		kup - Lab Result					Contribute								
ate Colle	e Collected: Time Collected: Collected By: Time Centrifuged:														
TTAC	CH INS	SURANCE CAR	DS						STAT	Γ□	BILL:	OFFICE PAT. INSURANCE	☐ PAT	TIENT	
ATIENT I	LAST NAM	ME								FIRST N	IAME			.	
EX (M-Male F-Female) DATE OF BIRTH (mm/dd/yy) SOCIAL SECURITY #								Pł	PHONE (Other)						
DDRESS	;									CITY		STATE	ZIP		
		PRIMAR	Y BIL	LING	PAR	TY					SECONDA	RY BILLING PARTY			
NSURANCE CARRIER									INSURANCE CARRIER						
POLICY #									POLICY#						
GROUP#/ENROLLMENT CODE									GROUP#/ENROLLMENT CODE						
ISURANCE ADDRESS									INSURANCE ADDRESS						
SUARANTOR SEND RESULTS TO:								SS#	SS# RELATIONSHIP TO PATIENT FAX TO						
	an's Na	ame						FIDOT				ture			
FST	NO. 🕨	LAST ADDI	TION	ΔΙ Τ	FST	S		FIRST D-9 TES	Γ NO.	V	ADD	ITIONAL TESTS	10	CD-9	
	10.	ABB		<u> </u>			10		110.		AUU	THORAL TESTS			
										Ш					
/ A	LPHA	BETICAL LISTIN	G IC	D-9	/ /	ALPH	IABETICAL	LISTING IC	D-9 🗸	PANEL	.S/PROFIL	.ES		ICI	
		NA (REFLEX) LIRUBIN, TOTAL	S S				HEPATITIS B Core,		=	BMP	BASIC MET	ABOLIC: BUN, Calcium, , Creatinine, Glucose, Potassium, Sodium	(S)		
		LIRUBIN DIRECT	S			HBCM HCVAB	HEPATITIS B Cor	re, Ab IgM S		СМР	COMPREHE	NSIVE METABOLIC:	+(5)		
		NP (on ice, required) BC AUTODIFF	L L			HIVAB IRON	HIV ANTIBODY (r	reflex) S	_[Albumin, Alk. Bilirubin-Total	Phos., Alt/SGPT, AST, Basic Metabolic, Total Protein	(S)		
C	BC CE	BC (NO DIFF)	L		IF	RONP	IRON / TIBC	S		RENAL	RENAL FUN Albumin, BUN	CTION: I, Calcium, Chloride, CO2, Creatinine,			
						STOOL	$-\!$	LIVED	Glucose, Phosphorus, Potassium, Sodium HEPATIC FUNCTION:		(S)				
	OIL DI	LANTIN	S			K	POTASSIUM	S		LIVER		bin - Total + Direct, Alk, Phos., ALT, AST	(S)		
		SR/SEDIMENTATION RATE	S			PSA PT	PSA PT & INR (PROTI	ME) B	-	LIPID	LIPID: Choles Triglyceride	terol (Total), HDL; LDL; VLDL Cholesterol,	(S)		
G	GT G	GT .	S			APTT	PTT	В		THYSC		valid-Check/Write Test(s) Desired	(S)		
_		LUCOSE, RANDOM LUCOSE, FASTING	G G		_	RETIC RUBEG	RETIC COUNT RUBELLA, IgG	L S		CDT	<u> </u>	MICROBIOLOGY C difficile Toxin A&B by PCR (STOOL)		ICI	
НВ	A1C GI	YCOHEMOGLOBIN	L		R	RUBEO	RUBEOLA, IgG	S		CXGEN		CULTURE, REPRODUCTIVE			
		CG, QUANTITATIVE DL CHOLESTEROL	S			RPR TSH	RPR (reflex)	S S		CXRES		CULTURE, RESPIRATORY CULTURE, STOOL			
HP	YAB H	ELICOBACTER PYLORI	S		Т	Γ4FRE	T4, FREE	S		CXTHR		CULTURE, THROAT			
		EPATITIS A, Ab (TOTAL) EPATITIS A, Ab IgM	S			URIC JAMIC	URIC ACID URINALYSIS With M	ICROSCOPIC U	-	CXURN		CULTURE, URINE ☐ Clean Catch ☐ CULTURE, WOUND (must specify source			
НВ	SAB H	EPATITIS B SURF, Ab	S		U	AWOM	URINALYSIS NO MI	CROSCOPIC U	U CTGC GC/CHLAMYDIA by PCR (Special Media)			DOIOW)			
HBSAG HEPATITIS B SURF, Ag S UA URINALYSIS Refix MICROSCOPI Surance/HMO/PPO/POS Billing Agreement								HS12P CXMRS		HSV (PCR) Viral Culturette CULTURE, MRSA					
authorize yment to	e the re	lease of any medical REFERENCE LABORA	informa TORY.	tion ned Laccept	cessar t respo	y to re	eview and/or property for payment of s	ocess this claim services not cover	for ded,	CXVRE		CULTURE, VRE			
ductible	s, and c	o-payments.									SITE/SOU	RCE OF CULTURE (REQUIRE	<i>D)</i>		
ment or	Autnoriz	ed Signature:													
						RATED					FOR	S-SSTU-Ur.CupG-	Gray _	Cultu	
	223040585741 DOB:/_/					22304058	223040585741 DOB:/_/ USE ONLY _L-Lav _U-CX TubeY-YellowStool								
Pt. Full Name: Collect Date:/ Time::				ollect Date:_				Collect Date:/		_		B-Blue 24 Hr Urine Mi / / Spec Rcvd: [] On Ice [Serui	
BY:		585741 DOB: / /		^{v.}	10589	57 <i>4</i> 1	DOB://_	22304058	57 41 00	B: <i>//</i>		·] Bill		
2	223040585741 DOB://								23040585741 DOB:/						