



Bako Diagnostics
 6240 SHILOH ROAD
 ALPHARETTA, GA 30005
 PH: 877-376-7284 • FAX: 770-475-0528

PHYSICIAN/CLINIC INFORMATION

**LAB
 USE
 ONLY**

SPCR1500000

DATE COLLECTED ____/____/____ TIME COLLECTED ____:____:____

PATIENT INFORMATION

LAST NAME		FIRST NAME	M.I.
STREET ADDRESS			APT. #
CITY	STATE	ZIP CODE	
PHONE NUMBER			
DATE OF BIRTH / /	AGE	SEX	PATIENT ID

BILL: **INSURANCE** **PATIENT** Biomechanical Correlation (Plantar Skin)

BILLING/INSURANCE INFORMATION (Attach a copy of primary / secondary insurance cards — both sides)

SUBSCRIBER NAME/RELATIONSHIP TO SUBSCRIBER: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	INSURANCE NAME
MEMBER ID	ADDRESS
GROUP/CONTRACT #	CITY STATE ZIP

ADDITIONAL CLINICAL INFORMATION: (If clinical image is available, please print and attach or submit digitally at [HTTPS://IMAGES.BAKODX.COM](https://images.bakodx.com))

ICD CODES (See back)

SPECIMEN #1	SPECIMEN #2
<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Shave <input type="checkbox"/> Punch <input type="checkbox"/> Biopsy <input type="checkbox"/> Excision	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Shave <input type="checkbox"/> Punch <input type="checkbox"/> Biopsy <input type="checkbox"/> Excision

NAIL

NAIL UNIT DYSTROPHY (Fungal, Inflammatory, Neoplasm)

Higher Sensitivity and melanin screen (PAS/GMS/FM) (Dematiaceous fungi / Melanoma)

Higher Sensitivity (PAS/GMS)

Routine (PAS)

FUNGAL SPECIATION / ORGANISM IDENTIFICATION
 (Typically added to above stain(s))

PCR with Terbinafine resistance reflex* OR Culture

PCR w/o Terbinafine resistance reflex OR Culture

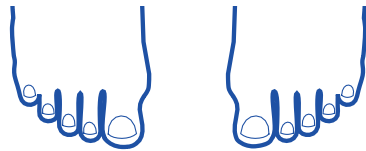
NEOPLASIA

Pigmented Streak/Lesion (R/O Melanoma)

Non-Pigmented Lesion (Verruca / R/O Carcinoma)

PLEASE INDICATE PRECISE SITE OF ORIGIN (1,2)

RIGHT LEFT



NAIL UNIT DYSTROPHY (Fungal, Inflammatory, Neoplasm)

Higher Sensitivity and melanin screen (PAS/GMS/FM) (Dematiaceous fungi / Melanoma)

Higher Sensitivity (PAS/GMS)

Routine (PAS)

FUNGAL SPECIATION / ORGANISM IDENTIFICATION
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NEOPLASIA

Pigmented Streak/Lesion (R/O Melanoma)

Non-Pigmented Lesion (Verruca / R/O Carcinoma)

SKIN/SOFT TISSUE/BONE

SKIN

Pigmented Lesion (Rule out Melanoma)

Non-Pigmented Lesion (Verruca/Rule out Carcinoma)

Dermatitis (Eczematous/Tinea)

Ulceration (Malignancy/Vasculitis)

Other: _____

SOFT TISSUE

Tumor (Ganglion/Lipoma/Sarcoma)

Inflammatory (Tophus/Abscess)

BONE

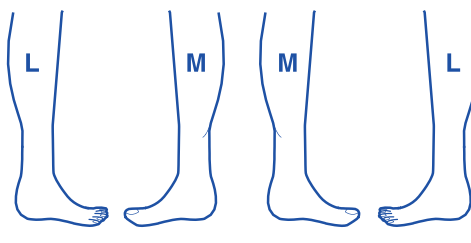
Arthritis (HAV/Hammer Toe/DJD/Exostosis)

Lytic/Destructive (Osteomyelitis/Neoplasm)

Micro (Aerobic /Anaerobic) No Formalin

Other: _____

RIGHT LEFT



SKIN

Pigmented Lesion (Rule out Melanoma)

Non-Pigmented Lesion (Verruca/Rule out Carcinoma)

Dermatitis (Eczematous/Tinea)

Ulceration (Malignancy/Vasculitis)

Other: _____

SOFT TISSUE

Tumor (Ganglion/Lipoma/Sarcoma)

Inflammatory (Tophus/Abscess)

BONE

Arthritis (HAV/Hammer Toe/DJD/Exostosis)

Lytic/Destructive (Osteomyelitis/Neoplasm)

Micro (Aerobic /Anaerobic) No Formalin

Other: _____

SKIN MOLECULAR / PCR

WEB SPACE PANEL* (Skin scraping, submit DRY)

Tinea, erythrasma, Candidal intertrigo, bacterial infections

CYTOLOGY/FLUID/CRYSTAL ANALYSIS

Aspiration Crystal Analysis (fresh or in ETOH)

Aspiration Tumor (Ganglion / Cyst)

BACTERIOLOGY/SWAB

BACTERIOLOGY (Open Wound)

Aerobic Cx/Sensitivity/Gram**

Aerobic/Anaerobic Cx/Sensitivity/Gram**

**Both may be performed with ESwab

SKIN MOLECULAR / PCR

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**Both may be performed with ESwab

Specimen 1 SPCR1500000 Name: _____	Specimen 2 SPCR1500000 Name: _____	Specimen 3 SPCR1500000 Name: _____
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PHYSICIAN SIGNATURE

The requested test(s) is/are medically indicated for patient management.	I authorize Bako Diagnostics to bill my insurance.
SIGNATURE REQUIRED	SIGNATURE _____ DATE ____/____/____

SPECIMEN CONTAINER MUST INCLUDE PATIENT NAME, SITE AND BARCODED LABEL

Version 08.17.21

SKIN MOLECULAR PCR*

Web Space Panel tests for:

Pan-Dermatophytes

Candida spp

Corynebacterium minutissimum

Pan gram-negative bacteria

*Staphylococcus aureus****

***With reflex to *mecA*

*Not available in NY.

ICD-10 codes are provided for convenience and informational purposes only.
Ordering practitioners must determine the ICD-10 codes most appropriate for each patient.

ICD-10 CODE
NAIL UNIT DYSTROPHY AND INFECTIOUS L60.3 Nail dystrophy L60.8 Other nail disorders L60.1 Onycholysis L60.2 Onychogryphosis
NEOPLASIA L98.9 Disorder of the skin and subcutaneous tissue, unspecified L81.9 Disorder of pigmentation, unspecified
SKIN L98.9 Disorder of the skin and subcutaneous tissue, unspecified L30.9 Dermatitis, unspecified B07.0 Plantar wart L03.03 Cellulitis of toe L92.9 Granulomatous disorder of the skin and subcutaneous tissue, unspecified
SOFT TISSUE L03.03 Cellulitis of toe L08.9 Local infection of the skin and subcutaneous tissue, unspecified L92.9 Granulomatous disorder of the skin and subcutaneous tissue, unspecified
BONE M89.8X9 Other specified disorders of bone, unspecified site M86. Osteomyelitis M20.40 Other hammer toe(s)
WEB SPACE PANEL L60.3 Nail dystrophy L98.9 Disorder of the skin and subcutaneous tissue, unspecified
CYTOLOGY R22.4 Localized swelling, mass and lump, unspecified lower limb M67.4 Ganglion M11.9 Crystal arthropathy, unspecified M10.9 Gout, unspecified
BACTERIOLOGY L97. Non-pressure chronic ulcer L02.61 Cutaneous abscess of foot L03.11 Cellulitis of lower limb L08. Local infection of the skin and subcutaneous tissue, unspecified E11.621 Type 2 diabetes mellitus with foot ulcer