

# PCR - WOUND Implementation



10854 Midwest Industrial Blvd. St. Louis, MO 63132  
 Phone: (314) 200-3040 | Fax (314) 200-3042  
 CLIA ID #26D0953866  
 V2

PLACE ON SWAB



(1)

## PCR MOLECULAR REQUISITION - WOUND INFECTION

PRACTICE INFORMATION	PATIENT INFORMATION	*SPECIMEN INFORMATION
	DOE JOHN	MM/DD/YY
	LAST NAME FIRST NAME	DATE COLLECTED
	SSN MM/DD/YY	HH:MM AM
	SSN DATE OF BIRTH	TIME COLLECTED

(2)

REQUESTING PHYSICIAN: (3) DR. SWAB TESTER Sex: F  M

### (4) Diagnosis Codes

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> A49.9 Bacterial Infection, Unspecified | <input type="checkbox"/> R57.9 Shock, Unspecified   |
| <input type="checkbox"/> A48.8 Other Specified Bacterial Disease           | <input type="checkbox"/> R59.9 Enlarged Lymphnodes, Unspecified                                     |
| <input type="checkbox"/> B99.9 Unspecified Infectious Disease              | <input type="checkbox"/> R63.0 Anorexia   |
| <input type="checkbox"/> M25.50 Joint Pain, Unspecified                    | <input type="checkbox"/> Z20.89 Contact With (and suspected) Exposure to Other Communicable Disease |
| <input type="checkbox"/> M79.10 Myalgia, Unspecified Site                  | <input type="checkbox"/> Z22.330 Carrier of Group B Streptococcus                                   |
| <input type="checkbox"/> R40.1 Stupor                                      | <input type="checkbox"/> Z22.39 Carrier of Other Specified Bacterial Disease                        |
| <input type="checkbox"/> R50.9 Fever, Unspecified                          | Other:  |
| <input type="checkbox"/> R51 Headache                                      |   |
| <input type="checkbox"/> R53.1 Weakness                                    |   |
| <input type="checkbox"/> R53.81 Other Malaise                              |   |

TEN Wound Infection Panel (5)  TEN Antibiotic Resistance Panel\*\*

BACTERIAL PATHOGENS	ANTIBIOTIC RESISTANT GENES
Acinetobacter baumannii	VanA1, A2 (Vancomycin resistance)
Anaerococcus vaginalis	VanB (Vancomycin resistance)
Bacteroides fragilis	mecA, mecC (Methicillin resistance)
Citrobacter freundii	ermA, ermB, ermC (Macrolide Lincosamide Streptogramin resistance)
Clostridium perfringens	mefA (Macrolide Lincosamide Streptogramin resistance)
Clostridium septicum	qnrA2, B (Fluoroquinolone resistance)
Corynebacterium 1 (jeikeium, diphtheriae, ulcerans, pseudotuberculosis)	tetM, TetS (Tetracycline resistance)
Corynebacterium 2 (tuberculostrictum, aurimucosum, simulans, pseudogenitalium, striatum)	SHV2/5 (Class A beta-lactamase resistance)
Corynebacterium striatum	KPC2 (Class A beta-lactamase resistance)
Escherichia coli	IMP 1,2 (Class B metallo beta-lactamase resistance)
Enterobacter aerogenes	NDM-1 (Class B metallo beta-lactamase resistance)
Enterobacter cloacae	VIM-1 (Class B metallo beta-lactamase resistance)
Enterococcus faecalis	CMY/MOX (beta-lactamase resistance)
Enterococcus faecium	BIL/LAT/CMY (beta-lactamase resistance)
Finegoldia magna/Peptostreptococcus magnus	ACT/MIR/FOX (AmpC beta-lactamase resistance)
Fusobacterium necrophorum	ACC-4 (AmpC beta-lactamase resistance)
Fusobacterium nucleatum	OXA-48, 51 (Class D Oxacillinase resistance)
Klebsiella pneumoniae	PER-1 (Minor Extended Spectrum beta-lactamases resistance)
Peptoniphilus harei	VEB-1 (Minor Extended Spectrum beta-lactamases resistance)
Peptoniphilus ivorii	GES-1 (Minor Extended Spectrum beta-lactamases resistance)
Peptostreptococcus prevotii	dfr A1, A5 (Trimethoprim/Sulfamethoxazole resistance)
Peptostreptococcus anaerobius	sul1, 2 (Trimethoprim/Sulfamethoxazole resistance)
Peptostreptococcus asaccharolyticus/Peptoniphilus asaccharolyticus	CTX-M1/M9a/M2/M8/M25 (Class A beta-lactamase resistance)
Proteus mirabilis	ampC/blaCMY2 (Ampicillin resistance)
Pseudomonas aeruginosa	mcr-1 (mobilized colistin resistance, extended beta-Lactamases)
Serratia marcescens	Cfr23S (phenicol, lincosamide, oxazolidinone, pleuromutilin, streptogramin A classes and some large macrolide antibiotics resistance)
Staphylococcus aureus	
Staphylococcus epidermidis	
Staphylococcus lugdunensis	
Staphylococcus saprophyticus	
Streptococcus agalactiae	
Streptococcus pneumoniae	
Streptococcus pyogenes	
YEAST PATHOGENS	
Candida albicans	
Candida glabrata	
Candida parapsilosis	
Candida tropicalis	

**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.

(6) Patient Signature: *John Doe* Date: MM/DD/YY

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

SPECIAL INSTRUCTIONS:

\*\*The detection of viral and bacterial nucleic acid is dependent upon proper specimen collection, handling, transportation, storage and preparation. According to the manufacturer's guidelines for specimen stability, the liquid Amies transport medium keeps e-swab specimens stable for up to 48 hours from the time of collection. Wound samples received past the 48 hour time frame will be rejected.  
 \*\*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.

WOUND INFECTION

WOUND INFECTION



### **INSTRUCTION NOTES:**

- (1) Place Sticker On Swab
- (2) Patient Name (Last, First) and D.O.B., Date of Collection, Time of Collection and patient sex.
- (3) Requesting Practitioner (e.g., “Dr. Swab Tester”)
- (4) Select or write in applicable diagnosis codes
- (5) Check the panel(s) that the doctor is requesting be run
- (6) Patient signature and date of signature
- (7) Physician signature and date of signature

### **PLEASE ATTACH**

- (A) Patient’s Facesheet / Demographics**
- (B) Patient Insurance Card (if available)**