



PODIATRY & WOUND REQUISITION

2177 Oak Tree Road, Suite #202, Edison, NJ 08820

Phone: 908.834.8500 Fax: 888.241.7037

Lab Director: Dharmishtha J. Kanuga, M.D

Email: Qpod@qanswerlab.com Website: www.Qanswerlab.com

CLIA #: 31D2157687

Collection Date: (Required)

Accession#: (Required)

Dr's Office / Practice Name & Address: (Required)

Fax results to:

Table with 2 columns: Physician Name (Required), Physician NPI # (Required)

Ordering Physician/Authorizing Medical Professional Signature: I hereby authorize testing for this patient. I have provided information regarding molecular testing and the patient has given consent for testing to be performed. I attest that the ICD-10 Diagnosis Codes provided are accurate records and supported by patient's record. I attest that these tests are medically necessary. I hereby authorize Q Answer lab, Inc to send these patient's test results to the patient's third party payer, if needed to appeal a denial of reimbursement prior to attempts to obtain reimbursement without the release of patient's results.

Ordering Physician Signature

Authorizing Medical Professional Signature:

(Required)

Date: (Required)

Patient Information

Table with 4 columns: Patient Last Name (Required), Patient First Name (Required), Patient DOB (Required), Gender

Patient Consent Signature: I authorize the release of my medical information including test results for submission of personalized reports to my healthcare providers and insurance carrier(s). I request that payment of benefits be made to Q Answer lab, Inc on my behalf. If my policy does not allow for direct payment, I agree to relinquish allocated funds to Q Answer lab, Inc as compensation for services rendered. I also acknowledge that I will be liable for payments of deductibles, co payments and/or co insurance as detailed by my healthcare insurer. I understand that I am liable for charges not covered by my healthcare insurer. I also authorize Q Answer lab, Inc to appeal insurance claims on my behalf. I acknowledge the benefits, risk and limitations of this testing as describe to me by a qualified healthcare provider. My insurance may not cover or pay full amount for testing; I may be responsible for full or part of amount charged due to out of network benefits, deductible and co pays. Q Answer lab, Inc has my permission to bill my insurance carrier(s), this notice gives me the option to proceed with the procedure or decline. By signing this I have read all of the above and understand it. Medicare Advance Beneficiary Notice: Medicare will only pay for services that it determines to be reasonable and necessary under section 1882 (a) (1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not reasonable and necessary under the Medicare Program standards, Medicare will deny payment for that service. Medicare usually does not pay for these tests for the reported diagnosis. By signing the Patient/Responsible Party Signature on this requisition, you are confirming your agreement to assume financial responsibility for the payment of these tests.

Patient Signature: (Required)

Date: (Required)

TEST REQUEST

(Selection Required)

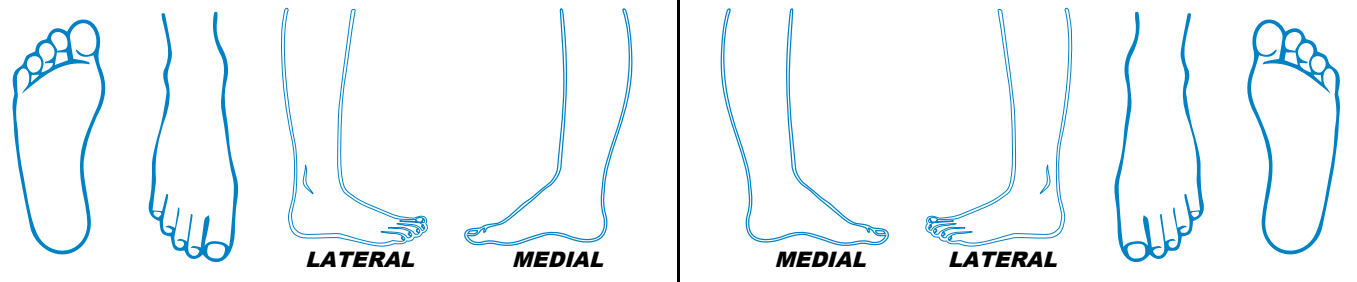
Table with 3 columns: Nail Fungal PCR, Nail Pathology (PAS, GMS, FM*), Wound PCR, Molecular (24-48 hr Turnaround-time), Wound, Culture & Sensitivity (*Collect with E-Swab Only (3+ Day Turnaround-time))

Procedure: (Selection Required) Clipping Punch Excision Shave Biopsy Other

RIGHT

Select Specimen Site (Selection Required)

LEFT



Specimen site A. B. C. D.

ICD-10 Codes Please state why this test Constitutes medical necessity for the patient. (Selection Required)

Table with 3 columns of ICD-10 codes: L60.9, L60.3, L40.9, B35.5, L81.9, B35.1, L60.2, B07.0, L30.9, L60.8, D22.9, C44.722/C44.729, D48.9, C434.9, L97.502

Other

Reference Lab Wound: Genesis Lab, 1912 Highway 35 South, Suite 203, Oakhurst, NJ, 07755 CLIA# 31D1103468 Lab Director: Anis F Rangwala, M.D. Reference Lab Pathology: ICON Pathology Lab, 145 Talmadge Road, Suite 17, Edison, NJ, 08817 CLIA# 31D1090503 Lab Director: Jing-Jing Yang, M.D.



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Nail Fungal PCR Panel

- *Acremonium pontronii*
- *Acremonium strictum*
- *Aspergillus fumigatus*
- *Aspergillus niger*
- *Aspergillus terreus*
- *Candida albicans*
- *Candida dubliniensis*
- *Candida glabrata*
- *Candida parapsilosis*
- *Candida tropicalis*
- *Candida krusei*
- *Epidermophyton floccosum*
- *Fusarium solani*
- *Microsporum nanum*
- *Pichia onychis*
- *Scopulariopsis brevicaulis*
- *Trichophyton mentagrophytes (T. interdigitale)*
- *Trichophyton rubrum*

Wound PCR, Molecular Panel

- *Acinetobacter baumannii*
- *Enterobacter cloacae*
- *Escherichia coli*
- *Enterococcus faecalis*
- *Enterococcus faecium*
- *Klebsiella oxytoca*
- *Klebsiella pneumoniae*
- *Morganella morganii*
- *Proteus mirabilis*
- *Pseudomonas aeruginosa*
- *Serratia marcescens*
- *Staphylococcus aureus*
- *Staphylococcus epidermidis*
- *Streptococcus agalactiae (GBS)*
- *Streptococcus dysgalactiae (GCS)*
- *Streptococcus pyogenes (GAS)*

- Antibiotic Resistance Gene: *mecA*