



REFERENCE  
MEDICAL LAB



1901 EAST LINDEN AVE,  
SUITE 4, LINDEN, NJ 07036

T: (908) 474-1004  
F: (908) 474-0032

# WOUND INFECTION

**ORDERING PHYSICIAN'S NAME AND ADDRESS**

--

**PATIENT'S INFORMATION** *Please provide clear copies of patient photo ID and insurance card(s)*

PATIENT LAST NAME		FIRST NAME		MIDDLE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
DATE OF BIRTH (MM/DD/YY)		CELL PHONE	EMAIL		
ADDRESS				APT.#	
CITY			STATE	ZIP	

**INSURANCE INFORMATION**

BILL INSURANCE  
 BILL PATIENT  
 BILL MEDICAL PRACTICE

INSURANCE	PRIMARY INSURANCE	SECONDARY INSURANCE
MEMBER ID		

**SPECIMEN COLLECTION**

DATE \_\_\_\_\_  
TIME  AM  PM

**SPECIMEN REQUIREMENT AND STABILITY**

WOUND SPECIMEN: WOUND SWAB COLLECTED IN E-SWAB OF 1.0 ML LIQUID AMIES MEDIA  
AMBIENT TEMPERATURE: (15-25 °C) - 48 HRS.  
FROM TIME OF COLLECTION  
REFRIGERATED: (2-8 °C) - 7 DAYS  
FROM THE DAY OF COLLECTION

**TESTS PLEASE SELECT ONLY ONE OPTION**

<p><b>WQUC</b> <input type="checkbox"/> CULTURE, AEROBIC WOUND TAT = 3-5 DAYS</p>															
<p><b>WODC</b> <input type="checkbox"/> CULTURE, DEEP WOUND MICROBIOLOGY TAT = 3-5 DAYS</p>															
<p><b>6463</b> <input type="checkbox"/> AEROBIC WOUND PANEL, PCR <i>Positive specimens will be reflexed to antibiotic sensitivity by MICROBIOLOGY</i> TAT = 3-4 DAYS</p>	<p>Acinetobacter baumannii (AB) Candida albicans (CA) Candida other species (CO) Citrobacter freundii (CF) Citrobacter koseri (CK) Enterobacter cloacae (ECC) Enterococcus faecalis (Efs) Enterococcus faecium (Efm)</p>	<p>Escherichia coli (EC) Klebsiella aerogenes (KA) Klebsiella oxytoca (KO) Klebsiella pneumoniae (KP) Morganella morganii (MM) Proteus mirabilis (PM) Proteus vulgaris (PV) Providencia stuartii (PS)</p>	<p>Pseudomonas aeruginosa (PA) Serratia marcescens (SM) Staphylococcus aureus (SA) Staphylococcus epidermidis (SE) Staphylococcus saprophyticus (SS) Streptococcus agalactiae (GBS)</p>												
<p><b>J054</b> <input type="checkbox"/> AEROBIC WOUND PANEL, PCR <i>Positive specimens will be reflexed to antibiotic gene resistance by PCR</i> TAT = 24-48 Hours</p>	<p>Acinetobacter baumannii (AB) Candida albicans (CA) Candida other species (CO) Citrobacter freundii (CF) Citrobacter koseri (CK) Enterobacter cloacae (ECC) Enterococcus faecalis (Efs) Enterococcus faecium (Efm)</p>	<p>Escherichia coli (EC) Klebsiella aerogenes (KA) Klebsiella oxytoca (KO) Klebsiella pneumoniae (KP) Morganella morganii (MM) Proteus mirabilis (PM) Proteus vulgaris (PV) Providencia stuartii (PS)</p>	<p>Pseudomonas aeruginosa (PA) Serratia marcescens (SM) Staphylococcus aureus (SA) Staphylococcus epidermidis (SE) Staphylococcus saprophyticus (SS) Streptococcus agalactiae (GBS)</p>												
<p><b>ANTIBIOTIC RESISTANCE, PCR</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Beta lactamase class A genes (KPC, SHV or CTX-M)</td> <td><input type="checkbox"/> Aminoglycoside resistance gene (aac(6)-Ib-cr)</td> </tr> <tr> <td><input type="checkbox"/> Beta lactamase class B genes (NDM, VIM or IMP)</td> <td><input type="checkbox"/> Tetracycline resistance genes (tetB or tetM)</td> </tr> <tr> <td><input type="checkbox"/> Beta lactamase class C genes (CMY, DHA or FOX)</td> <td><input type="checkbox"/> Sulfonamide resistance genes (Sul1 and Sul2)</td> </tr> <tr> <td><input type="checkbox"/> Beta lactamase class D genes (OXA 1 like, OXA-23 like or OXA-48 like)</td> <td><input type="checkbox"/> Macrolides resistance genes (ermA, ermB or ermC)</td> </tr> <tr> <td><input type="checkbox"/> Fluoro-quinolone resistance gene (qnrS, qnrA)</td> <td><input type="checkbox"/> Vancomycin resistance genes (vanA or vanB)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Methicillin resistance gene (mecA)</td> </tr> </table>				<input type="checkbox"/> Beta lactamase class A genes (KPC, SHV or CTX-M)	<input type="checkbox"/> Aminoglycoside resistance gene (aac(6)-Ib-cr)	<input type="checkbox"/> Beta lactamase class B genes (NDM, VIM or IMP)	<input type="checkbox"/> Tetracycline resistance genes (tetB or tetM)	<input type="checkbox"/> Beta lactamase class C genes (CMY, DHA or FOX)	<input type="checkbox"/> Sulfonamide resistance genes (Sul1 and Sul2)	<input type="checkbox"/> Beta lactamase class D genes (OXA 1 like, OXA-23 like or OXA-48 like)	<input type="checkbox"/> Macrolides resistance genes (ermA, ermB or ermC)	<input type="checkbox"/> Fluoro-quinolone resistance gene (qnrS, qnrA)	<input type="checkbox"/> Vancomycin resistance genes (vanA or vanB)		<input type="checkbox"/> Methicillin resistance gene (mecA)
<input type="checkbox"/> Beta lactamase class A genes (KPC, SHV or CTX-M)	<input type="checkbox"/> Aminoglycoside resistance gene (aac(6)-Ib-cr)														
<input type="checkbox"/> Beta lactamase class B genes (NDM, VIM or IMP)	<input type="checkbox"/> Tetracycline resistance genes (tetB or tetM)														
<input type="checkbox"/> Beta lactamase class C genes (CMY, DHA or FOX)	<input type="checkbox"/> Sulfonamide resistance genes (Sul1 and Sul2)														
<input type="checkbox"/> Beta lactamase class D genes (OXA 1 like, OXA-23 like or OXA-48 like)	<input type="checkbox"/> Macrolides resistance genes (ermA, ermB or ermC)														
<input type="checkbox"/> Fluoro-quinolone resistance gene (qnrS, qnrA)	<input type="checkbox"/> Vancomycin resistance genes (vanA or vanB)														
	<input type="checkbox"/> Methicillin resistance gene (mecA)														

**ICD-10 / DIAGNOSES**

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

PHYSICIAN'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

*Please order only if medically necessary and appropriate for individual patients*