

## 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

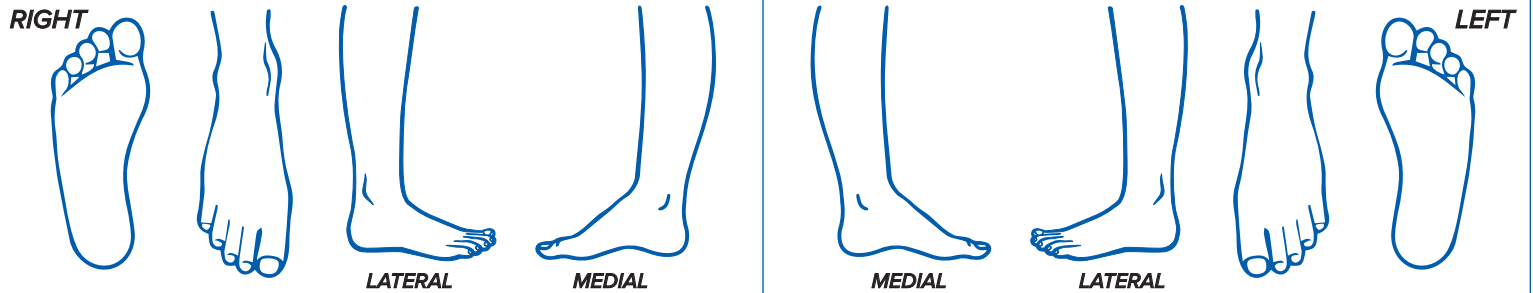
Tumor  
 Inflammatory  
 Other: \_\_\_\_\_

### 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><b>Routine Histopathology:</b></p> <ul style="list-style-type: none"> <li>Histochemical Studies (PAS, GMS, FM)</li> <li>Immunohistochemical Stains (Melan-A, S100, SOX-10)</li> </ul>
Dry Keratin (Nail/Skin Scrapings)	Dry Keratin Bag/None	<p><b>Routine Histopathology:</b></p> <ul style="list-style-type: none"> <li>Histochemical Studies (PAS, GMS, FM)</li> <li>* To avoid false-negative fungal identification results, please refrain from sending nail samples consisting of only distal plate.</li> <li>* Please send sufficiently sized nail samples for accurate testing.</li> </ul> <p><b>PCR Assay:</b></p> <ul style="list-style-type: none"> <li>Identifies genus/species with higher sensitivity than culture (unavailable for formalin-fixed tissue)</li> </ul> <p><b>Fungal Culture:</b></p> <ul style="list-style-type: none"> <li>Identifies genus/species of fungal elements; paired with histochemical testing (unavailable for formalin-fixed tissue)</li> </ul>
Bacteriology (Wounds/Aspirations)	E-Swab or Swab with GEL	<p><b>Aerobic and Anaerobic (with GEL) Culture and Sensitivity:</b></p> <ul style="list-style-type: none"> <li>For deep tissue specimens, please do not expose to air more than 30 minutes.</li> <li>Ship to CorePath Laboratories with next-day delivery.</li> </ul>

**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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