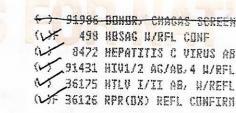
AGNOSTICS USE ONLY - QUESTIONS PLEASE CALL 866-226-8046 PRINT PATIENT NAME (LAST, FIRST, MIDDLE) REGISTRATION # (IF APPLICABLE) DATE SEX SPECIMENS MUST BE BIRTH PATIENT SOCIAL SECURITY # NOTHER'S DILK BANK OF IS OFFICE / PATIENT ID # **TESTED IN A QLS** LAB REFERENCE # 4209 LAKELAND DR STE 395 PATIENT PHONE # STATIONEDD, NS 39232-9212 PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT LABORATORY _601-939 PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) E COLLECTED KEY# ☐ AM ☐ Fasting ☐ PM ☐ Non Fasting CITY UPIN ORDERING PHYSICIAN AND/OR PAYORS 1508999178 3AENZ, REBECCA B **CLIENT BILL ONLY** ering Phys: NO PATIENT ne Number: (OR ax ults to: 601-939-6555 d Duplicate Report to: **THIRD PARTY** nt # or Name: **BILLING ON** ress: THIS ACCOUNT 7IP 91986 DONOR, CHAGAS SCREEN 498 HBSAG U/RFL CONF



IONAL TESTS: (MUST INCLUDE COMPLETE TEST NAME :	AND ORDER CODE.)
---	------------------

* Additional charge for ID/Susceptibility studies. Reflex tests are performed at an additional charge.

CHUBKNUUS

97513456 97513456 6122271

97513456 6122271

6122271

HAME: 97513456 6122271

97513456 6122271

Physician Signature

MENTS, CLINICAL INFORMATION:

Quest, Quest Diagnostics, the associated logo and all associated Quest Diagnostics marks are the trademarks of Quest Diagnostics Incorporated. © Quest Diagnostics Incorporated. All rights reserved. QD20356F-ESP. Revised 3/15.

TOTAL TESTS ORDERED