77 Upper Rock, Floor 4
Rockville, MD 20850
CLIA # 21D2130541
Todd Myers, PhD, Lab Director

CIRRUSDX

Lab Use Only

Wound Infection Panel Test Requisition Form

Patient & Specimen Information	Practice/Facility Information
Patient Name: ***Address:*** ***Phone Number:***	***Practice Name/Address:*** ***Phone Number:***
DOB: ***Sex:*** ☐ ***Female*** ☐ ***Male***	***Ordering Physician (Name and NPI #):***
Medical Record #:	
Date of Collection: ***Collected by:***	***Patient Race/Ethnicity:*** ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic/Latino ☐ Hispanic (non-Latino) ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander ☐ Prefer not to disclose ☐ Other: _____ **if no race/ethnicity is selected it will automatically be entered as "prefer not to disclose"*
Specimen type: ☐ Swab ☐ Fine Needle Aspirate (FNA) Diabetic ☐ Yes ☐ No ☐ Unknown Location swabbed: _____ Antibiotic Currently Prescribed: ☐None ☐ Unknown ☐_____	

Test Requested

☐ Wound Infection Panel + Antibiotic Susceptibility Testing (AST) – WIP™ + polyMIC™

☐ Wound Infection Panel (WIP™) ---Identification Only

ICD-10 Diagnosis Codes *Please select at least 1 applicable diagnosis**

- ☐ E11.62 - Type 2 diabetes with skin complications
- ☐ L97 - Non pressure chronic ulcer or lower limb (must specify site)
- ☐ L98.4 - Non pressure chronic ulcer of skin
- ☐ L76.8 - Other intraoperative and post procedural complications of skin and subcutaneous tissue
- ☐ T88 - Other complications of surgical and medical care
- ☐ T81.4 - Infection following a procedure
- ☐ L08.8 - Other specified local infections of the skin and subcutaneous tissue
- ☐ L08.9 - Local infection of the skin and subcutaneous tissue
- ☐ L03 – Cellulitis
- ☐ Other: _____

AUTHORIZATION: I understand that I am responsible for all co-pays and deductibles, and for amounts not covered by insurance, litigation or third-party liability. I am authorizing CirrusDx to submit claims and acknowledge that payment(s) of authorized insurance benefits or attorney settlements, including but not limited to Medicaid, Medicare, other benefits or payments shall be made on my behalf to CirrusDx. If my current policy prohibits direct payments to CirrusDx, I agree to receive the funds and relinquish them to CirrusDx as payment towards charges for services rendered.

Patient Signature / Authorization: _____ **Date:**____/____/_____

☐ Check here if: "I do NOT consent to CirrusDx retaining the remnants (left over specimen) after the requested testing. The left-over specimens are typically used for Quality Control, assay improvement, or other purposes mainly to further improve testing by CirrusDx. My specimen is to be processed solely for the requested test."

Physician/Authorized Signature: _____ Date: _____

Billing Information - *Attach a copy of the insurance card and PATIENT demographic sheet*

☐ Client Bill ☐ Medicare ☐ Medicaid ☐ Commercial	Insurance Plan: _____ Policy #: _____ Referral #: _____ Patient relation to Policy Holder: ☐ Self ☐ Spouse ☐ Child ☐ Other Policy Holder Name: _____ DOB: ____/_____/_____

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Itemized List of Tests in the Panels			
WIP™ (Identification)		polyMIC™ (Antibiotic Susceptibility Testing)	
Gram Positive and Resistance Genes	Gram Negative and Fungi	Oral Antibiotics	Topical and IV Antibiotics
☐ *Anaerococcus* spp.	☐ *Acinetobacter baumannii*	☐ Amoxicillin/Clavulanic Acid	☐ Bacitracin
☐ *Clostridium* spp.	☐ *Bacteroides fragilis*	☐ Azithromycin	☐ Neomycin
☐ *Coagulase Negative Staphylococcus* (CNS)	☐ *Citrobacter* spp.	☐ Ciprofloxacin	☐ Polymyxin B
☐ *Corynebacterium* spp.	☐ *Enterobacter cloacae*	☐ Clindamycin	☐ Amikacin
☐ *Cutibacterium* spp.	☐ *Escherichia coli*	☐ Doxycycline	☐ Cefazolin
☐ *Enterococcus faecalis*	☐ *Klebsiella aerogenes*	☐ Levofloxacin	☐ Ceftriaxone
☐ *Enterococcus faecium*	☐ *Klebsiella oxytoca*	☐ Linezolid	☐ Ertapenem
☐ *Finegoldia magna*	☐ *Klebsiella pneumoniae*	☐ Minocycline	☐ Gentamicin
☐ MRSA	☐ *Porphyromonas* spp.	☐ Omadacycline	☐ Imipenem
☐ *Peptoniphilus* spp.	☐ *Proteus* spp.	☐ Penicillin G	☐ Meropenem
☐ *Peptostreptococcus* spp.	☐ *Prevotella bivia*	☐ Trimethoprim-Sulfamethoxazole	☐ Piperacillin/Tazobactam
☐ *Staphylococcus aureus*	☐ *Pseudomonas aeruginosa*	☐ Vancomycin	☐ Tobramycin
☐ *Streptococcus agalactiae*	☐ *Serratia marcescens*		
☐ Viridians Group Streptococcus	☐ *Stenotrophomonas maltophilia*		
☐ mecA/mecC Resistance Gene	☐ *Candida* spp.		