

REQUIRED ITEMS

1. Clinical Information
2. ICD 10 Codes
3. Face Sheet (Front and Back Copy of the Patient's Insurance Card and Demographic Information)
4. Provider's Signature

PATIENT INFORMATION

Last Name _____
 First Name _____ M.I. _____
 DOB ____/____/____ Gender: Male Female Other _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Patient ID _____

PROVIDER INFORMATION

Authorized Provider Signature _____ Date _____
 Please Fax Duplicate Report to Additional Provider _____ Fax _____

BILLING INFORMATION

Bill to: Insurance Medicare Referring Facility (Hospital/Client) Split Billing - Client (TC) and Insurance (PC) Patient
 Patient Status: Inpatient (Hospital) Outpatient (Hospital) Non-Hospital ASC Prior Authorization # _____

CLINICAL INFORMATION (FOR MORE TESTING INFORMATION, VISIT COREPATH.US)

Indication(s) for Testing: _____

 ICD-10 Codes: _____
 Date Collected ____/____/____ Time Collected ____:____ AM PM Specimen ID _____

SPECIMEN A 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
 Dermatitis
 Ulceration
 Other: _____

SOFT TISSUE

Tumor
 Inflammatory
 Other: _____

BONE

Arthritis
 Lytic/Destructive
 Other: _____

OTHER: _____

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
 Dermatitis
 Ulceration
 Other: _____

SOFT TISSUE

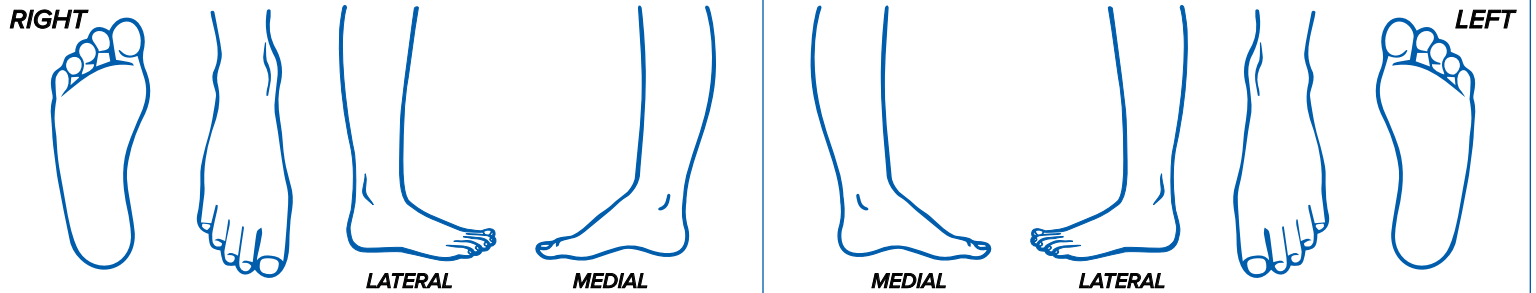
Tumor
 Inflammatory
 Other: _____

BONE

Arthritis
 Lytic/Destructive
 Other: _____

OTHER: _____

SPECIMEN SITE INFORMATION (A, B)



LABORATORY USE ONLY

PREFERRED SPECIMEN REQUIREMENTS

Specimen Type	Collection Method	Testing Information
Skin/Soft Tissue/Nail Unit	Formalin Fixative	<p>Routine Histopathology:</p> <ul style="list-style-type: none"> • Histochemical Studies (PAS, GMS, FM) • Immunohistochemical Stains (Melan-A, S100, SOX-10)
Dry Keratin (Nail/Skin Scrapings)	Dry Keratin Bag/None	<p>Routine Histopathology:</p> <ul style="list-style-type: none"> • 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. <p>PCR Assay:</p> <ul style="list-style-type: none"> • Identifies genus/species with higher sensitivity than culture (unavailable for formalin-fixed tissue) <p>Fungal Culture:</p> <ul style="list-style-type: none"> • Identifies genus/species of fungal elements; paired with histochemical testing (unavailable for formalin-fixed tissue)
Bacteriology (Wounds/Aspirations)	E-Swab or Swab with GEL	<p>Aerobic and Anaerobic (with GEL) Culture and Sensitivity:</p> <ul style="list-style-type: none"> • 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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