

Podiatric Pathology Requisition

2020 Babcock Rd, Suite 30 San Antonio, TX 78229 www.corepath.us **P** 1.877.617.4445 | **F** 210.617.4457

| PATIENT INFORMATION | PROVIDER INFORMATION | |
|---|---|--|
| Last Name | | |
| First Name M.I. | | |
| DOB/ Gender: Male Female Other | | |
| Address | | |
| City State Zip | | |
| Phone Patient ID | | |
| BILLING INFORMATION | | |
| Required: Please attach a copy of the patient's insurance and demographic information. | Authorized Signature Date | |
| Bill to: Insurance Medicare Referring Facility (Hospital/Client) Patient Patient Status: Inpatient Outpatient Non-hospital patient ASC | Please Fax Duplicate Report to Provider Fax | |
| CLINICAL INFORMATION | | |
| Required: Please provide diagnosis/indication/patient history/ICD 10 Codes. | | |
| Date Collected/ Time Collected: | AM PM Specimen ID | |
| SPECIMEN A INFORMATION | SPECIMEN B INFORMATION | |
| Specimen Site: Right Left Clippings Aspiration/Crystal Analysis (fresh/ETOH) Wound Culture Biopsy Excision Swab NAIL UNIT Histopathology Special Stains PAS (Routine) PAS, GMS (Higher Sensitivity) PAS, GMS, FM (Higher Sensitivity and Melanin Screen) Neoplasia Pigmented Streak/Lesion Non-Pigmented Streak/Lesion Fungal Speciation PCR Culture WOUND CULTURE - BACTERIOLOGY Aerobic CX/Sensitivity/GRAM (ESwab accepted) Aerobic/Anaerobic CX/Sensitivity/GRAM (ESwab accepted) SKIN Pigmented Lesion Non-Pigmented Lesion Non-Pigmented Lesion Other: Other: | Specimen Site: Right Left Clippings Aspiration/Crystal Analysis (fresh/ETOH) Wound Culture Biopsy Excision Swab NAIL UNIT Histopathology Special Stains PAS (Routine) PAS, GMS (Higher Sensitivity) PAS, GMS, FM (Higher Sensitivity and Melanin Screen) Neoplasia Pigmented Streak/Lesion Non-Pigmented Streak/Lesion Fungal Speciation PCR Culture WOUND CULTURE - BACTERIOLOGY Aerobic CX/Sensitivity/GRAM (ESwab accepted) Aerobic/Anaerobic CX/Sensitivity/GRAM (ESwab accepted) SKIN Pigmented Lesion Non-Pigmented Lesion Inflammatory Dermatitis Ulceration Other: OTHER: | |
| RIGHT LATERAL MEDIAL | MEDIAL LATERAL | |



Testing Menu

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| PREFERRED SPECIMEN REQUIREMENTS | | |
|-----------------------------------|-------------------------|---|
| Specimen Type | Collection Method | Testing Information |
| Skin/Soft Tissue/Nail Unit | Formalin Fixative | Routine Histopathology: Histochemical Studies (PAS, GMS, FM) Immunohistochemical Stains (Melan-A, S100, SOX-10) |
| Dry Keratin (Nail/Skin Scrapings) | Dry Keratin Bag/None | Routine Histopathology: Histochemical Studies (PAS, GMS, FM) To avoid false-negative fungal identification results, please refrain from sending nail samples consisting of only distal plate. Please send sufficiently sized nail samples for accurate testing. PCR Assay: Identifies genus/species with higher sensitivity than culture (unavailable for formalin-fixed tissue) Fungal Culture: Identifies genus/species of fungal elements; paired with histochemical testing (unavailable for formalin-fixed tissue) |
| Bacteriology (Wounds/Aspirations) | E-Swab or Swab with GEL | Aerobic and Anaerobic (with GEL) Culture and Sensitivity: • For deep tissue specimens, please do not expose to air more than 30 minutes. • Ship to CorePath Laboratories with next-day delivery. |

SPECIMEN HANDLING AND TRANSPORTATION

Storage: All specimens should be stored at room temperature.

Transportation: Please use cold packs for transportation without placing packs in direct contact with specimens. Please fill out the requisition form completely and place all specimens in a CorePath shipping kit using the pre-printed air bills supplied by CorePath.

Schedule a Pick-Up: Call CorePath Laboratories at 1.877.617.4445 to schedule a pick-up. In the San Antonio area, call 210.617.4445 to schedule a courier pick-up.

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