

LAB REQUEST FORM

Express Medical Experts
 2020 Kingsley Avenue Suite 2B
 Orange Park, FL 32073.
 Phone: 904-647-8177
 Fax: 904-683-5338
 CLIA# 10D2219475

LABEL – LAB ONLY

PRACTICE INFORMATION

Facility/Clinic Name:	Ordering Physician:	NPI#
Address:	City:	State: Zip Code:

PATIENT INFORMATION: Please attached medication list & patient demographic sheet or complete the following section.

First Name:	Last Name:	DOB:(MM/DD/YYYY)	Sex: <input type="checkbox"/> F <input type="checkbox"/> M
Phone Number:	DOI (if applicable)	Email:	
Address	City	State	Zip Code
Race: <input type="checkbox"/> American Indian/Alaska <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi Race <input type="checkbox"/> White <input type="checkbox"/> Hawaiian <input type="checkbox"/> Asian			

BILLING INFORMATION: Please attached patient demographic sheet or complete the following section. Medicare Tricare Commercial

Insurance Company:	Member ID:	Group Number:
<input type="checkbox"/> SELF-PAY	Method of Payment (check one):	<input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Other

TESTING INFORMATION

SPECIMEN COLLECTION:

Date Collected: _____
 Time: _____ Collector Initials: _____

SEROLOGY/VIROLOGY

- RPR W/ REFELX
- HEPATITIS B SURFACE ab
- RUBELLA
- MUMPS
- VARICELLA ZOSTER
- MEASLES
- CHLAMYDIA/GONNORRHEA (URINE)

IMMIGRATION PANEL (Includes all tests listed in this form)

TOTAL NUMBER OF TUBES

HEPARIN TUBE _____ SST _____
 URINE TUBE (NO ADDITIVES) _____

QuantiFERON - TB Gold

SPECIMEN INCUBATED? YES NO

START TIME: _____ TEMP: _____ DATE: _____ BY: _____
 END TIME: _____ TEMP: _____ DATE: _____ BY: _____

Optimal Collection Time / Storage / Transportation Receipt of Samples

All specimens that DO NOT MEET the collection/transport requirements will be REJECTED.

Blood Collection Tube: 6mL Lithium - heparin tube (green top/white label).

- Tubes should be at room temperature (17–25°C) at the time of blood filling.
- Only a Lithium - heparin anticoagulant is acceptable.

Blood collection:

Collect a minimum volume of 5 mL of blood into a single Lithium - heparin tube.

- Gently mix by inverting several times to dissolve the heparin.
- Blood must first be held at room temperature (17–25°C) for a minimum of 15 minutes and a maximum of 3 hours before being placed in the refrigerator (2–8°C).
- Specimen may be held in the refrigerator for 6-8 hours before shipping.

Shipping to Express Medical Experts:

- Ship on ice packs.
- Total time from collection to receipt EME laboratory cannot exceed 12 hours.

Specimen Shipping & Receipt / Handling at EME:

- Specimens should be shipped Monday to Friday and received at EME by 4pm.

Ordering Physician (Print) _____ The provider certifies that the requested tests are medically necessary, that the medical necessity of requested tests is documented in the patient's chart, and the need for the requested tests has been explained to the patient.	Signature _____	Date _____
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