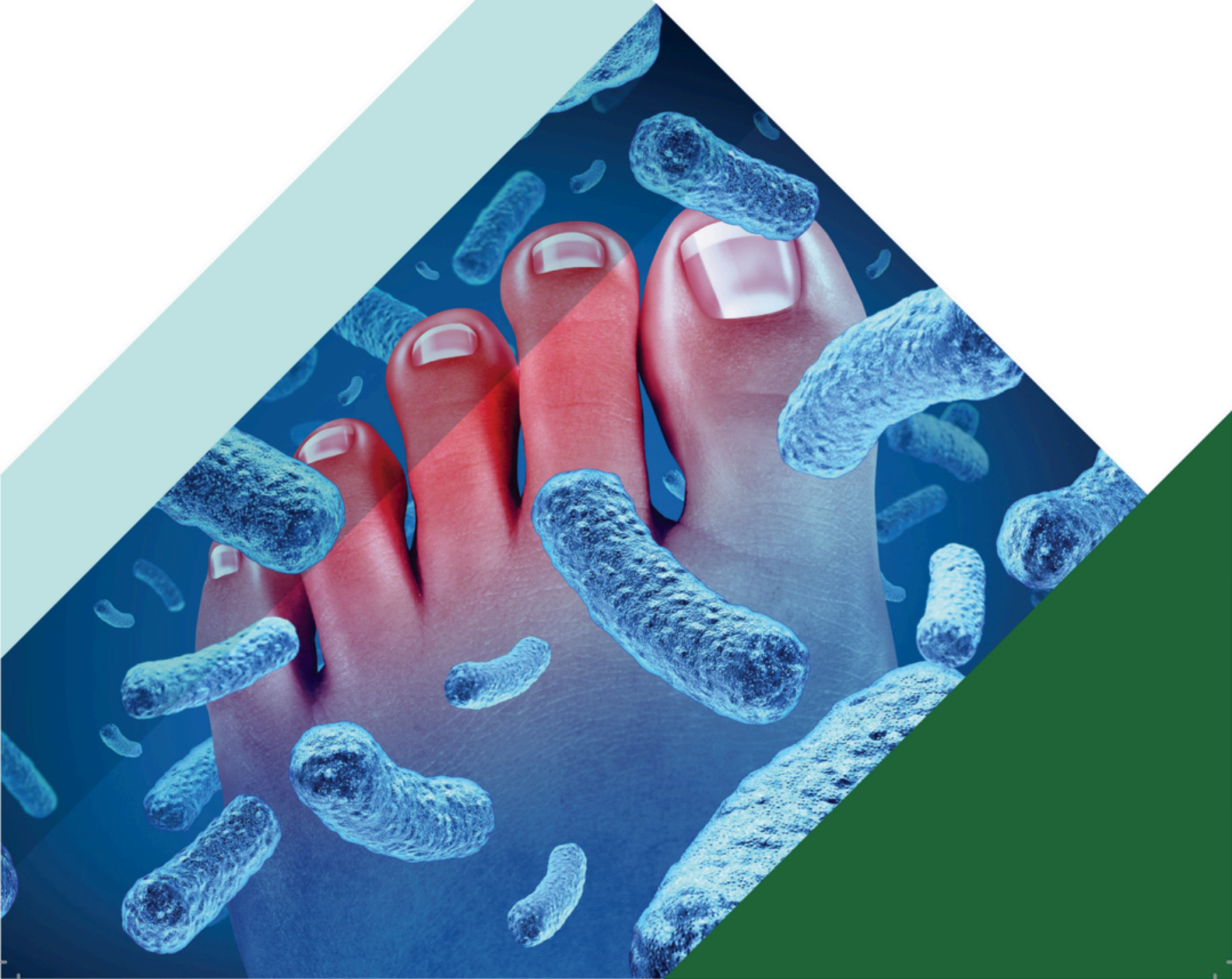




PODIATRY





WELCOME TO **ALLIANCE**

Alliance Laboratories is a full-service clinical laboratory founded on the belief that physicians deserve the latest in state-of-the-art equipment and the right support to provide their patients with the best possible care.

Our CLIA-certified laboratory consists of some of the highest-decorated staff who are ready and able to help in providing excellent healthcare.



OUR MISSION

Alliance Laboratories is an independent, full-service, clinical and anatomic pathology laboratory dedicated to providing diagnostic excellence. Our CLIA-certified facility utilizes the latest in state-of-the-art instrumentation and medical technology. Our board-certified pathologists and technicians strive to meet the high standards of care that our clinical practices extend to their patients. Together, we are true partners in laboratory diagnostics.

Alliance Laboratories, established in March 2000, was founded with the belief that the key to providing the best in medical care is customer service and quality control using the latest in cutting edge technology. Our highly-trained team of medical professionals and client relations specialists provide fast, accurate, personalized laboratory services, as well as a full range of ancillary support and practice management solutions. By utilizing the latest in clinical laboratory technology, we're able to provide the physician with quick turnaround times, seamless EMR integration, round-the-clock pick-ups, and 24/7 support. We don't just go the next step. We believe in leaving no stone unturned in our quest to support our clients with the best.

SPECIALIZED SERVICES

- Clinical Chemistry
- Endocrinology
- Toxicology
- Immunology
- Molecular PCR & NGS
- Oncology
- Gastrointestinal Pathology
- Gynecologic Pathology
- Dermatopathology
- Head and Neck Pathology
- Eye Pathology
- Urological Pathology
- Podiatric Pathology

SCOPE OF SERVICES

- Electronic Reporting
- EMR Interphase
- Online Report Retrieval
- Online Patient Portal
- 1 on 1 Client Services
- Pathology Technical Services
- Pathology Consultation
- Private Courier Services
- Outstanding turnaround time
 - Routine Blood work – 24hrs
 - Toxicology – 24hrs
 - Surgical Path – 24 to 48hrs
 - Cytopathology – 24 to 48hrs

Patient Name : **DOE, JAMES**

Patient Rec. #:

Date of Birth: 01/01/1958 Age: 64

Sex: Male

Date Collected: 12/28/22

Date Received: 12/28/22

Date Reported: 12/29/22

Specimen Number: **S22-000466**

Alliance ID:

Ordering Client: THE BEST DOCTOR

Ordering Physician:

Client Address: 7200 W Camino Real, Suite 330

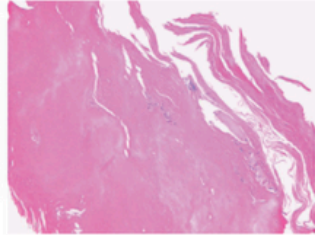
Boca Raton, FL 33433

Telephone: (561) 453-1234

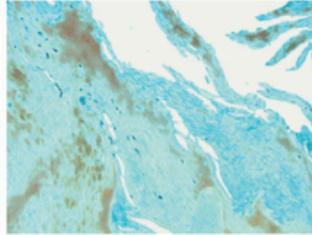
Fax: (561) 453-1238

CC Physician:

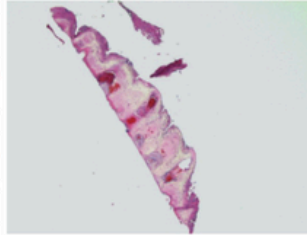
PATHOLOGY REPORT



A. Onychomycosis, H&E (10X)



A. Positive GMS stain (20X)



B. Verruca Plana, H&E (4X)

A- SKIN, RIGHT BIG TOENAIL, NAIL CLIPPINGS:

DIAGNOSIS:

ONYCHOMYCOSIS. A GMS SPECIAL STAIN IS POSITIVE.

NOTE: Adequate controls were examined.

B- SKIN, RIGHT FOOT, SHAVED BIOPSY:

DIAGNOSIS:

VERRUCA PLANA

GROSS DESCRIPTION

A. Received fresh with the patient's name and a second identifier and labeled as "RIGHT BIG TOE NAIL" are multiple pieces of nail measuring 2.0 x 1.5 x 0.3 cm in aggregate. Specimen is sectioned, and two pieces are placed in softening solution, and submitted in one (1) cassette. The other pieces of unfixed specimen are saved for possible molecular microbiology studies if necessary.

B. Specimen is received in formalin with the patient's name and a second identifier, labeled as "RIGHT FOOT SHAVE BIOPSY" and consisting of one shaved fragment of soft tan/white skin, measuring 0.4 cm in greatest dimension. Skin appears thickened. Specimen is bisected and entirely submitted in one (1) cassette.

CLINICAL HISTORY

Electronically Signed by: Mercedes Ficarra, MD. Board Certified in Pathology/Cytopathology

Date: 12/29/2022 Time: 10:38:04

SOURCE

A- RIGHT BIG TOE NAIL

B- RIGHT FOOT SHAVE BIOPSY

CPT CODES:

88305X2, 88311, 88312



Director: Ali Tamsen, M.D.
 CLIA #: 33D0871472
 FLSDOH. License #: PFI4589

Client: Alliance Laboratories
Client #: 1
Chart #: A24030019
Provider:

Patient: Dj
DOB: 11/25/1932
Gender: F
Specimen Type: TOE NAIL
Collected: 03/21/24

Lab Accession#: 24032519
Accessioned: 03/25/24 2:14
Reviewed & Approved:
Reported:
By:

TOENAIL FUNGUS ORGANISM SUMMARY

ORGANISM(S) DETECTED

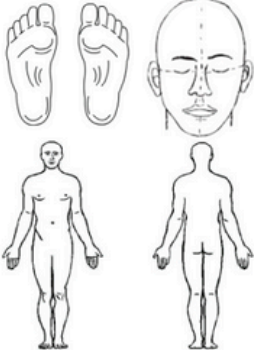
Organism	Presence
Trichophyton spp.	A- Right hallux

TOENAIL FUNGUS PANEL RESULTS

Test	Presence	Remarks
Alternaria alternata	Not Detected	
Aspergillus fumigatus	Not Detected	
Aspergillus niger	Not Detected	
Acremonium strictum	Not Detected	
Aspergillus terreus	Not Detected	
Aspergillus versicolor	Not Detected	
Candida albicans	Not Detected	
Cochliobolus lunatus	Not Detected	
Candida parapsilosis	Not Detected	
Epidermophyton floccosum	Not Detected	
Fusarium solani	Not Detected	
Geotrichum candidum	Not Detected	
Microsporum audouinii	Not Detected	
Microsporum canis	Not Detected	
Microsporum gypseum	Not Detected	
Neoscytalidium dimidiatum	Not Detected	
Wickerhamomyces onychis	Not Detected	
Scopulariopsis brevicaulis	Not Detected	
Sarcoptes scabiei	Not Detected	
Trichosporon beigelii	Not Detected	
Trichosporon mucoides	Not Detected	
Trichophyton violaceum	Not Detected	
Trichophyton soudanense	DETECTED	
Zygosaccharomyces	Not Detected	
Trichophyton interdigitale	DETECTED	
Trichophyton mentagrophytes	DETECTED	
Trichophyton rubrum	DETECTED	

* Based on published peer-reviewed antimicrobial guidelines.

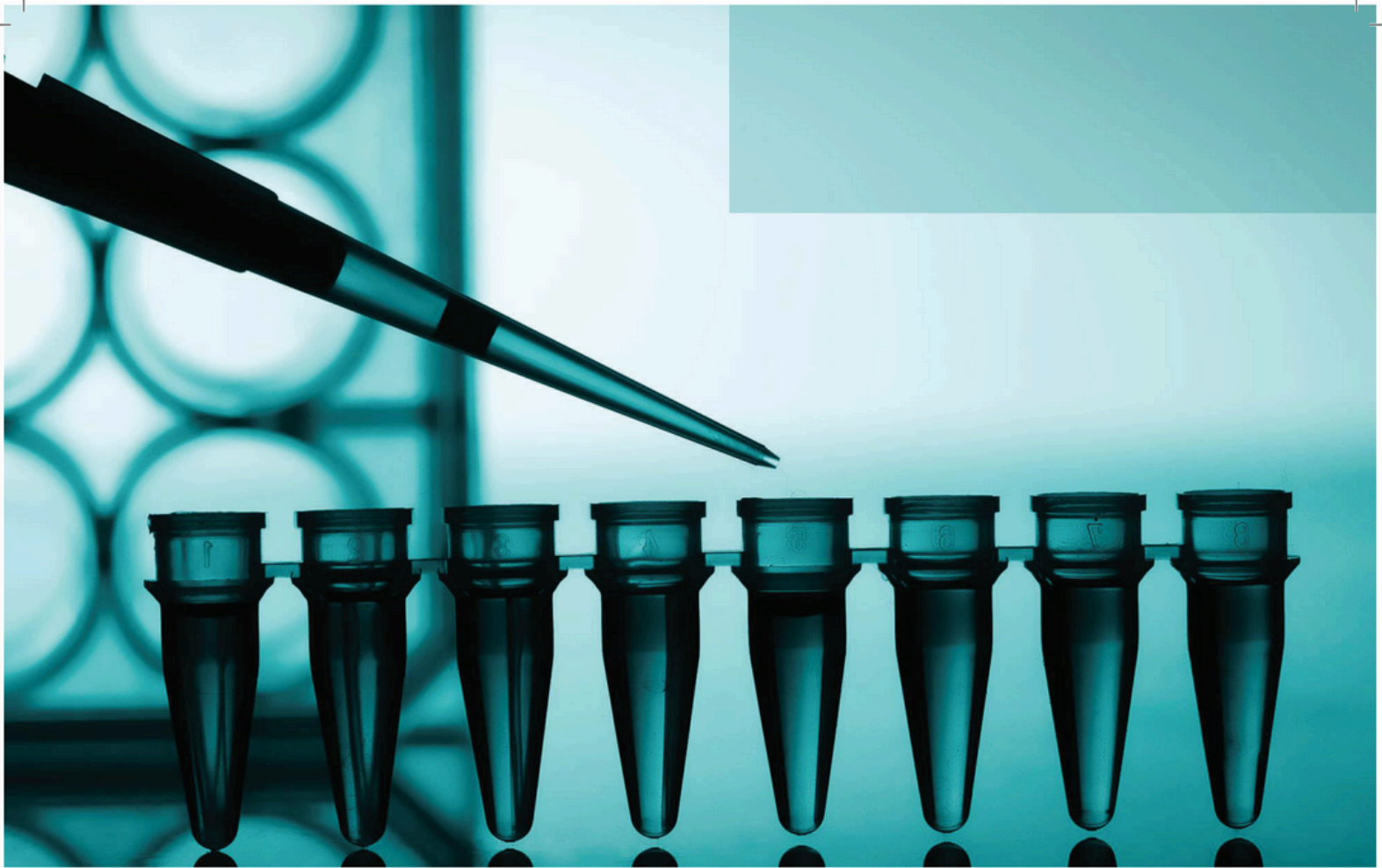
These results should be interpreted in the context of other clinical findings to aid in diagnosis and treatment decisions. Test results may be affected by improper specimen collection, improper specimen storage, technical error, contamination, or specimen mix-up. Testing performed by real-time PCR. Tests were developed and performance characteristics determined by Alliance Laboratories. They have not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes and should not be regarded as investigational or for research. All testing was performed at Alliance Laboratories.

PATIENT INFORMATION				COLLECTION INFORMATION	
Last Name		First Name		Collection	AM
Address		Apt #		Date: ___/___/___	Time: ___:___ PM
ACCOUNT INFORMATION					
City		State	Zip Code		
Phone		Sex	Age	DOB	
Social Security #		MR/Chart #:			
BILLING INFORMATION					
Name of Insured					
Company Name					
Street Address					
City		State	Zip Code		
Policy #		Group #			
Medicare/Medicaid #		Referral #			
RULE OUT / SUSPECTED DIAGNOSIS			MARK SPECIMEN SITE		
ICD-10 Codes: _____					
CLINICAL INFORMATION					
HISTOLOGY BIOPSIES					
(A) SITE: _____					
<input type="radio"/> Punch Bx. <input type="radio"/> Punch Excision (Ink) <input type="radio"/> Shave Biopsy		<input type="radio"/> Shave Excision (Ink) <input type="radio"/> Excision (Ink) <input type="radio"/> Curettage		<input type="radio"/> Alopecia Sections <input type="radio"/> DIF	
Operative Findings: _____					
<input type="radio"/> Nevus Atypical <input type="radio"/> Melanoma <input type="radio"/> BCC		<input type="radio"/> SCC <input type="radio"/> AK <input type="radio"/> SK		<input type="radio"/> FEP <input type="radio"/> DF <input type="radio"/> VV	
(B) SITE: _____					
<input type="radio"/> Punch Bx. <input type="radio"/> Punch Excision (Ink) <input type="radio"/> Shave Biopsy		<input type="radio"/> Shave Excision (Ink) <input type="radio"/> Excision (Ink) <input type="radio"/> Curettage		<input type="radio"/> Alopecia Sections <input type="radio"/> DIF	
Operative Findings: _____					
<input type="radio"/> Nevus Atypical <input type="radio"/> Melanoma <input type="radio"/> BCC		<input type="radio"/> SCC <input type="radio"/> AK <input type="radio"/> SK		<input type="radio"/> FEP <input type="radio"/> DF <input type="radio"/> VV	
(C) SITE: _____					
<input type="radio"/> Punch Bx. <input type="radio"/> Punch Excision (Ink) <input type="radio"/> Shave Biopsy		<input type="radio"/> Shave Excision (Ink) <input type="radio"/> Excision (Ink) <input type="radio"/> Curettage		<input type="radio"/> Alopecia Sections <input type="radio"/> DIF	
Operative Findings: _____					
<input type="radio"/> Nevus Atypical <input type="radio"/> Melanoma <input type="radio"/> BCC		<input type="radio"/> SCC <input type="radio"/> AK <input type="radio"/> SK		<input type="radio"/> FEP <input type="radio"/> DF <input type="radio"/> VV	
CYTOLOGY			WOUND CULTURE		
JAR TYPE / SITE A. FNA Site: _____ Size: _____ cm. B. FNA Site: _____ Size: _____ cm.			<input type="checkbox"/> Wound Culture and Sensitivity (Swab) JAR TYPE / SITE A. _____		

Pt. Name: AS1000 Site: _____ Jar#: _____	Pt. Name: AS1000 Site: _____ Jar#: _____	Pt. Name: AS1000 Site: _____ Jar#: _____	Pt. Name: AS1000 Site: _____ Jar#: _____
Pt. Name: AS1000 Site: _____ Jar#: _____	Pt. Name: AS1000 Site: _____ Jar#: _____	Pt. Name: AS1000 Site: _____ Jar#: _____	Pt. Name: AS1000 Site: _____ Jar#: _____

Non-Medicare Patients: I hereby authorize Alliance Laboratories to furnish my designated insurance carrier the information on this form if necessary for reimbursement. I also authorize benefits to be payable to Alliance Laboratories. I understand that I am responsible for any amount not paid by insurance for reasons including, but not limited to, non-authorized services. I permit a copy of this authorization to be used in place of the original.

Patient/Responsible Party Signature: _____



POLYMERASE CHAIN REACTION

ACCURATELY TARGETING OF SPECIFIC DNA & RNA PANELS

- Urinary Tract Infection w/ AMR
- Sexually Transmitted Infection
- COVID-19, RSV, Flu A&B
- Wound Infections w/ AMR
- Pharmacogenomics PGx
- Fungal Nail Infection

Wellness Screen Profiles

Male Wellness Screen

Lipid Profile

CBC: Complete Blood Count

CMP: Comprehensive Metabolic Panel

Hgb A1C

HCY: Homocysteine

HRSCRIP: High Sensitivity C-Reactive Protein.

Serum Protein Electrophoresis

Ferritin

Vit D: Vitamin D 25- OH

B12: Vitamin B12

Folate

UA: Uric Acid

RF: Rheumatoid Factor

ESR: Erythrocyte Sedimentation Rate

TSH: Thyroid Stimulating Hormone

PTH: Parathyroid Hormone

FT4: Free Thyroxine

FT3: Free Triiodothyronine

T3 Total: Total Triiodothyronine

PSA Free: Free Prostate Specific Antigen

PSA Total: Total Prostate Specific Antigen

Testo Free: Free Testosterone

Testo Total: Total Testosterone

IGE: Immunoglobulin E

IGG: Immunoglobulin G

IGM: Immunoglobulin M

IGA: Immunoglobulin A

Alle: Allergies

Hepatitis B Surf Ab/Core

Hepatitis C Ab

HIV

RPR

TBG

Measles, Mumps, Rubella

Female Wellness Screen

Lipid Profile

CBC: Complete Blood Count

CMP: Comprehensive Metabolic Panel

Hgb A1C

HCY: Homocysteine

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FT4: Free Thyroxine

FT3: Free Triiodothyronine

T3 Total: Total Triiodothyronine

FSH: Follicle-Stimulating Hormone

LH: Luteinizing Hormone

Estradiol

IGE: Immunoglobulin E

IGG: Immunoglobulin G

IGM: Immunoglobulin M

IGA: Immunoglobulin A

Alle: Allergies Test

Hepatitis B Surf Ab/Core

Hepatitis C Ab

HIV

RPR

TBG

Measles, Mumps, Rubella

Specimen Requirements for Wellness Screen Profile

●4 Speckled Top Tubes ●1 Lavender Tube

Comprehensive Screen Profiles

Male Comp. Profile

Comprehensive Metabolic Panel
Lipid Panel
Thyroid Profile
CBC w/Diff
Vitamin B12
Folate
Ferritin
Hemoglobin A1C
Hepatitis B Surf Ab
Hepatitis C Ab
PSA
CRPHS
Testosterone
Vitamin D 25-OH
Serum Protein Electrophoresis
Immunoglobulins

Female Comp. Profile

Comprehensive Metabolic Panel
Lipid Panel
Thyroid Panel
CBC w/ Diff
Vitamin B12
Folate
Ferritin
Hemoglobin A1c
Hepatitis B Surf Ab
Hepatitis C Ab
FSH
LH
Parathyroid Hormone
CRPHS
Vitamin D25-OH
Serum Protein Electrophoresis
Immunoglobulins

Specimen Requirements

2 Speckled Top Tubes
1 Lavender Tube

Vitamin Analysis Profile

Vitamin A
Vitamin E
Vitamin B1
Vitamin D 25-OH
Vitamin B12
Folate
Ferritin
Iron
TIBC
Zinc

Arthritis Profile

ANA
Rheumatoid Factor
ESR
Uric Acid
Serum Protein Electrophoresis
CCP
ANCA Total ABS
Complement C3 & C4
SS-A & SS-B IgG Abs

Pain Management Profile

Comprehensive Metabolic Profile
Thyroid Profile
Anemia Profile
Arthritis Profile
CBC w/ Diff
Cortisol
Aldosterone
Cortisone Level
Serotonin
Catecholamine
DHEA
Melatonin
Tryptophan
Hyaluronic Acid

Specimen Requirements

Vitamin Analysis Profile:

1 Dark Blue
1 Speckled Top Tube
1 Lavender Tube
1 Green Top Tube
1 Plain Red Tube

Arthritis Profile:

3 Speckled Top Tubes
1 Lavender Tube

Pain Management Profile:

4 Speckled Top Tubes
3 Lavender Tubes
1 green Top Tube



7200 W Camino Real Suite 330
 Boca Raton, FL 33433
 Tel. (561)453-1234 Fax. (561)453-1238
 Laboratory Director: Mercedes Ficarra, M.D.
 CLIA#: 33D0871472

Client: Best Doctor 1766
 7200 W. Camino Real
 Boca Raton, FL 33433
 (561) 453-1234 Fax: (954) 123-4567
Phys: Best Doctor

Patient: Doe, John
 123 Safe St.
 BOCA RATON, FL 33428
DOB: 10/15/1966 **Age:** 56 **Sex:** M
Phone: (561) 123-4567 **ID#:** A123456789

Accession: 123456789	Coll. Date: 06/06/23	Recv. Date: 06/06/23	Print Date: 06/27/23
Chart#	Coll. Time: 10:28	Recv. Time: 13:55	Print Time: 10:51
First reported on:	06/07/23	Final report date:	06/20/23

Clinical Report:

Clinical Abnormalities Summary: (May not contain all abnormal results; narrative results may not have abnormal flags. Please review entire report.)

HGB	12.8	g/dL	LOW	13.0 - 17.0
HCT	38.7	%	LOW	42.0 - 52.0
Hemoglobin A1c (HbA1c)	7.2	%	HIGH	<5.7
SODIUM (SERUM)	134.0	mmol/L	LOW	136 - 145
CHLORIDE	96	mmol/L	LOW	98 - 107
Enzymatic CO2	32.1	mmol/L	HIGH	21 - 32
e-GFR	106.28	ml/min	HIGH	>60
GLOBULIN	4	g/dl	HIGH	2.0 - 3.5
Anion Gap Ratio	5.90	RATIO	LOW	8 - 12
ALK PHOS (ALP)	133	U/L	HIGH	46 - 116
LDL CHOLESTEROL CALCULATI	108	mg/dL	HIGH	50 - 100
HERPES SIMPLEX 1 IgG	5.4 POSITIVE	AI	A	<0.9
HERPES SIMPLEX 2 IgG	6.7 POSITIVE	AI	A	>=0.9

Test Name	Within Range	Out Of Range	Ref.Range	Units	Previous Result (Date)
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**Report Status: FINAL
 HEMATOLOGY**

CBC + AUTOMATED DIFF.

WBC	7.3		3.8 - 10.5	10 ³ /uL	*I
RBC	4.42		4.2 - 5.8	10 ⁶ /uL	*I
HGB		12.8 L	13.0 - 17.0	g/dL	*I
HCT		38.7 L	42.0 - 52.0	%	*I
MCV	87.7		80 - 94	fL	*I
MCH	29.0		27.0 - 34.0	pg	*I
MCHC	33.1		32.0 - 36.0	g/dL	*I
RDW	14.3		11.5 - 15.5	%	*I
PLT	289		150 - 400	10 ³ /uL	*I
MPV	8.1		7.4 - 10.4	fL	*I
SEGMENTED %	64.1		40.0 - 75.0	%	*I
SEGMENTED #	4.7		1.80 - 7.40	10 ³ /uL	*I
LYMPHOCYTES %	23.6		13.0 - 44.0	%	*I
LYMPHOCYTES #	1.7		1.0 - 3.0	10 ³ /uL	*I
MONOCYTES %	8.2		2.0 - 11.0	%	*I
EOSINOPHILS %	3.1		0.0 - 6.0	%	*I
BASOPHILS %	1.0		0.0 - 2.0	%	*I
MONOCYTES #	0.60		0.0 - 0.9	10 ³ /uL	*I
EOSINOPHILS #	0.20		0.0 - 0.5	10 ³ /uL	*I
BASOPHILS #	0.10		0.0 - 0.2	10 ³ /uL	*I

CHEMISTRY

GLUCOSE	133	<100	mg/dL
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The American Diabetes Association (ADA) recommends the following criteria
 (Continued on Next Page)

INSURANCE LIST

INSURANCES OUR LABORATORY ACCEPTS

1199 National Benefit Fund	CoreSource	Meritain Health
AARO - Prudential	Emblem Health	MetroPlusHealth Plan
Aetna HMO	Empire Plan (United Healthcare)	Multiplan
Aetna PPO	Fidelis	MVP Healthcare
AliCare	Florida Blue	NALC Health Benefit
All Union Local Insurances	GEHA	Oscar Health Insurance
Amalgamated	GHI	Oxford HMO
American Plan Administrators	Great West Health Care PPO	Oxford PPO
American Progressive Life (Today's Options)	Harvard Pilgrim Healthcare	Preferred Care
AmeriHealth PPO	Elderplan	POMCO
APWU	HCIPA (Healthcare Partners)	QualCare
AvMed	Health First	Railroad Medicare
BayCare	Health Republic (Freelancers)	Senior Whole Health
Blue Cross Blue Shield	HIP	Sieba Ltd
Brokerage Concepts	Hudson Health Plan	Touchstone
Capital District (CDPHP)	Humana	Tricare
Capital Health Plan	Horizon BCBS	TRPN
Care Plus	Liberty Health Advantage	UniCare PPO
Champ VA	Local Unions	United Healthcare
Christian Brothers Employee Benefit Fund	MagnaCare	(Excluding Community Plan)
Cigna HMO	Mail Handlers Benefit Plan	United Healthcare/
Cigna PPO	Medicare	AARP Medicare Complete Advantage
ConnectiCare	Medicaid	

INSURANCES WE DO NOT ACCEPT

Affinity
Amerigroup
CMO
Health Plus
Northshore LIJ
United Healthcare Community Plan

CONTACT US



3611 14th Ave
Brooklyn, NY 11218
(718) 851-5773
support@alliancelab.com



7200 W Camino Real, Suite 330
Boca Raton, FL 33433
(561) 453-1234
clientsupport@alliancelab.com



alliancelaboratories.com

