### Patient Information

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>M.I.</th>
<th>DATE OF BIRTH</th>
<th>GENDER</th>
<th>PATIENT ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Address**

**Face Sheet - Attach a copy of the patient demographics and insurance/billing information**

- [ ] INSURANCE
- [ ] SELF-PAY
- [ ] PRACTITIONER
- [ ] MEDICARE
- [ ] MEDICAID

**Special Instructions or Send Report Copy To**

### Clinical Information & ICD-10 Codes

<table>
<thead>
<tr>
<th>Date Collected (Required):</th>
<th>Physician (or Authorized Designee) Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>M  M / DD / YYYY</td>
<td>ICD-10 Code(s) (Required)</td>
</tr>
</tbody>
</table>

**History of Present Illness / Past Medical History**

**Special Instructions or Send Report Copy To**

### Specimen #1

- [ ] PUNCH
- [ ] EXCISION
- [ ] SHAVE
- [ ] ASPIRATE
- [ ] OTHER
- [ ] Pathogen Speciation/ABR Gene Detection by PCR

**Site**: __________

### Specimen #2

- [ ] PUNCH
- [ ] EXCISION
- [ ] SHAVE
- [ ] ASPIRATE
- [ ] OTHER
- [ ] Pathogen Speciation/ABR Gene Detection by PCR

**Site**: __________

### Specimen #3

- [ ] PUNCH
- [ ] EXCISION
- [ ] SHAVE
- [ ] ASPIRATE
- [ ] OTHER
- [ ] Pathogen Speciation/ABR Gene Detection by PCR

**Site**: __________

### Patient Acknowledgment

This specimen was provided voluntarily for analysis and I authorize Reditus Laboratories to process, bill and provide results. I agree to the declarations and terms in the patient acknowledgment and irrevocable assignment of benefits on the back of this form.

**Patient Signature** __________ Date __________ /

### Medical Provider Acknowledgment

Positive tests will receive histology, fungal and bacterial identification by PCR (Reflex test). This test is medically necessary for the risk assessment, diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder. The results will determine my patient’s medical management and treatment decisions. By my signature below, I declare that I am the treating physician or authorized health care provider. I have explained the purpose of the test. The patient has been given the opportunity to ask questions and be seek further counsel. The patient has voluntarily decided to have the test performed by Reditus Laboratories. As the medical provider, I am responsible for documenting applicable ICD-10 diagnosis codes.

**Physician Signature** __________ Date __________ /
DIAGNOSIS (ICD-10) CODES: Antibiotic Resistance

- Z16.30 Resistance to unspecified antimicrobial drugs
- Z16.31 Resistance to antiparasitic drug(s)
- Z16.32 Resistance to antifungal drug(s)
- Z16.33 Resistance to antiviral drug(s)
- Z16.35 Resistance to other antimicrobial drugs
- Z16.39 Resistance to other specified antimicrobial drugs
- Z16.341 Resistance to single antimycobacterial drug
- Z16.342 Resistance to multiple antimycobacterial drugs

DIAGNOSIS (ICD-10) CODES: Wound

- E11.621 Type 2 diabetes mellitus with foot ulcer
- E11.622 Type 2 diabetes mellitus with other skin ulcer
- T00.203 Unsp attherosclerotic native arteries of extremities, bilateral legs
- T00.222 Atherosclerotic native arteries of left leg w ulceration of calf
- T00.234 Atherosclerotic native art of right leg w ulcer of heel and mid-foot
- T00.244 Atherosclerotic native art of left leg w ulcer of heel and mid-foot
- T00.245 Atherosclerotic native arteries of left leg w ulceration othr pt foot

DIAGNOSIS (ICD-10) CODES: Dermatology

- L92.1 Necrobiosis lipoidica, not elsewhere classified
- L72.9 Follicular cysts of the skin and subcutaneous tissue, unspecified
- L72.3 Sebaceous cyst
- L72.2 Steatocystoma multiplex
- L72.0 Epidermal cyst
- L70.9: Acne, unspecified
- L70.5: Acne excoriee des jeunes filles
- L70.4: Infantile acne
- L70.3: Acne tropica
- L70.0: Acne vulgaris
- L94.1 Linear scleroderma
- L94.0 Localized scleroderma (morphea)
- L94.1 Linear scleroderma
- L94.3 Sclerodactyly
- L70.0: Acne vulgaris
- L70.1: Acne conglobata
- L70.3: Acne tropica
- L70.4: Infantile acne
- L70.5: Acne excoriée des jeunes filles
- L70.8: Acne, other
- L70.9: Acne, unspecified
- L70.4: Infantile acne
- L72.0: Epidermal cyst
- L72.2: Steatocystoma multiplex
- L72.3: Sebaceous cyst
- L72.8: Folicular cysts of the skin and subcutaneous tissue, other
- L72.9: Folicular cysts of the skin and subcutaneous tissue, unspecified
- L92.1: Necrobiosis lipoidica, not elsewhere classified
- L94.2: Calcinosidosis cutis
- L98.8: Specified disorder of the skin and subcutaneous tissue, other

The ICD-10 codes provided are based on AMA guidelines and are for information purposes only. ICD-10 coding is the sole responsibility of the ordering provider.