



Form with fields: Patient Last, First Name, M.I. (Required), Date of birth (Required), Male/Female checkboxes, Mail results to: (Required), Collection date, Collection time, Patient ID, Diagnosis (ICD-9) code, Referring physician and specialty, Physician UPIN#, Physician NPI#, Secure fax # for lab results, Physician phone #, Facility phone #, P.O. #

COMPLETE SECTION BELOW ONLY IF BILLING ADDRESS IS DIFFERENT FROM THE 'MAIL RESULTS TO' ADDRESS

Form with fields: Please Bill: Medicare, Colorado Medicaid, Patient (Pre-Pay), Check, Money Order, Visa, MasterCard, AMEX, Discover; Responsible Party (Last, First); Medicare (HIC) #; Street Address; Colorado Medicaid ID #; Name on Card; City, State, Zip; Social Security #; Credit Card #; Exp. Date, CVV Code; Telephone #; Patient bills must be prepaid or accompany specimen

RESPIRATORY PATHOGEN TESTS

SAMPLE TYPE

- Nasopharyngeal Swab (NASP), Nasal Swab (NSWAB), Throat Swab (THRT), Nasal Wash (NASW), Bronchial Wash (WASH), Bronchoalveolar Lavage (BALAV), Sputum (SPUT), Biopsy (BIOP), Bronchial Brush (BRUS)

- H1N1 2009 H1N1 Novel Influenza A, MPCP Mycoplasma pneumoniae/Chlamydomphila pneumoniae (formerly MYPCR and CHLU), RESPLX Respiratory Virus Panel

GENETIC TESTS*

Informed Consent is required prior to completing any of the following tests. Consent must be obtained by the provider and maintained in the patient medical record. Download and print an informed consent form here.

Patient consent obtained by the provider and on file in the patient's medical record

SAMPLE TYPE

- Buccal Swab (BUCCSW), Whole Blood (Circle One): ACD A, ACD B, Heparin, EDTA, AMD* AMD Genetic Panel, FLG* Filaggrin Genetic Test, B2AR* Beta 2 Adrenergic Receptor Polymorphism, FXIISA* Factor XII SNP Analysis, C2TYIP* C2 Type I Deficiency, WARF* Warfarin Sensitivity