quinolone Resistance) | <ul style="list-style-type: none">• Mcr-1 (Polymyxin Resistance)• VanA1, VanB (Vancomycin Resistance)• mecA, mecC (femA for MRSA detection) (Methicillin Resistance) |
|---|---|--|

PATIENT ACKNOWLEDGMENT AND IRREVOCABLE ASSIGNMENT OF BENEFITS

The information provided on this form and on the label affixed to the specimen tube 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 AIM Laboratories 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 AIM Laboratories within 15 days of receipt as payment towards the lab services provided by AIM. 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 AIM Laboratories 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 AIM Laboratories Privacy Practices can be found at www.aimlaboratories.com.

7 PATIENT ACKNOWLEDGEMENT

REQUIRED

This specimen was provided voluntarily for analysis and I authorize AIM 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: x
Date: _____

Patient Name: _____
Date of Birth: _____



8 AUTHORIZED HEALTHCARE PROVIDER ACKNOWLEDGMENT

REQUIRED

I acknowledge that documentation to support medical necessity for all tests ordered is recorded in the patient's chart. If not signed, Authorized Healthcare Provider affirms that test orders are placed in patient file with provider signature and will be available upon request. The Office of the Inspector General requires documentation in patient medical chart including date of service, tests ordered and documentation to support medical necessity.

Provider Signature: x
Date: _____

Patient Name (Label 1): _____
Date of Birth: _____
Patient Name (Label 2): _____
Date of Birth: _____

Label 1



Label 2



DIAGNOSIS (ICD-10) CODES

The ICD-10 codes provided below are based on AMA guidelines and are for information purposes only. ICD-10 coding is the sole responsibility of the ordering provider.

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 chronic ulcer of right heel and mid-foot lmt to brkdwn skin
- () L97.412 Non-pressure chronic ulcer of right heel and mid-foot w/ fat layer expos
- () L97.413 Non-pressure chronic ulcer of right heel and mid-foot w/ necros muscle
- () L97.419 Non-pressure chronic ulcer of right heel and mid-foot w/ unspecified sever
- () L97.422 Non-pressure chronic ulcer of left heel and mid-foot w/ fat layer expos
- () L97.423 Non-pressure chronic ulcer of left heel and mid-foot w/ necros muscle
- () L97.429 Non-pressure chronic ulcer of left heel and mid-foot w/ unspecified sever
- () L97.512 Non-pressure chronic ulcer other part right foot w/ fat layer exposed
- () L97.522 Non-pressure chronic ulcer other part left foot w/ fat layer exposed
- () L97.811 Non-pressure chronic ulcer other part right low leg limited to brkdwn skin
- () L97.812 Non-pressure chronic ulcer other part right low leg w/ fat layer exposed
- () L97.821 Non-pressure chronic ulcer other part left low leg limited to brkdwn skin
- () L97.822 Non-pressure chronic ulcer other part left low leg w/ fat layer exposed
- () L97.912 Non-pressure chronic ulc unspecified part of right 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 Unspecified 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)

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