

# ATTENTION

## PATIENT INSTRUCTIONS

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- It is required that you bring this form as well as the attached lab form with you to the testing site or have them faxed over prior to your arrival.
- An appointment is not required.
- To ensure that you will be seen, be sure to sign in upon arrival.
- Do not provide your insurance card to the lab.
- All HIV RNA tests can take an additional 24-48 hours for processing and testing.
- If you are getting tested for Chlamydia, Gonorrhea and/or Trichomoniasis please be sure not to urinate 60 minutes prior to visiting the testing center.
- If you have purchased a Wellness Panel you will need to fast 12 hours prior to visiting the lab.
- If you prefer not to take the requisition form with you to the testing site, you can take your “Req/Control Number” which is also known as your confidential code number, (Located on the left side under account number), to the laboratory. Since all testing sites are locally operated and have their own policies and procedures, it is recommended that you bring the attached lab form with you to the testing site
- Please disregard the physician and patient signature lines located at the bottom of your requisition. These signatures are not necessary for testing.

## LAB TECH INSTRUCTIONS

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- We respectfully ask you to help us maintain this patient’s complete privacy.
- A photo ID is not required for testing.
- **If test code 188052 - Trichomonas vaginalis, NAA (used for males and females) has been ordered, this code accepts a urine specimen in the Aptima® urine specimen transport.**

LabCorp

**ATTENTION**

PLEASE NOTE if you did not purchase this lab test(s) and you DO NOT WANT YOUR CONFIDENTIAL TEST RESULTS potentially accessed by the individual who did, please contact our Privacy Office at **1-800-579-3914** or email us at [compliance@healthlabs.com](mailto:compliance@healthlabs.com) prior to visiting the lab so that we can update your account accordingly.



# LabCorp COR ORDER

This order expires 2020-08-13

**IS THIS YOUR CONTACT INFORMATION?**

Phone: (760) 512-0124

If this is not your contact information, please call us at 1-800-579-3914 to update. The above information was provided when this Lab Requisition was ordered and may be used to access your confidential test results.

**TO LABCORP PSC STAFF:** This electronic lab order has been submitted to the LabCorp COR system. The protocol for this specimen is completely electronic EXCEPT for the DATE and TIME OF COLLECTION. Please input this information. If the sample must be processed manually, the REQ/CTRL# and PATIENT ID must be included.

Account #: 42019685	Collection Date:
Req/Control #: 41737662	Collection Time:
Bill Type: Client	

**Client / Ordering Site Information:**  
 Name: HealthLabs.com  
 Account: 42019685  
 Address: 11150 S Wilcrest Drive  
 City: Houston, TX 77099  
 Phone: 1-800-579-3914  
 Lab Approving Entity: PWNHealth LLC  
 Phone Number: 888-362-4321

**Physician Information:**  
 Physician Name: Carlos Ramos  
 NPI: 1447451323  
 UPIN:

**\*\* For questions regarding the lab order or test results, please contact Vendor. \*\***

**Patient Information:**  
 Patient Name: SAMYDURAI, PRAEMALA  
 Gender: Female  
 Date of Birth: 07-13-1975  
 Age: 44  
 Patient Address: 3529 S Sundown Ln  
 City, State Zip: Oceanside, CA 92056

Patient SSN:  
 Patient ID: 41737662  
 Phone: 7605120124  
 Alt Control #: 41737662  
 Alt Patient ID: 41737662

This Digital Lab Order contains all the information needed to complete this order

ORDER CODE	TESTS ORDERED
000455	Thyroid Profile

**Clinical Information:**

**Additional Information:**  
 Draw Location \_\_\_\_\_ Fasting: \_\_\_\_\_

**Authorization - Please sign and Date**

I hereby authorize the release of medical information related to the services described herein and authorize payment directly to Laboratory Corporation of America.

N/A TEST IS PREPAID, DO NOT BILL CUSTOMER\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

N/A TEST IS PREPAID, DO NOT BILL CUSTOMER\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date