



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

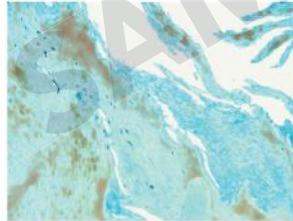
Telephone: (561) 453-1234 Fax: (561) 453-1238

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

The tests utilizing analyte-specific reagents (ASR) were developed and their performance characteristics determined by Alliance Laboratories as required by CLIA 88 regulations. They have not been cleared or approved for specific uses by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. Mercedes Ficarra, MD, Laboratory Medical Director
Alliance Laboratories 7200 W Camino Real Suite 330, Boca Raton, FL 33433 Phone Number: (561)453-1234 Fax Number: (561)453-1238

DOE, JAMES

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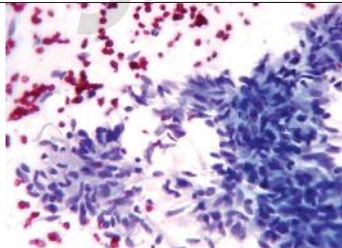
S22-000466



Patient Name: **DOE, JANE**
 Patient Rec. #:
 Date of Birth: 05/19/1958 Age: 66
 Sex: Female
 Date Collected: 05/22/24
 Date Received: 05/23/24
 Date Reported: 05/29/24

Specimen Number: **C24-000534**
 Alliance ID:
 Ordering Client: THE BEST PHYSICIAN
 Ordering Physician: THE BEST PHYSICIAN
 Client Address: 7200 W Camino Real
 BOCA RATON, FL 33433
 Telephone: (561) 453-1234 Fax: (561) 453-1238
 CC Physician:

CYTOLOGY REPORT

DOE, JANE	INTERPRETATION	
Specimen #: C24-000534 Date: 05/22/24	POSITIVE FOR MALIGNANT CELLS SARCOMA/SPINDLE CELL NEOPLASM, HIGH GRADE	

MICROSCOPIC DESCRIPTION Cytology composed of spindle shaped tumor cells with elongated vesicular to hyperchromatic nuclei with occasional prominent nucleoli.

SOURCE OF SPECIMEN Right knee, subcutaneous/soft tissue, find needle aspiration

SPECIMEN ADEQUACY Satisfactory for evaluation

GROSS DESCRIPTION FNA, 8 ml of pale pinkish clear fluid is received in CytoLyt fixative. 2 CellSolutions F50 slides prepared. Residual cell pellet is prepared for cell block. (CellSolutions F50: PAPx1 & H&Ex1 ; Cell block: 2levels, H&Ex2)

CLINICAL HISTORY Subcutaneous mass near the right knee, 3 cm

CELL BLOCK The cell block sections exhibit spindle cells with hyperchromatic nuclei consistent with spindle cell malignant tumor.

SCREENED BY: Woosung J Park, CT(ASCP)

REVIEWED BY: Electronically REVIEWED BY: Ali Tamsen, M.D. Board Certified in Anatomic Pathology
Date: 05/29/2024 Time: 12:06:20

CPT CODES 88173

END OF REPORT

The tests utilizing analyte-specific reagents (ASR) were developed and their performance characteristics determined by Alliance Laboratories as required by CLIA '88 regulations. They have not been cleared or approved for specific uses by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes.
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DOE, JANE

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C24-000534

**Dermatology/Podiatry
Requisition**

True Partners in Laboratory Diagnostics

PATIENT INFORMATION				COLLECTION INFORMATION	
Last Name		First Name		Collection Date: ____/____/____	Time: ____:____ AM/PM
Address				Apt #	
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		
<p>_____</p> <p>_____</p> <p>ICD-10 Codes: _____</p>					
<p>_____</p> <p>_____</p>					
CLINICAL INFORMATION					
<p>_____</p> <p>_____</p>					
HISTOLOGY BIOPSIES					
(A) SITE:					
<input type="checkbox"/> Punch Bx. <input type="checkbox"/> Punch Excision (Ink) <input type="checkbox"/> Shave Biopsy		<input type="checkbox"/> Shave Excision (Ink) <input type="checkbox"/> Excision (Ink) <input type="checkbox"/> Curettage		<input type="checkbox"/> Alopecia Sections <input type="checkbox"/> DIF	
Operative Findings: _____					
<input type="checkbox"/> Nevus Atypical <input type="checkbox"/> Melanoma <input type="checkbox"/> BCC		<input type="checkbox"/> SCC <input type="checkbox"/> AK <input type="checkbox"/> SK		<input type="checkbox"/> FEP <input type="checkbox"/> DF <input type="checkbox"/> VV	
(B) SITE:					
<input type="checkbox"/> Punch Bx. <input type="checkbox"/> Punch Excision (Ink) <input type="checkbox"/> Shave Biopsy		<input type="checkbox"/> Shave Excision (Ink) <input type="checkbox"/> Excision (Ink) <input type="checkbox"/> Curettage		<input type="checkbox"/> Alopecia Sections <input type="checkbox"/> DIF	
Operative Findings: _____					
<input type="checkbox"/> Nevus Atypical <input type="checkbox"/> Melanoma <input type="checkbox"/> BCC		<input type="checkbox"/> SCC <input type="checkbox"/> AK <input type="checkbox"/> SK		<input type="checkbox"/> FEP <input type="checkbox"/> DF <input type="checkbox"/> VV	
(C) SITE:					
<input type="checkbox"/> Punch Bx. <input type="checkbox"/> Punch Excision (Ink) <input type="checkbox"/> Shave Biopsy		<input type="checkbox"/> Shave Excision (Ink) <input type="checkbox"/> Excision (Ink) <input type="checkbox"/> Curettage		<input type="checkbox"/> Alopecia Sections <input type="checkbox"/> DIF	
Operative Findings: _____					
<input type="checkbox"/> Nevus Atypical <input type="checkbox"/> Melanoma <input type="checkbox"/> BCC		<input type="checkbox"/> SCC <input type="checkbox"/> AK <input type="checkbox"/> SK		<input type="checkbox"/> FEP <input type="checkbox"/> DF <input type="checkbox"/> 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	Pt. Name: AS1000	Pt. Name: AS1000	Pt. Name: AS1000	Pt. Name: AS1000	Pt. Name: AS1000
Site: _____	Site: _____	Site: _____	Site: _____	Site: _____	Site: _____
Jar#: _____	Jar#: _____	Jar#: _____	Jar#: _____	Jar#: _____	Jar#: _____
Pt. Name: AS1000	Pt. Name: AS1000	Pt. Name: AS1000	Pt. Name: AS1000	Pt. Name: AS1000	Pt. Name: AS1000
Site: _____	Site: _____	Site: _____	Site: _____	Site: _____	Site: _____
Jar#: _____	Jar#: _____	Jar#: _____	Jar#: _____	Jar#: _____	Jar#: _____
<small>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.</small>					
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



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 beigeli	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.

The results given are for clinical diagnostic purposes only. Alliance Laboratories

(718)851-5773

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COMPREHENSIVE WOUND PATHOGEN PANEL



COLLECTION:

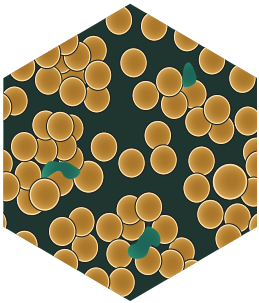
The eSwab is a liquid-based multi-purpose collection for bacteria and fungi.

MOLECULAR TESTING

WITH REAL-TIME POLYMERASE CHAIN REACTION (qPCR)

WHAT WE DO:

Utilize 43 array based assays to detect a wide array of bacteria, fungi, and antibiotic resistance genes.
All pathogen DNA is extracted within 48 hours.
Samples are processed in triplicate to ensure validity of the results.



BACTERIA

Aerobic Bacteria

Gram-Positive

- E. Faecalis
- E. Faecium
- M. Abscessus
- M. Chelonae
- S. Aureus
- K. Oxycota
- K. Pneumonia
- S. Epidermidis
- S. Lugdunensis
- S. Agalactiae
- S. Pyogenes

Gram-Negative

- A. Baumannii
- C. Feundii
- E. Aerogenes
- E. Cloacae
- E. Coli
- P. Mirabillis
- P. Vulgaris
- P. Aeruginosa

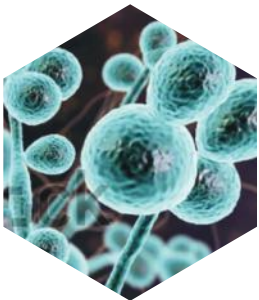
Anaerobic Bacteria

Gram-Positive

- C. Perfigens
- C. Septicum

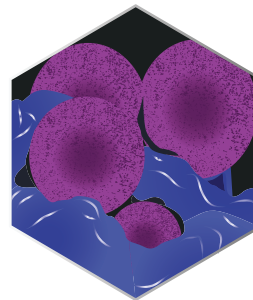
Gram-Negative

- B. Fragillis
- P. Intermedia
- P. Oralis



FUNGI

- Aspergillus flavus
- Aspergillus niger
- Aspergillus fumigatus
- Candida albicans
- Candida glabrata
- Candida krusei
- Candida tropicalis
- Candida parapsilosis



ANTIBIOTIC RESISTANCE GENES

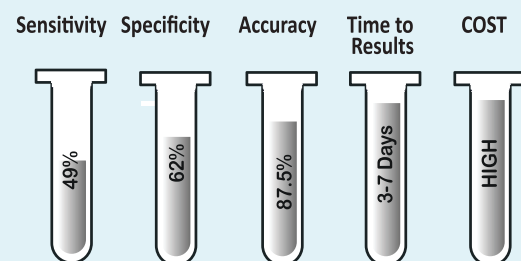
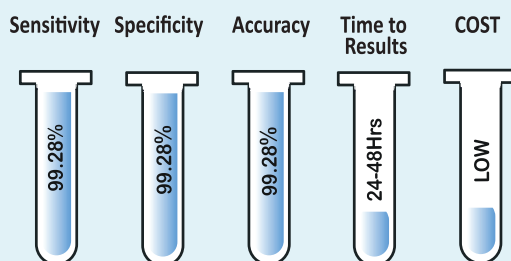
- | | |
|------|------------------|
| vanA | mecA |
| vanB | KPC |
| ermA | IMP |
| ermB | OXA-48 |
| TETM | CTX-M group 1 |
| VIM | CTX-M group 2 |
| SME | CTX-M group 9 |
| SHV | CTX-M group 8/25 |
| NDM | |

DIAGNOSTIC PERFORMANCE

MOLECULAR

VS

CULTURE



Client: Alliance Laboratories	Patient: SAMPLE REPORT, FL	Lab Accession #: 2210149999
Client #: 1	DOB: 10/14/2022	Accessioned: 10/14/22 11:27
Chart #: A2210149999	Gender: U	Reviewed & Approved:
Provider:	Specimen Type: UNIVERSAL SWAB	Reported:
	Collected: 10/14/22	By:

MOLECULAR WOUND ORGANISM SUMMARY

ORGANISM(S) DETECTED		ANTIBIOTIC RESISTANCE GENE(S) DETECTED	
Organism	Presence	Antibiotic Resistance Marker	Presence
Staphylococcus aureus	DETECTED	mecA Methicillin	PRESENT

WOUND PANEL RESULTS

Test	Presence	Remarks
Bacteria		
Acinetobacter baumannii	Not Detected	
Clostridium perfringens	Not Detected	
Corynebacterium amycolatum	Not Detected	
Corynebacterium striatum	Not Detected	
Clostridium tetani	Not Detected	
Escherichia coli	Not Detected	
Enterococcus faecalis	Not Detected	
Enterococcus faecium	Not Detected	
Klebsiella pneumonia	Not Detected	
Morganella morganii	Not Detected	
Proteus mirabilis	Not Detected	
Pseudomonas aeruginosa	Not Detected	
Streptococcus agalactiae	Not Detected	
Staphylococcus aureus	DETECTED	
Staphylococcus epidermidis	Not Detected	
Serratia marcescens	Not Detected	
Streptococcus pneumoniae	Not Detected	
Fungi		
Candida albicans	Not Detected	
Candida glabrata	Not Detected	
Candida parapsilosis	Not Detected	
Candida tropicalis	Not Detected	

Test	Presence
ANTIBIOTIC RESISTANCE	
mecA Methicillin	PRESENT
mcr-1	Absent
sul1	Absent
tetM Tetracyclines	Absent
tetS	Absent
vanA Vancomycin	Absent
vanB Vancomycin	Absent

The results given are for clinical diagnostic purposes only. All

Client: Alliance Laboratories	Patient: SAMPLE REPORT, FL	Lab Accession #: 2210149999
Client #: 1	DOB: 10/14/2022	Accessioned: 10/14/22 11:27
Chart #: A2210149999	Gender: U	Reviewed & Approved:
Provider:	Specimen Type: UNIVERSAL SWAB	Reported:
	Collected: 10/14/22	By:

Resistance Gene	Antibiotic Class	Brand Name(s)	Generic Name(s)
mecA	Cephalosporins	Duricef, Ancef, Kefzol, Daxbia, Keflex, Cefotan, Mefoxin, Cefzil, Cefitin, Zinacef, Omnicef, Spectracef, Suprex, Claforan, Fortaz, Tazicef, Cedax, Maxipime, Teflaro, Vantin, Zerbaxa, Rocephin	cefadroxil, cefazolin, cephalixin, cefotetan, cefoxitin, cefprozil, cefuroxime, cefdinir, cefditore, cefixime, cefotaxime, cefepodoxime, ceftazidime, ceftibuten, ceftriaxone, cefepime, ceftaroline
	Beta-lactams (penicillin)	Amoxil, Amoxiclot, Apo-Amoxi, Moxilin, Moxatag, DisperMox, Trimox, Augmentin, Amoclan, Unasyn, Principen, Timentin, Geocillin, Dycil, Staphicillin, Unipen, Pipracil, Zosyn, Bicillin, Isoject Permapen, Penicillin VK, Pfizerpen, Veetids, PC Pen VK, Wycillin, Ticar Omnipen/Amcil	amoxicillin, clavulanate, ampicillin, ticarcillin, carbenicillin, dicloxacillin, methicillin, nafcillin, piperacillin, penicillin g benzathine, penicillin v, penicillin g potassium, penicillin v potassium, procaine penicillin, oxacillin
mcr-1	Polymyxin	Colistin, Coly Mycin M.	Colistimethate sodium
sul1	Sulphonamides	Bactrim (Pro), Bactrim DS, Septra DS, Septra (Pro), Sulfatrim (Pro), Co-trimoxazole (Pro), Sulfatrim Pediatric, Truxazole, Gantrisin Pediatric, Gantrisin, Cotrim	sulfamethoxazole/trimethoprim systemic (Pro), sulfisoxazole systemic, sulfadiazine systemic (Pro)
tetM, tetS	Tetracyclines	Vibra-Tabs, Xerava, Dynacin, Minocin, Solodyn, Cleeravue-M, Minolira, Myrac, Ximino, Nuzrya, Terramycin, Sumycin, Panmycin, Achromycin V, Aclisite, Ala-Tet, Brodspec, Tetracap, Tetracon, Seysara	doxycycline, eravacycline, minocycline, omadacycline, tetracycline, sarecycline
vanA, vanB	Glycopeptide	Dalvance, Orbactiv, Vibativ, Firvanq, Vancocin, Targocid, Ramoplanin, Teicoplanin, Decaplanin	dalbavancin, oritavancin, telavancin, vancomycin, teicoplanin, decaplanin, ramoplanin

* 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.

INSURANCE LIST

INSURANCES OUR LABORATORY ACCEPTS


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

INSURANCES WE DO NOT ACCEPT

Affinity
Amerigroup
CMO
Health Plus
Northshore LIJ
United Healthcare Community Plan

CONTACT US

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