



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, Name on Card, Credit Card #, Exp. Date, CVV Code, Responsible Party (Last, First,:), Medicare (HIC) #, Street Address, Colorado Medicaid ID #, City, State, Zip, Social Security #, Telephone #, Patient bills must be prepaid or accompany specimen

RESPIRATORY PATHOGEN TESTS

- H1N1 2009 H1N1 Novel Influenza A (Real-Time PCR)
Nasopharyngeal Swab, Nasal Swab, Throat Swab, Nasal Wash
MYPCR/CHLU Mycoplasma Pneumoniae (Real-Time PCR) /Chlamydomphila Pneumoniae (Real-Time PCR)
Nasal Wash, BAL, Sputum, Biopsy
RESPLX Respiratory Virus Panel (PCR)
Nasopharyngeal Swab, Nasal Wash, BAL

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/print the Genetic Testing Informed Consent Form NJlabs.org under Laboratory Tests and Documents.

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

- AMD\* AMD Genetic Panel (Real-Time PCR)
Buccal Swab
B2AR\* Beta 2 Adrenergic Receptor (B2AR) Polymorphism (DNA Sequencing)
Blood, Buccal Swab
WARF\* Warfarin Sensitivity (PCR)
Blood, Buccal Swab