bako dx
intelligence not just information

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

DATE COLLECTED ____/____/____ TIME COLLECTED _____

PHYSICIAN/CLINIC INFORMATION

LAB USE ONLY

SPCR1500000

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: ☐ Self ☐ Spouse ☐ Dependent	INSURANCE NAME	
MEMBER ID	ADDRESS	
GROUP/CONTRACT #	CITY	STATE / ZIP

ICD CODES (Seabaek)

ADDITIONAL CLINICAL INFORMATION:
(If clinical image is available, please print and attach or submit digitally at HTTPS://IMAGES.BAKODX.COM

SPECIMEN #1

☐ Right ☐ Left ☐ Shave ☐ Punch ☐ Biopsy ☐ Excision

SPECIMEN #2

☐ Right ☐ Left ☐ Shave ☐ Punch ☐ Biopsy ☐ Excision

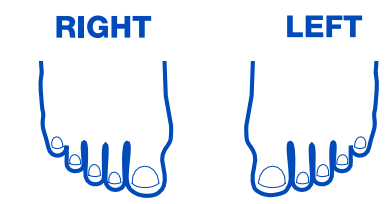
NAIL

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
(Dry specimen only)
Fungal PCR *w/* terbinafine resistance reflex*
☐ w/ Pseudomonas ☐ w/o Pseudomonas
Fungal PCR *w/o* terbinafine resistance reflex
☐ w/ Pseudomonas ☐ w/o Pseudomonas
☐ Pseudomonas ONLY
☐ Fungal Culture

NEOPLASIA
☐ Pigmented Streak/Lesion (R/O Melanoma)
☐ Non-Pigmented Lesion (Verruca / R/O Carcinoma)

PLEASE INDICATE PRECISE SITE OF ORIGIN (1,2)



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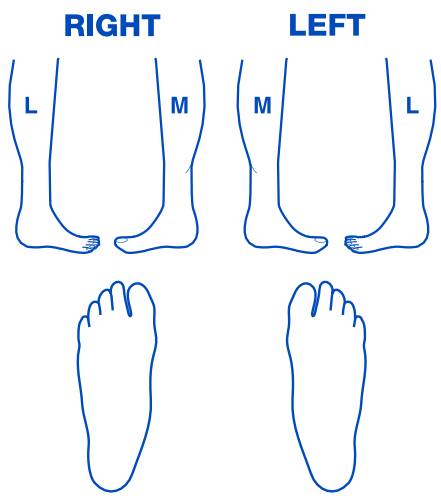
SKIN/SOFT TISSUE/BONE

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:_____



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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

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Specimen 1	Specimen 2	Specimen 3
SPCR2145800	SPCR2145800	SPCR2145800
Name:	Name:	Name:

PHYSICIAN SIGNATURE

The requested test(s) is/are medically indicated for patient management.

SIGNATURE REQUIRED

I authorize Bako Diagnostics to bill my insurance.

SIGNATURE _____ DATE _____/_____/_____

SPECIMEN CONTAINER MUST INCLUDE PATIENT NAME, SITE AND BARCODED LABEL

Version 05.12.23

****SKIN MOLECULAR PCR**

Web Space Panel tests for:

Dermatophytes
Candida spp
Corynebacterium minutissimum
Pseudomonas aeruginosa
*Staphylococcus aureus****

****If positive, reflex to mecA (methicillin resistance), reflex unavailable in NY*

*Not available in NY
(Terbinafine Resistance is not availalbe in NY)