

BILLING INFORMATION

PATIENT NAME (LAST, FIRST, MIDDLE INITIAL)		DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F	PLEASE ATTACH A COPY OF PATIENT ID
PATIENT ADDRESS		CITY	STATE	ZIP CODE
PHONE NUMBER				
BILL TO <input type="checkbox"/> FACILITY <input type="checkbox"/> PATIENT <input type="checkbox"/> INSURANCE <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE ** ATTACH ABN FORM				
PRIMARY INSURANCE NAME		SECONDARY INSURANCE NAME		
INSURED NAME		RELATIONSHIP	INSURED NAME	
MEMBER ID/GROUP		<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER	MEMBER ID/GROUP	
INSURED ADDRESS		INSURED ADDRESS		
DATE COLLECTED	TIME COLLECTED <input type="checkbox"/> AM <input type="checkbox"/> PM	COLLECTED BY		
WRITE PATIENT'S NAME ON ALL SPECIMENS				

PATIENT SIGNATURE

PROVIDER NAME:

PROVIDER SIGNATURE:

**SIGNATURE REQUIRED**

I authorize Simple Laboratories to analyze the specimen provided by me and report the results of such analysis to the ordering Provider in conformance with his/her order.

**PROFILES**

THESE PROFILES ARE MADE FOR PROVIDER CONVENIENCE, BUT PROVIDER CAN ORDER INDIVIDUAL TESTS OR REQUEST CUSTOM PROFILES

**061012 / WOUND E-SWAB**

SITE: \_\_\_\_\_

- ACINETOBACTER BAUMANNII
- BACTEROIDES SPP
- CITROBACTER FREUNDII
- ENTEROBACTER AEROGENES
- ENTEROBACTER CLOACAE
- ENTEROCOCCUS FAECALIS
- ENTEROCOCCUS FAECIUM
- ESCHERICHIA COLI
- KLEBSIELLA OXYTOCA
- KLEBSIELLA PNEUMONIAE
- MORGANELLA MORGANII
- PROTEUS MIRABILIS
- PROTEUS VULGARIS
- PSEUDOMONAS AERUGINOSA
- STAPHYLOCOCCUS AUREUS
- STREPTOCOCCUS PYOGENES
- CLOSTRIDIUM NOVI
- CLOSTRIDIUM SEPTICUM
- CLOSTRIDIUM PERFRINGENS
- KINGELLA KINGAE
- "RESISTANCE MARKERS"
- "ANTIBIOTIC SENSITIVITY"

**061013 / NAIL FUNGAL NAIL CLIPPING**

SITE: \_\_\_\_\_

- ACREMONIUM STRICTUM
- ALTERNARIA
- ASPERGILLUS NIGER
- ASPERGILLUS TERREUS
- EPIDERMOPHYTON FLOCCOSUM
- FUSARIUM SOLANI
- MICROSPORUM AUDOUINII
- MICROSPORUM CANIS
- TRICHOPHYTON INTERDIGITALE
- TRICHOPHYTON RUBRUM
- NEOFUSICOCCUM MANGIFERAE
- CANDIDA SPP

**PSURGP / SELECT STAIN OPTION:**

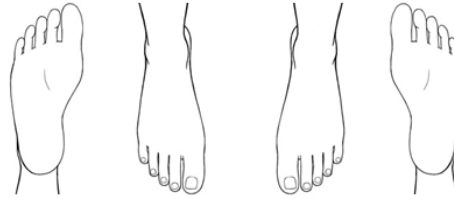
NAIL CLIPPING (PLEASE BAG SEPARATELY)

- 071015 / HIGHEST SENSITIVITY (PAS, GMS, FM)
- 017014 / HIGH SENSITIVITY (PAS, GMS)
- FSPAS / ROUTINE (PAS)

**SPECIMEN LOCATION**

RIGHT

LEFT



**PSURGP / BIOPSY TB - 10% FORMALIN**

- SHAVE  EXCISION  PUNCH

**VNLO**

- SII P GQVGF QGVIR Q UX CG R XWP GOCOR P C
- QR Q SII P GQVGF QGVIR Q
- Y GUJXE C UX CG R XWE CUE IQR P C
- F GUP CVMWV GE ] GP CWR X V WQGC
- XOCERATION
- OTHER: \_\_\_\_\_

**SOFT TISSUE**

- TUMOR (GANGLION/LIPOMA/SARCOMA)
- INFLAMMATORY (TOPHUS/ABSCCESS)

**SELECT STAIN OPTION:**

- 071015 / HIGHEST SENSITIVITY (PAS, GMS, FM)
- 071014 / HIGH SENSITIVITY (PAS, GMS)
- FSPAS / ROUTINE (PAS)

**009159 / CYTOLOGY, FLUID STERILE CONTAINER**

**89060 / SYNOVIAL FLUID PANEL LAVENDER / STERILE CONTAINER**

**OTHER TESTS :**

PROVIDER MEDICAL NECESSITY NOTICE

Only tests that are medically reasonable and necessary for the diagnosis or treatment of a Medicare or Medicaid patient will be reimbursed. The Office of the Inspector General takes the position that a provider who orders medically unnecessary tests for with Medicare or Medicaid reimbursement is claimed may be subject to penalties under the False Claims Act.

**DIAGNOSIS CODES (✓)**

The following diagnosis codes are listed as a convenience only. Ordering providers should use the ICD-10 code that best describes the reason for performing the test, whether or not that code is listed below.

- |   |   |                        |
|---|---|------------------------|
| Z20.818 <input type="checkbox"/> Bacterial Dis Cont                                 | R26.89 <input type="checkbox"/> Other abnormalities of gait and mobility      | ADDITIONAL DIAGNOSIS : |
| B37.0 <input type="checkbox"/> Candidal Stomatitis                                  | M79.672 <input type="checkbox"/> Pain in left foot                            |                        |
| B37.2 <input type="checkbox"/> Candidiasis of skin and nail                         | M79.605 <input type="checkbox"/> Pain in left leg                             |                        |
| L03.032 <input type="checkbox"/> Cellulitis of left toe                             | M79.662 <input type="checkbox"/> Pain in left lower leg                       |                        |
| L03.031 <input type="checkbox"/> Cellulitis of right toe                            | M79.675 <input type="checkbox"/> Pain in left toe(s)                          |                        |
| L02.612 <input type="checkbox"/> Cutaneous abscess of left foot                     | M79.671 <input type="checkbox"/> Pain in right foot                           |                        |
| L02.611 <input type="checkbox"/> Cutaneous abscess of right foot                    | M79.604 <input type="checkbox"/> Pain in right leg                            |                        |
| R26.2 <input type="checkbox"/> Difficulty in walking, not elsewhere classified      | M79.661 <input type="checkbox"/> Pain in right lower leg                      |                        |
| L60.0 <input type="checkbox"/> Ingrowing nail                                       | M79.674 <input type="checkbox"/> Pain in right toe(s)                         |                        |
| R22.42 <input type="checkbox"/> Localized swelling, mass and lump, left lower limb  | Z11.8 <input type="checkbox"/> Screen, Infect/Parasitic Dis                   |                        |
| R22.41 <input type="checkbox"/> Localized swelling, mass and lump, right lower limb | B95.7 <input type="checkbox"/> Staphyococcus, NOS                             |                        |
| Z86.14 <input type="checkbox"/> Methicillin Resistant S Aureus Inf                  | B95.0 <input type="checkbox"/> Strep A, NOS                                   |                        |
| J15.211 <input type="checkbox"/> Methicillin Susceptible S Aureus Pneum             | R26.9 <input type="checkbox"/> Unspecified abnormalities of gait and mobility |                        |

**FOR LAB USE ONLY**

SIMPLE LABORATORIES