

Place Label Here

**Advanta Analytical Laboratories**  
10935 CR 159, Tyler, TX 75703  
Lab Director: Dr. Owatha Tatum, Ph.D.  
www.aalabs.com

Phone: 903.805.9955  
Fax: 903.839.2494  
CLIA#: 45D2063134  
CAP#: 8863194



**Patient Information**

Last Name		First Name		MI	DOB
Phone #		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Insurance Info <input type="checkbox"/> Client Bill <input type="checkbox"/> Insurance <input type="checkbox"/> Self-Pay	
Race/Ethnic Orientation <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Jewish - Ashkenazi <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Jewish - Sephardic <input type="checkbox"/> Other: _____				Diagnosis Codes (ICD-10)	

**Specimen Information - please select specimen type and any additional specimen information**

<input checked="" type="checkbox"/> Gastrointestinal	<input checked="" type="checkbox"/> Nail/Paronychia	<input checked="" type="checkbox"/> Respiratory	<input checked="" type="checkbox"/> Urinary Tract/STD	<input checked="" type="checkbox"/> Wound/Ortho
<input type="checkbox"/> Carry Blair Transport Medium	<input type="checkbox"/> Toe nail clipping	<input type="checkbox"/> Nasopharynx swab (BD Universal Transport)	<input type="checkbox"/> Urine <input type="checkbox"/> PurFlock ULTRA Swab	Location of swabbed area of interest: _____
Collection Date	Collection Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Collector Name		

**Test Order - please select one or more testing panels**

**Gastrointestinal Panel**

Campylobacter Clostridium difficile toxin A/B Plesiomonas shigelloides Salmonella Vibrio Vibrio cholerae	Yersinia enterocolitica Enteropathogenic E. coli (EPEC) Enterotoxigenic E. coli (ETEC) lt/st Shiga-like toxin-producing E. coli (STEC) stx1/stx2 Shigella/Enteroinvasive E. coli (EIEC)	Cryptosporidium Cyclospora cayentanensis Entamoeba histolytica Giardia lamblia Adenovirus F 40/41 Astrovirus	Norovirus GI/GII Rotavirus A Sapovirus
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**Respiratory Panel**

Bordetella pertussis Chlamydia pneumoniae Mycoplasma pneumoniae Adenovirus Coronavirus 229E	Coronavirus HKU1 Coronavirus NL63 Coronavirus OC43 Human Metapneumovirus Human Rhinovirus/Enterovirus	Influenza A Influenza B Parainfluenza Virus 1 Parainfluenza Virus 2 Parainfluenza Virus 3	Parainfluenza Virus 4 Respiratory Syncytial Virus
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<input checked="" type="checkbox"/> <b>Nail/Paronychia Panel</b>	<input checked="" type="checkbox"/> <b>Antibiotic Resistance Genes</b>
<input type="checkbox"/> Enterococcus faecalis <input type="checkbox"/> Enterococcus faecium <input type="checkbox"/> Klebsiella pneumoniae <input type="checkbox"/> Escherichia coli <input type="checkbox"/> Pseudomonas aeruginosa	<input type="checkbox"/> Proteus mirabilis <input type="checkbox"/> Staphylococcus aureus <input type="checkbox"/> Candida albicans <input type="checkbox"/> Candida parapsilosis <input type="checkbox"/> Candida glabrata

<input checked="" type="checkbox"/> <b>Urinary Tract Panel/STD</b>	<input checked="" type="checkbox"/> <b>Antibiotic Resistance Genes</b>
<input type="checkbox"/> Enterococcus faecalis <input type="checkbox"/> Enterococcus faecium <input type="checkbox"/> Klebsiella pneumoniae <input type="checkbox"/> Escherichia coli <input type="checkbox"/> Pseudomonas aeruginosa <input type="checkbox"/> Proteus mirabilis	<input type="checkbox"/> Streptococcus pyogenes (group A) <input type="checkbox"/> Trichophyton species <input type="checkbox"/> Chlamydia trachomatis <input type="checkbox"/> Neisseria gonorrhoeae

<input checked="" type="checkbox"/> <b>Wound/Ortho Panel</b>	<input checked="" type="checkbox"/> <b>Antibiotic Resistance Genes</b>
<input type="checkbox"/> Enterococcus faecalis <input type="checkbox"/> Enterococcus faecium <input type="checkbox"/> Klebsiella pneumoniae <input type="checkbox"/> Escherichia coli <input type="checkbox"/> Pseudomonas aeruginosa <input type="checkbox"/> Proteus mirabilis	<input type="checkbox"/> Streptococcus pyogenes (group A) <input type="checkbox"/> Trichophyton species <input type="checkbox"/> Epidermophyton floccosum <input type="checkbox"/> Chlamydia trachomatis <input type="checkbox"/> Neisseria gonorrhoeae

**Additional Comments**

**Patient and Provider Acknowledgment**

The information provided on this form and on the label affixed to the specimen cup is accurate. The specimen identified on this form is my own. I have not adulterated it in any way. I am voluntarily submitting this specimen for analysis by my healthcare provider and/or third party lab. I authorize the lab to release the results of this test to the ordering healthcare provider. The lab is authorized to bill my insurance provider, or any payer, whether fully insured or self-insured, and I will irrevocably assign any payment of benefits, claims, rights, and interests related to the services my healthcare provider performed against any payer. I further authorize the lab and my healthcare provider to release to my insurance provider any medical information necessary to process this claim.

I acknowledge that Advanta Analytical Laboratories (CLIA#: 45D2063134) and Histology Associates (CLIA#: 23D0650582) may be an out-of-network facility/provider with my insurance provider. I am also aware that in some circumstances my insurance provider may send the payment directly to me. I agree to endorse the insurance check and forward it to Advanta Analytical Laboratories within 15 days of receipt as payment towards the lab services provided by Advanta Analytical Laboratories and Histology Associates. I acknowledge that I am responsible for any amounts not covered by my insurer including any deductibles and co-payments/co-insurance. I understand that Advanta Analytical Laboratories and Histology Associates may use my specimen and any testing performed on that specimen for research and development so long as the information has been de-identified pursuant to law. I am aware that all Advanta Analytical Laboratories Billing Practices can be found at www.aalabs.com.

<b>Patient Acknowledgment</b> I verify that I am providing Advanta Analytical Laboratories (CLIA#: 45D2063134), Histology Associates (CLIA#: 23D0650582), and affiliated reference laboratories with my sample for the purpose of testing.	<b>Patient Signature</b>	<b>Date</b>
<b>Provider Acknowledgment</b> Provider's testing orders are identified with a check-marked box for testing by Advanta Analytical Laboratories (CLIA#: 45D2063134), Histology Associates (CLIA#: 23D0650582), and affiliated reference laboratories. By my signature, I certify the testing is medically necessary.	<b>Provider Signature</b>	<b>Date</b>

**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 multiple 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: Gastrointestinal**

- A03.9 Shigellosis, Unspecified
- A05.9 Food Poisoning Unspecified
- A07.1 Giardiasis
- K29.70 Gastritis, Unspec. w/o Bleeding
- K29.9 Gastroduodenitis, Unsp. w/o Infectious and Parasitic Disease
- K30 Functional Dyspepsia
- K51.90 Unspecified Ulcerative Colitis
- K57.30 Diverticulosis of Colon (w/o mention of hemorrhage)
- K58.9 Irritable Bowel Syndrome
- K85.9 Acute Pancreatitis
- K92.1 Blood in Stool
- R10.84 Abdominal Pain, Generalized
- R19.7 Diarrhea

**DIAGNOSIS (ICD-10) CODES: Nail/Paronychia**

- B35.8 Other dermatophytoses
- B35.9 Dermatophytosis, unspecified
- B36.9 Superficial mycosis, unspecified
- L00-L99 Diseases of the skin and subcutaneous tissue
- L00-L08 Infections of the skin and subcutaneous tissue
- L03.0 Cellulitis and acute lymphangitis of finger and toe
- L03.01 Cellulitis of finger
- L03.011 Cellulitis right finger
- L03.012 Cellulitis left finger
- L03.019 Cellulitis unspecified finger
- L03.03 Cellulitis of toe
- L60.0 Ingrowing nail
- L60.1 Onycholysis
- L60.2 Onychogryphosis
- L60.3 Nail dystrophy
- L60.4 Beau's lines
- L60.5 Yellow nail syndrome
- L60.8 Other nail disorders
- L60.9 Nail disorder, unspecified

**DIAGNOSIS (ICD-10) CODES: Respiratory**

- R50.9 Fever, Unspecified
- R06.02 Shortness of Breath
- R06.00 Dyspnea, Unspecified
- J02.9 Acute Pharyngitis
- J01.90 Acute Sinusitis, Unspecified
- J00 Acute Nasopharyngitis
- J32.9 Unspecified Sinusitis, Chronic
- R09.3 Abnormal Sputum
- J44.9 Asthma with chronic obstructive pulmonary disease (COPD) (HCC)
- J03.90 Acute Tonsillitis
- R07.81 Pleurodynia
- R53.82 Chronic Fatigue, Unspecified
- J31.0 Unspecified Rhinitis
- R05.00 Cough
- R68.83 Chills (without fever)
- R07.82 Intercostal chest pain
- R06.9 Abnl of breathing, Unspecified
- J40 Bronchitis, Unspecified
- J44.9 COPD
- J43.2 Emphysema, Centrilobular
- R06.02 Shortness of Breath
- R06.01 Wheezing
- J43.9 Emphysema, Unspecified
- J06.9 Acute Upper Respiratory Infections of Unspecified Site
- R91.1 Pulmonary Nodule, Solitary

**DIAGNOSIS (ICD-10) CODES: Urinary Tract/STD**

- N30.1 Interstitial Cystitis (Chronic)
- N30.4 Acute Cystitis
- R30.0 Dysuria
- R30.9 Painful micturition, Unspecified
- R35.0 Frequency of micturition
- R39.15 Urgency of Urination
- R39.9 Unspecified symptoms and signs involving the GU system

**DIAGNOSIS (ICD-10) CODES: Wound/Ortho**

- E11.621 Type 2 diabetes mellitus with foot ulcer
- E11.622 Type 2 diabetes mellitus with other skin ulcer
- I70.203 Unsp atherosclerotic native arteries of extremities, bilateral legs
- I70.232 Atherosclerotic native arteries of right leg w ulceration of calf
- I70.234 Atherosclerotic native art of right leg w ulcer of heel and mid-foot
- I70.244 Atherosclerotic native art of left leg w ulcer of heel and mid-foot
- I70.245 Atherosclerotic native arteries of left leg w ulceration oth prt foot
- I87.311 Chronic venous hypertension w ulcer of r low extremity
- I87.312 Chronic venous hypertension w ulcer of l low extremity
- I87.313 Chronic venous hypertension w ulcer of bilateral low extremity
- I87.332 Chronic venous htn w ulcer and inflammation of l low extremity
- L03.115 Cellulitis of right lower limb
- L03.116 Cellulitis of left lower limb
- L89.143 Pressure ulcer of left lower back, stage 3
- L89.144 Pressure ulcer of left lower back, stage 4
- L89.154 Pressure ulcer of sacral region, stage 4
- L89.314 Pressure ulcer of right buttock, stage 4
- L89.323 Pressure ulcer of left buttock, stage 3
- L89.313 Pressure ulcer of right buttock, stage 3
- L89.324 Pressure ulcer of left buttock, stage 4
- L89.513 Pressure ulcer of right ankle, stage 3
- L89.893 Pressure ulcer of other site, stage 3
- L89.894 Pressure ulcer of other site, stage 4
- L97.212 Non-pressure chronic ulcer of right calf w fat layer exposed
- L97.222 Non-pressure chronic ulcer of left calf w fat layer exposed
- L97.312 Non-pressure chronic ulcer of right ankle w fat layer exposed
- L97.411 Non-pressure chr. ulcer of right heel and midft lmt to brkdwn skin
- L97.412 Non-pressure chr ulcer of right heel and mid-foot w fat layer expos
- L97.413 Non-pressure chr ulcer of right heel and mid-foot w necros muscle
- L97.419 Non-pressure chr ulcer of right heel and mid-foot w unsp severt
- L97.422 Non-pressure chr ulcer of left heel and mid-foot w fat layer expos
- L97.423 Non-pressure chr ulcer of left heel and midfoot w necros muscle
- L97.429 Non-pressure chronic ulcer of left heel and mid-foot w unsp severt
- L97.512 Non-pressure chronic ulcer oth prt right foot w fat layer exposed
- L97.522 Non-pressure chronic ulcer oth prt left foot w fat layer exposed
- L97.811 Non-pressure chr ulcer oth prt r low leg limited to brkdwn skin
- L97.812 Non-pressure chronic ulcer oth prt r low leg w fat layer exposed
- L97.821 Non-pressure chr ulcer oth prt l low leg limited to brkdwn skin
- L97.822 Non-pressure chronic ulcer oth prt l low leg w fat layer exposed
- L97.912 Non-pressure chr ulc unsp prt of r low leg w fat layer exposed
- M86.171 Other acute osteomyelitis, right ankle and foot
- M86.172 Other acute osteomyelitis, left ankle and foot
- M86.18 Other acute osteomyelitis, other site
- S31.105S Unsp open wound abd wall, periumb rgn w/o penet perit cav, sqla
- S81.001A Unspecified open wound, right knee, initial encounter
- S81.002A Unspecified open wound, left knee, initial encounter
- S81.801A Unspecified open wound, right lower leg, initial encounter
- S81.802A Unspecified open wound, left lower leg, initial encounter
- T81.31XA Disruption of external operation (surgical) wound, NEC, init
- T86.821 Skin graft (allograft) (autograft) failure
- T86.828 Other complications of skin graft (allograft) (autograft)