InterScience
Diagnostic Laboratories, Inc.
4218 Amboy Road
Staten Island, NY 10308
TEL# 718-698-5461 FAX# 718-698-4517
CLIA I.D. 33D1082465

Podiatric Pathology

Histology | Cytology | Mycology

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ACCOUNT INFORMATION

Requesting Physician: _____

Referring Physician: _____

Referring Physician Fax #: _____

Patient Chart #: _____

ICD-9 Code: _____

PATIENT INFORMATION

Last Name	First Name	M.I.
Street Address		Apt. #
City	State	Zip Code
Phone	Sex / Patient Age / Date of Birth / /	
Social Security #		

BILLING INFORMATION

BILL:
- ☐ Insurance
- ☐ Medicare
- ☐ Patient
- ☐ Client
- ☐ Secondary Insurance Information Attached

INCLUDED:
- ☐ Copy of the front and back of the patient's insurance card

Name of Insured	Relationship to insured: ☐ Self ☐ Spouse ☐ Dependent
Company Name	
Street Address	
City / State / Zip Code	
Employer Name	
Member ID #	Group Contract #
Medicare #	Referral #

CLINICAL DATA (include Rule Out information)

Collection Date ___/___/___ **# of Containers** _____

☐ Check if digital image was sent

RULE OUT – Check All That Apply

☐ **NAIL / SKIN DISEASE**
- ☐ Bacterial vs. Candidal Paronychia
- ☐ Cyst of Nail
- ☐ Granulation Tissue
- ☐ Onychomycosis
- ☐ Paronychia
- ☐ Pigmented Lesion (nevus / melanoma / lentigo)
- ☐ Psoriasis
- ☐ Pyogenic Granuloma
- ☐ Tumor (verruca / IPK / carcinoma)
- ☐ Ulcer
- ☐ Determine if Matrix and/or Nail Bed was Removed

☐ **BONE HISTOLOGY**
- ☐ Bursitis
- ☐ Degenerative Joint Disease (hallux abducto-valgus/ hammer toe)
- ☐ Gouty Arthritis
- ☐ Inflammatory Joint Disease
- ☐ Joint Synovitis
- ☐ Osteoarthritis
- ☐ Osteomyelitis
- ☐ Tumor (cyst / neoplasm)

☐ **KERATOTIC LESIONS**
- ☐ Porokeratosis Plantaris Discretum
- ☐ Wart
- ☐ Traumatic Punctuate Keratosis
- ☐ Heloma Miliare
- ☐ Heloma Neurofibrosum
- ☐ Heloma Vasculare

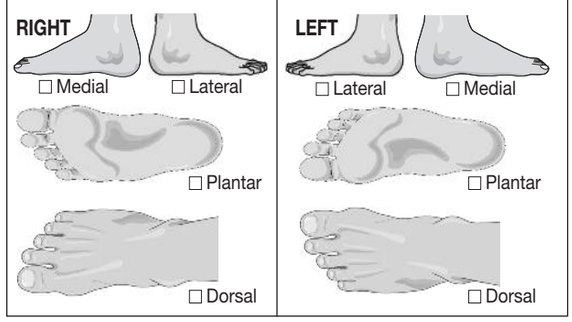
☐ **If not listed,** indicate the disease under consideration:

_____

_____

_____

SPECIMEN



HISTOLOGY

Biopsy Data ***(Please identify anatomic site below and apply appropriate label to specimen)***

☐ **Epidermal Nerve Fiber Density Test** **Time of Collection** _____ **Collection Date** ___/___/___

# of Containers _____

Specimen #	Type / Site	Signs and Symptoms

MYCOLOGY

Specimen #	Type / Site	HISTOLOGY with PAS STAINING (Recommended)	FUNGAL CULTURE and ID	FLUORESCENT KOH
		☐ Formalin Jar	☐ Dry in Mycology Bag	☐ Dry in Mycology Bag
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

CYTOLOGY

☐ **FNA Location** _____ Size: _____ cm

Duration _____ Consistency _____

Circle: Solid / Cystic Solitary / Multiple Circumscribed / Diffuse

WOUND CULTURE

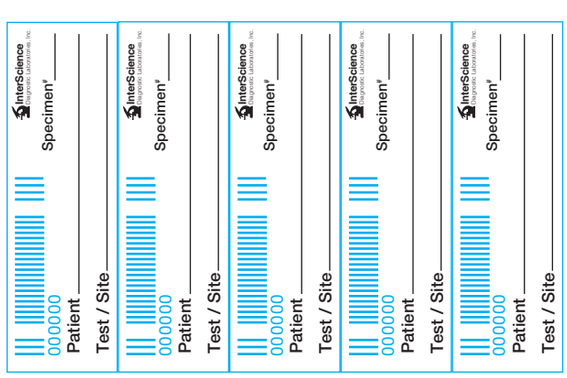
☐ **Wound Culture and Sensitivity** (Swab)

Specimen #	Type / Site

CONSULTATION

Source: _____

Please send pathology report with specimen ☐ Slides ☐ Paraffin Block ☐ Other



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Fungal Testing – Procedures, Testing Methods and Terminology

Formalin jars and small plastic mycology bags have been provided for the collection and transport of skin and nail specimens. Obtain as much material as possible. A small sample size may hinder the ability to grow and identify an organism.

Procedures

SKIN – Cleanse the area with an alcohol swab. Scrape scale from the advancing edge of the lesion.

FUNGAL BLISTER – Remove the entire root of the blister and place it in formalin for Histology with PAS staining.

SUPERFICIAL NAIL (WHITE SUPERFICIAL ONYCHOMYCOSIS) – Cleanse the surface of the nail with an alcohol swab. Scrape white superficial material from the nail surface with a blade or nipper.

DEEP NAIL (DISTAL SUBUNGUAL ONYCHOMYCOSIS) – Send material from the most proximal, deepest area of involvement. Avoid sending distal subungual debris. This matter contains heavy contamination with saprophytes that are probably not causing infection. Furthermore, true pathogen viability may be diminished in the more distal areas. If a skin lesion is also present, please provide skin scrapings along with nail samples in the same plastic bag or sterile cup. A scraping from the involved skin may reveal the causative organism associated with the nail infection.

Fungal Testing Methods

HISTOLOGY WITH PAS – With the highest published sensitivity, histology with PAS is the gold standard for diagnosing onychomycosis. This allows the podiatric pathologist to histologically view the entire nail plate for fungal disease, alive or dead.

FUNGAL CULTURE – In the laboratory, the specimen is grown in two media. The first, Sabourauds + chloramphenicol allows a wide range of fungi to grow. Since molds frequently overgrow a dermatophyte, a second, more reflective media containing the first two ingredients + cycloheximide is used. The cycloheximide inhibits the growth of the molds to allow dermatophytes to flourish. Even in the best of conditions, dermatophytes may be difficult to retrieve.

MICROSCOPIC EXAMINATION OF CULTURE – Some fungi have a distinct enough colony morphology to allow presumptive identification based solely on culture appearance; however, in order to make a definitive identification of fungal species, the resultant culture is examined microscopically as a "wet mount."

FLUORESCENT KOH – This special KOH test is useful in identifying the presence of fungal elements in the actual skin or nail specimen. It is more rapid and specific than traditional KOH. In skin specimens, the microscopic morphology may lead to a presumptive identification. This is much more difficult in nail specimens.

Test Interpretation

The significance of saprophytes in clinical skin and nail disease is controversial. Although the presence of any organism other than a dermatophyte (Trichophyton, Microsporum, Epidemophyton) may be indicative of a secondary invasion or contamination, rather than a primary infection, there have been reports of saprophytes as the causative agents of skin and nail disease.

Significance of Test Results

POSITIVE PAS – The PAS stained positive, indicating the presence of fungus when viewed under the microscope during histological exam.

NEGATIVE PAS – Indicates staining was negative, but does not rule out the presence of fungi. If evidence of disease is seen in the architecture of the nail, it will be indicated on the pathology report.

POSITIVE CULTURE AND IDENTIFICATION – Identifies the specific genus and species and allows differentiation of a saprophyte from a dermatophyte.

NEGATIVE CULTURE – Can indicate the absence of fungal disease, especially if repeated cultures and KOH are found to be negative. May also result from dead fungi due to previous antifungal treatment or inadequate tissue sampling. If cultures are negative, consider sending the nail in formalin for histopathologic evaluation for fungus.

POSITIVE KOH – Indicates the visible presence of fungi in the specimen. Does not allow fungal identification or differentiation of a dermatophyte from a saprophyte.

NEGATIVE KOH – Does not rule out the presence of fungal infection. Indicates only that, in the sampled tissue, fungal hyphae were not seen. Fungi may still be grown and identified on culture.

FUNGAL SENSITIVITY TESTING – Unlike bacterial specimens, routine testing of fungal isolates for antifungal susceptibility is not performed. The technique is not standardized and there is little correlation between laboratory results and clinical efficacy. Fungal sensitivity testing is generally used as a research tool only.

Podiatry Specimen Collection Guidelines

TEST	*SPECIMEN TYPE*	*CONTAINER*	*USE*
Nail Histology with PAS	Nail Clippings	Formalin	Rule Out Fungal Infection ***Recommended for Highest Sensitivity***
Nail for KOH or Fungal Culture	Multiple Dry Nail Clippings	Plastic Bag/Sterile Cup	KOH Shows Positive or Negative for Fungal Infection; Culture Grows Specific Organisms
Skin / Tissue Histology (Hematoxolin & Eosin)	Skin or Tissue Biopsy	Formalin	Identify or Rule Out Disease
Bone Histology	Bone	Formalin	Identify or Rule Out Disease
Bone Culture	Bone	Sterile Cup	Rule Out Osteomyelitis ***Bone Histology Recommended in Conjunction with Culture***
Cytology	Joint or Cyst Aspiration	Alcohol-Based Preservative	Identify or Rule Out Disease
Gouty Crystals	Joint or Cyst Aspiration	Make One Set of Slides Using Standard Smear Procedure, Air Dry, Send in Cardboard Slide Holder	Rule Out Gout in the Joint
Wound Culture and Sensitivity (C & S)	Wound Fluid or Cyst Aspiration	BBL Wound Culture Swab	Identify Bacterial Infection
Cell Counts, WBC or Miscellaneous Clinical Tests	Joint or Cyst Aspiration	Sterile Jar	Look for Abnormal Counts or Infection
AFB	Nail Clippings or Bone	Sterile Cup	TB
Epidermal Nerve Fiber Density	Punch Biopsy	Formalin	Rule Out Small Fiber Neuropathy ***Important for Lab to Receive Within 24 Hours***