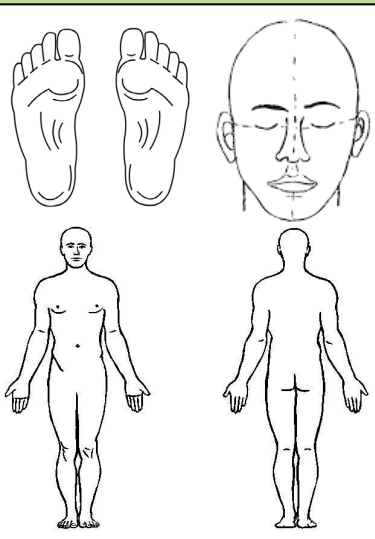


PATIENT INFORMATION				COLLECTION INFORMATION	
Last Name		First Name		Collection	AM
Address		Apt #		Date: ____/____/____	Time: ____:____ PM
ACCOUNT INFORMATION					
City		State	Zip Code		
Phone		Sex	Age	DOB	
Social Security #		MR/Chart #:			
BILLING INFORMATION					
Name of Insured					
Company Name					
Street Address					
City		State	Zip Code		
Policy #		Group #			
Medicare/Medicaid #		Referral #			
RULE OUT / SUSPECTED DIAGNOSIS			MARK SPECIMEN SITE		
ICD-10 Codes: _____					
CLINICAL INFORMATION					
HISTOLOGY BIOPSIES					
<b>(A) SITE:</b> _____					
<input type="radio"/> Punch Bx. <input type="radio"/> Punch Excision (Ink) <input type="radio"/> Shave Biopsy		<input type="radio"/> Shave Excision (Ink) <input type="radio"/> Excision (Ink) <input type="radio"/> Curettage		<input type="radio"/> Alopecia Sections <input type="radio"/> DIF	
<b>Operative Findings:</b> _____					
<input type="radio"/> Nevus Atypical <input type="radio"/> Melanoma <input type="radio"/> BCC		<input type="radio"/> SCC <input type="radio"/> AK <input type="radio"/> SK		<input type="radio"/> FEP <input type="radio"/> DF <input type="radio"/> VV	
<b>(B) SITE:</b> _____					
<input type="radio"/> Punch Bx. <input type="radio"/> Punch Excision (Ink) <input type="radio"/> Shave Biopsy		<input type="radio"/> Shave Excision (Ink) <input type="radio"/> Excision (Ink) <input type="radio"/> Curettage		<input type="radio"/> Alopecia Sections <input type="radio"/> DIF	
<b>Operative Findings:</b> _____					
<input type="radio"/> Nevus Atypical <input type="radio"/> Melanoma <input type="radio"/> BCC		<input type="radio"/> SCC <input type="radio"/> AK <input type="radio"/> SK		<input type="radio"/> FEP <input type="radio"/> DF <input type="radio"/> VV	
<b>(C) SITE:</b> _____					
<input type="radio"/> Punch Bx. <input type="radio"/> Punch Excision (Ink) <input type="radio"/> Shave Biopsy		<input type="radio"/> Shave Excision (Ink) <input type="radio"/> Excision (Ink) <input type="radio"/> Curettage		<input type="radio"/> Alopecia Sections <input type="radio"/> DIF	
<b>Operative Findings:</b> _____					
<input type="radio"/> Nevus Atypical <input type="radio"/> Melanoma <input type="radio"/> BCC		<input type="radio"/> SCC <input type="radio"/> AK <input type="radio"/> SK		<input type="radio"/> FEP <input type="radio"/> DF <input type="radio"/> VV	
CYTOLOGY			WOUND CULTURE		
<b>JAR</b> <b>A. FNA Site:</b> _____ <b>Size:</b> ____ cm. <b>B. FNA Site:</b> _____ <b>Size:</b> ____ cm.			<input type="checkbox"/> <b>Wound Culture and Sensitivity (Swab)</b> <b>JAR</b> <b>A.</b> _____		

MYCOLOGY EVALUATION			
For optimal results, collect both formalin, and unfixed specimens. If limited tissue is available, send specimen unfixed. Priority of testing Histology.			
SPECIMENS		Histology w/ PAS Stain	Fungal Culture
<b>JAR</b>	<b>Type / Site</b>		
A.	_____	<input type="checkbox"/>	<input type="checkbox"/>
B.	_____	<input type="checkbox"/>	<input type="checkbox"/>
C.	_____	<input type="checkbox"/>	<input type="checkbox"/>

Pt. Name: AS1000 Site: _____ Jar#: _____	Pt. Name: AS1000 Site: _____ Jar#: _____	Pt. Name: AS1000 Site: _____ Jar#: _____	Pt. Name: AS1000 Site: _____ Jar#: _____
Pt. Name: AS1000 Site: _____ Jar#: _____	Pt. Name: AS1000 Site: _____ Jar#: _____	Pt. Name: AS1000 Site: _____ Jar#: _____	Pt. Name: AS1000 Site: _____ Jar#: _____

Please indicate your Diagnosis Code selection on the front of this test requisition in the designated spaces under **RULE OUT / SUSPECTED DIAGNOSIS – Diagnosis Codes (Required)**".

ICD-10	Description
<b>Onychomycosis</b>	
B35.1	Tinea unguium (onychomycosis)
B35.8	Other dermatophytoses
B35.9	Dermatophytosis, unspecified
B37.2	Candidiasis of skin and nail
B37.9	Candidiasis, unspecified
<b>Diabetic Foot Infections - Geriatric Infections - General Skin &amp; Soft Tissue Infections</b>	
A49.01	Methicillin susceptible Staphylococcus aureus infection, unspecified site
A49.02	Methicillin resistant Staphylococcus aureus infection, unspecified site
A49.8	Other bacterial infections of unspecified site
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E11.621	Type 2 diabetes mellitus with foot ulcer
E13.621	Other specified diabetes mellitus with foot ulcer
L08.9	Local infection of the skin and subcutaneous tissue, unspecified
L98.9	Disorder of the skin and subcutaneous tissue, unspecified
M60.073	Infective myositis, right foot
M60.074	Infective myositis, left foot
Z86.31	Personal history of diabetic foot ulcer
<b>Malignancies</b>	
C43.0	Malignant melanoma of lip
C43.10	Malignant melanoma of unspecified eyelid, including canthus
C43.11	Malignant melanoma of right eyelid, including canthus
C43.12	Malignant melanoma of left eyelid, including canthus
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified
C44.90	Unspecified malignant neoplasm of skin
C44.91	Basal cell carcinoma of skin, unspecified
C44.92	Squamous cell carcinoma of skin, unspecified
C44.99	Other specified malignant neoplasm of skin, unspecified

**This is a general, non-comprehensive guide for use by the healthcare provider to assist in the assignment of a diagnosis code to the laboratory testing ordered. The healthcare clinician must only order tests determined to be medically necessary for the diagnosis and treatment of the patient.**

Physicians must only order tests that they have determined are medically necessary for the diagnosis and treatment of a patient. Alliance Laboratories offers individual tests, as well as a limited number of customized panels. If you choose to order a panel, please make certain that each test is medically necessary. If you check off a panel as your choice, Alliance Laboratories understands that the physician has determined that all the component tests are medically necessary, and will perform, report and bill for all such component tests.