

# Minor Report Correction Wound & Nail Add-On Test Order Form

I,  request that the following information be corrected and/or tests (listed below) be added to the previously submitted sample. This is to serve as a correction and/or as an addendum to the originally submitted requisition and to each of the previous test orders originally submitted.

**Patient Name** (as it appears on the final report):

**Patient DOB** (as it appears on the final report):

Sample/Lab ID/Order Number:

Please update the following tests to this sample\*:  Add-On  Replace  Delete \*required

Orders must be specifically listed either by compound, pathogen, or specific gene you wish to have added. If you need additional room, please submit a corrected requisition

\*\*Signature of the ordering provider is REQUIRED for updating test orders

■ DEEP / NON-HEALING WOUND			
Sample Type: <input type="checkbox"/> Wound Location <input type="text"/>			
<input type="checkbox"/> Acinetobacter baumannii	<input type="checkbox"/> Enterobacter cloacae complex, Klebsiella, (Enterobacter) aerogenes	<input type="checkbox"/> Proteus mirabilis, vulgaris	<input type="checkbox"/> Varicella zoster virus <sup>3</sup>
<input type="checkbox"/> Bacteroides fragilis, Phocaeicola vulgatus	<input type="checkbox"/> Enterococcus faecalis, faecium	<input type="checkbox"/> Pseudomonas aeruginosa	<input type="checkbox"/> Vibrio cholerae, parahaemolyticus, vulnificus
<input type="checkbox"/> Citrobacter freundii	<input type="checkbox"/> Escherichia coli	<input type="checkbox"/> Serratia marcescens	<input type="checkbox"/> <b>Antibiotic Resistance Genes (listed below)</b>
<input type="checkbox"/> Clostridium perfringens, novyi, septicum	<input type="checkbox"/> Herpes simplex virus 1	<input type="checkbox"/> Staphylococcus aureus	
<input type="checkbox"/> Corynebacterium jeikeium, striatum, tuberculostearicum	<input type="checkbox"/> Herpes simplex virus 2	<input type="checkbox"/> Staphylococcus epidermidis, haemolyticus, lugdunensis, saprophyticus	
<input type="checkbox"/> Cutibacterium (Propionibacterium) acnes	<input type="checkbox"/> Klebsiella pneumoniae, oxytoca	<input type="checkbox"/> Streptococcus agalactiae <sup>1</sup>	
	<input type="checkbox"/> Peptostreptococcus anaerobius, asaccharolyticus, magnus, prevotii	<input type="checkbox"/> Streptococcus pyogenes <sup>2</sup>	
<input type="checkbox"/> <b>Antibiotic Resistance Genes</b>	SHV, KPC Groups <sup>5</sup>	qnrA1, qnrA2, qnrB2 <sup>9</sup>	ACT, MIR, FOX, ACC Groups <sup>12</sup>
VanA, VanB <sup>4</sup>	dfr (A1, A5), sul (1, 2) <sup>7</sup>	tet B, tet M <sup>10</sup>	OXA-48,-51 <sup>13</sup>
ermB, C; mefA <sup>5</sup>	mecA <sup>8</sup>	IMP, NDM, VIM Groups <sup>11</sup>	CTX-M1 (15), M2 (2), M9 (9), M8/25 Groups <sup>6</sup>

■ SUPERFICIAL WOUND			
Sample Type: <input type="checkbox"/> Wound Location <input type="text"/>			
<input type="checkbox"/> Acinetobacter baumannii	<input type="checkbox"/> Enterobacter cloacae complex, Klebsiella (Enterobacter) aerogenes	<input type="checkbox"/> Proteus mirabilis, vulgaris	<input type="checkbox"/> Streptococcus pyogenes <sup>2</sup>
<input type="checkbox"/> Bacteroides fragilis, Phocaeicola vulgatus	<input type="checkbox"/> Enterococcus faecalis, faecium	<input type="checkbox"/> Pseudomonas aeruginosa	<input type="checkbox"/> Vibrio cholerae, parahaemolyticus, vulnificus
<input type="checkbox"/> Citrobacter freundii	<input type="checkbox"/> Escherichia coli	<input type="checkbox"/> Serratia marcescens	<input type="checkbox"/> <b>Antibiotic Resistance Genes (listed below)</b>
<input type="checkbox"/> Clostridium perfringens, novyi, septicum	<input type="checkbox"/> Klebsiella pneumoniae, oxytoca	<input type="checkbox"/> Staphylococcus aureus	
		<input type="checkbox"/> Streptococcus agalactiae <sup>1</sup>	
Add-on Only – Select for add-on testing: <input type="checkbox"/> Mpox (Monkeypox) <input type="checkbox"/> Herpes simplex virus 1 <input type="checkbox"/> Herpes simplex virus 2 <input type="checkbox"/> Varicella zoster virus			
<input type="checkbox"/> <b>Antibiotic Resistance Genes</b>	SHV, KPC Groups <sup>5</sup>	qnrA1, qnrA2, qnrB2 <sup>9</sup>	ACT, MIR, FOX, ACC Groups <sup>12</sup>
VanA, VanB <sup>4</sup>	dfr (A1, A5), sul (1, 2) <sup>7</sup>	tet B, tet M <sup>10</sup>	OXA-48,-51 <sup>13</sup>
ermB, C; mefA <sup>5</sup>	mecA <sup>8</sup>	IMP, NDM, VIM Groups <sup>11</sup>	CTX-M1 (15), M2 (2), M9 (9), M8/25 Groups <sup>6</sup>

■ TINEA			
Sample Type: <input type="checkbox"/> Wound Location <input type="text"/>			
<input type="checkbox"/> Candida albicans, glabrata, parapsilosis, tropicalis	<input type="checkbox"/> Malassezia furfur, restricta, sympodialis, globosa	<input type="checkbox"/> Microsporum audouinii, canis; Nannizzia gypsea	<input type="checkbox"/> Trichophyton mentagrophytes/ interdigitale, rubrum, tonsurans, violaceum
<input type="checkbox"/> Epidermophyton floccosum			
Add-on Only – Select for add-on testing: <input type="checkbox"/> Candida auris			

■ ONYCHOMYCOSIS			
Sample Type: <input type="checkbox"/> Nail, Toe <input type="checkbox"/> Nail, Finger			
<input type="checkbox"/> Aspergillus flavus, fumigatus, niger, terreus	<input type="checkbox"/> Epidermophyton floccosum	<input type="checkbox"/> Pseudomonas aeruginosa	
<input type="checkbox"/> Candida albicans, glabrata, parapsilosis, tropicalis	<input type="checkbox"/> Fusarium oxysporum, Neocosmospora solani	<input type="checkbox"/> Trichophyton mentagrophytes/ interdigitale, rubrum, tonsurans, violaceum	
<input type="checkbox"/> Cutaneotrichosporon mucoides, Trichosporon asahii	<input type="checkbox"/> Malassezia furfur, restricta, sympodialis, globosa	<input type="checkbox"/> <b>All Antibiotic Resistance Genes excluding: mecA and VanA, VanB.</b>	
	<input type="checkbox"/> Microsporum audouinii, canis; Nannizzia gypsea		
<input type="checkbox"/> <b>Antibiotic Resistance Genes</b>	dfr (A1, A5), sul (1, 2) <sup>3</sup>	IMP, NDM, VIM Groups <sup>6</sup>	CTX-M1 (15), M2 (2), M9 (9), M8/25 Groups <sup>2</sup>
ermB, C; mefA <sup>1</sup>	qnrA1, qnrA2, qnrB2 <sup>4</sup>	ACT, MIR, FOX, ACC Groups <sup>7</sup>	
SHV, KPC Groups <sup>2</sup>	tet B, tet M <sup>5</sup>	OXA-48,-51 <sup>8</sup>	

Updated Diagnosis Code(s):

Ordering Provider Name (printed):

Ordering Provider Name (signed):  Date:

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SUBMIT TO CUSTOMER CARE AT:

FAX TO: (940) 295-1483 or via EMAIL: customer@healthtrackrx.com

<sup>1</sup> Group B Strep

<sup>2</sup> Group A Strep

<sup>3</sup> Human Herpesvirus 3, VZV

<sup>4</sup> Vancomycin

<sup>5</sup> Macrolide, Lincosamide, Streptogramin

<sup>6</sup> Class A beta-lactamase

<sup>7</sup> Trimethoprim/Sulfamethoxazole

<sup>8</sup> Methicillin

<sup>9</sup> Fluoroquinolone

<sup>10</sup> Tetracycline

<sup>11</sup> Class B metallo-beta-lactamase

<sup>12</sup> AmpC beta-lactamase

<sup>13</sup> Class D oxacillinase