



Core Diagnostic
Laboratories

Core Diagnostic Laboratories
1930 Edwards Lake Road
Suite 138
Birmingham, AL 35235
CLIA # 01D2144684

Practice Information

AUM
7461 East Dr Montgomery AL
36117

Ordering Provider: Barton
(REQUIRED)

A PATIENT INFORMATION

REQUIRED

Last Name: Godwin, Jonathan

First Name: Jonathan

Gender: ☒ M ☐ F

Date of Birth: 7/8/82

☒ Insurance ☐ Self-Pay ☐ Client Bill

ATTACH A COPY OF THE PATIENT DEMOGRAPHICS AND INSURANCE

B PATIENT ACKNOWLEDGEMENT

The information I have provided on this form is accurate. I authorize the laboratory or its assignees to release the results of this test to my treating physician or facility. I hereby authorize my insurance or other payment to the laboratory or its assignees for services I receive. I am aware that the laboratory or its assignees may be an out of network provider with my insurer. I am aware that I am responsible for all co-pays and deductibles not covered by insurance or other payers.

Patient Signature: _____

Date: _____

C SPECIMEN INFORMATION

☐ Urinary Tract ☐ Gastrointestinal ☐ Skin/Wound Swab ☐ Vaginal Swab

☐ Urine ☐ Fecal swab

☒ Respiratory ☐ Blood

☒ Nasopharyngeal swab ☐ Throat swab

Collection Date: 7/15/20 Collection Time: 1:15 ☐ AM ☒ PM

D TEST ORDER

SELECT ONE OR MORE (REQUIRED)

☒ RAPID RESPIRATORY PANEL

- ☐ Adenovirus
- ☐ Bordetella pertussis
- ☐ Influenza A
- ☐ Influenza B
- ☐ Rhinovirus
- ☐ RSV A
- ☐ RSV B
- ☐ Haemophilus influenzae
- ☐ HHV-4 (Epstein-Barr Virus)
- ☐ Klebsiella pneumoniae
- ☐ Chlamydia pneumoniae
- ☐ Streptococcus pyogenes (Strep A)

Diagnosis Codes (REQUIRED)

☐ R09.81 Congestion

☐ R05 Cough

☐ J02.9 Pharyngitis

☐ R50.9 Fever

☒ 720.828

☐

☐ COMPREHENSIVE COVID-19 PANEL

☒ SARS-CoV-2

☐ Moraxella catarrhalis

☐ Chlamydia pneumoniae

☐ Rhinovirus

☐ Haemophilus influenzae

☐ Streptococcus pneumoniae

☐ Klebsiella pneumoniae

☐ ADD COVID-19 ANTIBODY*

*1 Lavender EDTA tube of whole blood

Diagnosis Codes:
(REQUIRED)

☐ R50.9 Fever

☐ R05 Cough

☐ R09.81 Congestion

☐ J02.9 Pharyngitis

☒ 720.828 Contact with/suspected exposure to viral communicable disease

☐ U07.1 (2019-nCoV Acute Respiratory Disease)

☐ R07.0 Sore Throat

☐ URINARY TRACT INFECTION PANEL

- ☐ Candida albicans
- ☐ Citrobacter freundii
- ☐ Enterobacter cloacae
- ☐ Enterococcus faecalis
- ☐ Enterococcus faecium
- ☐ Escherichia coli
- ☐ Klebsiella oxytoca
- ☐ Klebsiella pneumoniae
- ☐ Proteus mirabilis
- ☐ Pseudomonas aeruginosa
- ☐ Staphylococcus aureus
- ☐ Staphylococcus saprophyticus
- ☐ Streptococcus agalactiae (Group B)
- ☐ Antibiotic Resistance Markers

Diagnosis Codes (REQUIRED)

☐ R35.0 Frequency of Micturition

☐ N39.0 Urinary Tract Infection, site not specified

☐ Z22.39 Carrier of other specified bacterial disease

☐ R30.0 Dysuria

☐

☐

☐ WOUND/INFECTION PANEL

- ☐ Candida albicans
- ☐ Citrobacter freundii
- ☐ Enterobacter cloacae
- ☐ Enterococcus faecalis
- ☐ Enterococcus faecium
- ☐ Escherichia coli
- ☐ Klebsiella oxytoca
- ☐ Klebsiella pneumoniae
- ☐ Proteus mirabilis
- ☐ Pseudomonas aeruginosa
- ☐ Staphylococcus aureus
- ☐ Staphylococcus saprophyticus
- ☐ Streptococcus agalactiae (Group B)
- ☐ Antibiotic Resistance Markers

Diagnosis Codes (REQUIRED)

☐ L08.9 Local infection of the skin and subcutaneous tissue, unspecified

☐ Z22.322 Carrier or suspected carrier of MRSA

☐ Z22.39 Carrier of other specified bacterial diseases

☐

☐ GASTROINTESTINAL PANEL

- ☐ Campylobacter
- ☐ C. diff
- ☐ Plesiomonas shigelloides
- ☐ Salmonella
- ☐ Yersinia enterocolitica
- ☐ Vibrio
- ☐ Enterococcus faecalis
- ☐ Enteropathogenic E. coli
- ☐ Enterotoxigenic E. coli
- ☐ Shiga-like toxin producing E. coli
- ☐ Shigella/Enteroinvasive E. coli
- ☐ Cryptosporidium
- ☐ Cyclospora cayentensis
- ☐ Entamoeba histolytica
- ☐ Giardia lamblia
- ☐ Adenovirus
- ☐ Norovirus
- ☐ Rotavirus
- ☐ Sapovirus (I, II, IV, V)

Diagnosis Codes (REQUIRED)

☐

☐

☐

☐ SEXUALLY TRANSMITTED INFECTION PANEL

- ☐ Atopium vaginae
- ☐ Gardnerella vaginalis
- ☐ HHV-1 (Herpes Simplex 1)
- ☐ Neisseria gonorrhoeae
- ☐ Trichomonas vaginalis
- ☐ Chlamydia trachomatis
- ☐ Haemophilus ducreyi
- ☐ HHV-2 (Herpes Simplex 2)
- ☐ Treponema pallidum

Diagnosis Codes (REQUIRED)

☐ Z11.3 Encounter for screening for infections with a predominately sexual mode of transmission

☐ N76.0 Acute vaginitis

☐ Z01.419 Encounter for gynecologic exam (routine)

☐

☐ Antibiotic Sensitivity Testing via Culture*

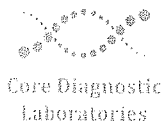
* Only available for UTI and Wound panels

E AUTHORIZED HEALTHCARE PROVIDER ACKNOWLEDGMENT

I acknowledge that documentation to support medical necessity for all tests ordered is recorded in the patient's chart. If not signed, Authorized Healthcare Provider affirms that test orders are placed in patient file with provider signature and will be available upon request. The Office of the Inspector General requires documentation in patient medical chart including date of service, tests ordered and documentation to support medical necessity.

Provider Signature: [Signature]

Date: 7/15/2020



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FINAL

Patient:	GODWIN, JONATHAN	Birth:	7/8/1982	Accession:	53004	STAT
Patient #:	52758	Age:	38 years	Fasting:		
Provider:	BARTON, LINDSEY	Gender:	Male	Collection Date:	7/16/2020 11:00 AM	
Home Phone:				Order Date:	7/17/2020 4:41 AM	

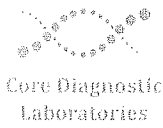
Test Name	Result	Units	Flag	Reference Range	Site ID
[S] COVID-19					
COVID-19	NOT DETECTED				01

Notes: *TESTING WAS PERFORMED USING THE SARS-COV-2 TEST. THIS TEST HAS NOT BEEN FDA CLEARED OR APPROVED. THIS TEST HAS BEEN AUTHORIZED BY THE FDA UNDER AN EMERGENCY USE AUTHORIZATION. THIS TEST IS ONLY AUTHORIZED FOR THE DURATION OF TIME THE DECLARATION THAT CIRCUMSTANCES EXIST JUSTIFYING THE AUTHORIZATION OF THE EMERGENCY USE IN IN VITRO DIAGNOSTIC TESTS FOR DETECTION OF SARS-COV-2 VIRUS AND OR DIAGNOSIS OF COVID-19 INFECTION. *TESTING WAS PERFORMED USING THE SARS-COV-2 TEST. THIS TEST HAS NOT BEEN FDA CLEARED OR APPROVED. THIS TEST HAS BEEN AUTHORIZED BY THE FDA UNDER AN EMERGENCY USE AUTHORIZATION. THIS TEST IS ONLY AUTHORIZED FOR THE DURATION OF TIME THE DECLARATION THAT CIRCUMSTANCES EXIST JUSTIFYING THE AUTHORIZATION OF THE EMERGENCY USE IN IN VITRO DIAGNOSTIC TESTS FOR DETECTION OF SARS-COV-2 VIRUS AND OR DIAGNOSIS OF COVID-19 INFECTION.

Reviewed By:

Date:

7/20/20



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FINAL

Patient:	GODWIN, JONATHAN	Birth:	7/8/1982	Accession:	53007	STAT
Patient #:	52758	Age:	38 years	Fasting:		
Provider:	BARTON, LINDSEY	Gender:	Male	Collection Date:	7/16/2020 11:00 AM	
Home Phone:				Order Date:	7/17/2020 4:42 AM	

Test Name	Result	Units	Flag	Reference Range	Site ID
[S] Rapid Respiratory Panel 2.0					Run by: MR on Jul 20, 2020 01:48
Internal Control	Passed				01
Adenovirus	Not Detected				01
Bordatella pertussis	Not Detected				01
Chlamydomphila pneumoniae	Not Detected				01
Haemophilus influenzae	Not Detected				01
HHV ~ 4 Epstein Barr Virus	Not Detected				01
Influenza A	Not Detected				01
Influenza B	Not Detected				01
Klebsiella pneumoniae	Not Detected				01
Rhinovirus	Not Detected				01
RSV A	Not Detected				01
RSV B	Not Detected				01
Streptococcus pyogenes (Strep A)	Not Detected				01

Reviewed By: _____

Date: _____