PCR - WND Implementation

ten healthcare
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PLACE ON SWAB (1)

PCR MOLECULAR REQUISITION - WOUND INFECTION

(2)

LAST NAME	FIRST NAME	D.O.B.
DOE	JANE	MM/DD/YY
STREET ADDRESS	**ZIP CODE**	**PHONE NUMBER**
1 Patient St.	12345	(314) 200-3040
RACE	**ETHNICITY**	**SEX**
WHITE	NON-HISPANIC	M ☐ F ☒

Requesting Provider (3): DR. SWAB TESTER

Date of Collection* (4): MM/DD/YY

Billing Information (5): ☒ INSURANCE ☐ SELF PAY ☐ CLIENT BILL

Wound Location (6)

DIRECTIONAL LOCATION		ANATOMICAL LOCATION			
☒ ANTERIOR	Other:	☐ HEAD		☐ GENITALIA	Other:
☐ INFERIOR		☐ NECK		☐ LEFT LEG	
☐ LATERAL		☐ CHEST		☐ RIGHT LEG	
☐ MEDIAL		☐ BACK		☐ LEFT FOOT	
☐ POSTERIOR		☒ TRUNK		☐ RIGHT FOOT	
☐ SUPERIOR		☐ BUTTOCKS			

Diagnosis Codes (7)

☒ A49.9	Bacterial Infection, Unspecified	☐ R59.9	Enlarged Lymphnodes, Unspecified
☐ A48.8	Other Specified Bacterial Disease	☐ R63.0	Anorexia
☐ B99.9	Unspecified Infectious Disease	☐ Z20.89	Contact With (and suscpected) Exposure to Other Communicable Disease
☐ M25.50	Joint Pain, Unspecified	☐ Z22.330	Carrier of Group B Streptoccoccus
☐ M79.10	Myalgia, Unspecified Site	☐ Z22.39	Carrier of Other Specified Bacterial Disease
☐ R40.1	Stupor	☐ I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg
☐ R50.9	Fever, Unspecified	☐ I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg
☐ R51	Headache	☐ I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs
☐ R53.1	Weakness	☐ I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity
☐ R53.81	Other Malalse	☐ I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity
☐ R57.9	Shock, Unspecified	Other:	

☐ TEN Wound Infection Panel (INCLUDES ALL BACTERIAL & YEAST PATHOGENS) (8)

BACTERIAL PATHOGENS			YEAST PATHOGENS
☐ Acinetobacter baumannii	☐ Fusobacterium nucleatum		☐ Candida albicans
☐ Anaerococcus vaginalis	☐ Klebsiella pneumoniae		☐ Candida glabrata
☐ Bacteroides fragilis	☐ Peptoniphilus harei		☐ Candida parapsilosis
☐ Citrobacter freundii	☐ Peptoniphilus ivorii		
☐ Clostridium perfringens	☐ Peptostreptococcus anaerobius		
☐ Clostridium septicum	☐ Peptostreptococcus asaccharolyticus/Peptoniphilus asaccharolyticus		
☒ Corynebacterium Panel 1 of 2:	☐ Peptostreptococcus prevotii		
(jeikeium, diptheriae, ulcerans, pseudotuberculosis)	☐ Proteus mirabilis		
☒ Corynebacterium Panel 2 of 2:	☐ Pseudomonas aeruginosa		
(tuberculostearicum, aurimucosum, simulans, pseudogenitalium, striatum)	☐ Serratia marcescens		
☐ Corynebacterium striatum	☒ Staphylococcus aureus		
☐ Enterobacter aerogenes	☒ Staphylococcus epidermidis		
☐ Enterococcus faecalis	☒ Staphylococcus lugdunensis		
☐ Enterococcus faecium	☒ Staphylococcus saprophyticus		
☐ Escherichia coli	☐ Streptococcus agalactiae		
☐ Finegoldia magna/Peptostreptococcus magnus	☐ Streptococcus pneumoniae		
☐ Fusobacterium necrophorum	☐ Streptococcus pyogenes		

☒ TEN Antibiotic Resistance Panel**

ANTIBIOTIC RESISTANT GENES		
☐ ACC-4 (AmpC beta-lactamase resistance)	☐ ErmB1 (Macrolide Lincosamide Streptogramin resistance)	☐ PER-1 (Minor Extended Spectrum beta-lactamases resistance)
☐ ACT/MIR (AmpC beta-lactamase resistance)	☐ ermC (Macrolide Lincosamide Streptogramin resistance)	☐ qnrA2 (Fluoroquinolone resistance)
☐ ampC/CMY2 (Ampicillin resistance)	☐ FOX (AmpC beta-lactamase resistance)	☐ qnrB (Fluoroquinolone resistance)
☐ BIL/LAT/CMY (beta-lactamase resistance)	☐ GES-1 (Minor Extended Spectrum beta-lactamases resistance)	☐ SHV2 (Class A beta Lactamases)
☐ blaSHV-5 (Class A beta Lactamases)	☐ IMP1 (Class B metallo beta-lactamase resistance)	☐ sul1 (Trimethoprim/Sulfamethoxazole resistance)
☐ CFR23S (Chloramphincol-florfenicol resistance)	☐ IMP2 (Class B metallo beta-lactamase resistance)	☐ sul2 (Trimethoprim/Sulfamethoxazole resistance)
☐ CMY/MOX (beta-lactamase resistance)	☐ KPC2 (Class A beta-lactamase resistance)	☐ TetM1 (Tetracycline resistance)
☐ CTX-M1 (Class A beta-lactamase resistance)	☐ MCR-1 (mobilized colistin resistance, extended beta-Lactamases)	☐ TetS1 (Tetracycline resistance)
☐ CTX-M2 (Class A beta-lactamase resistance)	☐ MecA1 (Methicillin resistance)	☐ VanA1 (Vancomycin resistance)
☐ CTX-M8/M25 (Class A beta-lactamase resistance)	☐ MecC1 (Methicillin resistance)	☐ VanA2 (Vancomycin resistance)
☐ CTX-M9a (Class A beta-lactamase resistance)	☐ mefA (Macrolide Lincosamide Streptogramin resistance)	☐ VanB1 (Vancomycin resistance)
☐ dfr A1 (Trimethoprim/Sulfamethoxazole resistance)	☐ NDM-1 (Class B metallo beta-lactamase resistance)	☐ VEB-1 (Minor Extended Spectrum beta-lactamases resistance)
☐ dfr A5 (Trimethoprim/Sulfamethoxazole resistance)	☐ OXA-48 (Class D Oxacillinase resistance)	☐ VIM-1 (Class B metallo beta-lactamase resistance)
☐ ermA (Macrolide Lincosamide Streptogramin resistance)	☐ OXA-51 (Class D Oxacillinase resistance)	

PATIENT AUTHORIZATION:

I authorize TEN Healthcare to release the results of this testing to the treating physician or facility. I hereby authorize that payment of authorized benefits be made on my behalf to TEN Healthcare. I acknowledge that TEN Healthcare may be an out-of-network provider with my insurer. If my current policy prohibits direct payment to TEN Healthcare, I agree to receive the funds and relinquish them to TEN Healthcare as payment towards charges for services rendered within 30 days of receipt. I authorize TEN Healthcare and its agents, and/or third party payers any information needed to determine these benefits payable for related services.

(9) Patient Signature: *Jane Doe* Date: MM/DD/YY

(10) Physician Signature: *Dr. Swab Tester* Date: MM/DD/YY

*The detection of viral and bacterial nucleic acid is dependent upon proper specimen collection, handling, transportation, storage and preparation. Please follow the manufacturer's guidelines for specimen stability located on the package insert for the sample collection devices. Wound samples received past the manufacturer's recommended time frame for stability will be rejected for testing.

**TEN Healthcare Antibiotic Resistance Panel is a reflex test only. If the TEN Healthcare Antibiotic Resistance Panel is chosen, this test will be run if positive for bacterial pathogen that could be susceptible to antibiotic treatment. The TEN Healthcare Antibiotic Resistance Panel will not be run for negative results or viral pathogens.

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ORIGINAL - T.E.N. HEALTHCARE COPY

YELLOW - PHYSICIAN COPY

WOUND INFECTION

WOUND INFECTION

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INSTRUCTION NOTES:

(1) Place Sticker On Sample Tube

(2) Patient DEMO Information (Name, DOB, Address, Phone, Race, Ethnicity, Sex)

(3) Requesting Provider (e.g., “Dr. Swab Tester”)

(4) Date of Collection

(5) Select Billing Method (Insurance, self pay, or client bill)

(6) Select Wound Sample Location Site

(7) Select Applicable Diagnosis Codes

(8) Select Desired Testing for Sample (Individual Pathogens or Comprehensive Panels)

(9) Patient Signature and Date

(10) Physician Signature and Date

PLEASE ATTACH

(A) Patient’s Facesheet / Demographics

(B) Patient Insurance Card (if available)