



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

Practice Information

AUM(AUM)
7461 East Dr Montgomery AL 36117
Phone: 334-244-3281 Fax: 334-244-3396
Ordering Provider
(PLEASE CIRCLE)
BARTON, LINDSEY



LAB WORKS
100 Oxmoor Boulevard Suite 190
Homewood, AL 35209
CLIA# 01D2143147

A PATIENT INFORMATION

REQUIRED

Last Name: FULFORD

First Name: RENE

Gender: ☐ M ☒ F

Date of Birth: 01 / 01 / 2020

☐ 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

☒ Nasopharyngeal swab

☐ Throat swab

☐ Sputum

Collection Date: 07/15/2020

Collection Time: 10:32

☒ AM ☐ PM

D TEST ORDER

SELECT ONE OR MORE (REQUIRED)

RESPIRATORY PANEL

- | | |
|--|---|
| ☒ Adenovirus | ☒ Chlamydia pneumoniae |
| ☒ Bocavirus | ☒ Haemophilus influenzae |
| ☒ Coronavirus | ☒ Klebsiella pneumoniae |
| ☒ Enterovirus | ☒ Legionella pneumophila |
| ☒ Epstein-Barr Virus | ☒ Moraxella catarrhalis |
| ☒ Influenza A | ☒ Mycoplasma pneumoniae |
| ☒ Influenza B | ☒ Staphylococcus aureus |
| ☒ Parainfluenza | ☒ Streptococcus pneumoniae |
| ☒ Rhinovirus | ☒ Streptococcus pyogenes |
| ☒ RSV A | ☒ Proteus mirabilis |
| ☒ RSV B | ☒ Pseudomonas aeruginosa |
| ☒ Bordetella pertussis | ☒ Antibiotic Resistance Markers |

Diagnosis Codes (REQUIRED)

- | | |
|--|---|
| ☐ R09.81 Congestion | ☒ R05 Cough |
| ☐ J02.9 Pharyngitis | ☐ R50.9 Fever |
| ☐ | |

URINARY TRACT INFECTION PANEL

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

VAGINITIS PANEL

- | | |
|--|---|
| ☐ Atopobium vaginae | ☐ HHV-1 (Herpes Simplex 1) |
| ☐ BVAB2 | ☐ HHV-2 (Herpes Simplex 2) |
| ☐ Candida albicans | ☐ Trichomonas vaginalis |
| ☐ Candida glabrata | ☐ Megasphaera Type 1 |
| ☐ Candida parapsilosis | ☐ Megasphaera Type 2 |
| ☐ Candida tropicalis | ☐ Mycoplasma genitalium |
| ☐ Chlamydia trachomatis | ☐ Neisseria gonorrhoeae |
| ☐ Enterococcus faecalis | ☐ Staphylococcus aureus |
| ☐ Escherichia coli | ☐ Streptococcus agalactiae (Group B) |
| ☐ Gardnerella vaginalis | ☐ Treponema pallidum |
| ☐ Haemophilus ducreyi | ☐ Ureaplasma urealyticum |

Diagnosis Codes (REQUIRED)

- ☐ N76.0 Acute vaginitis
- ☐

GASTROINTESTINAL PANEL

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

Diagnosis Codes (REQUIRED)

☐

SEXUALLY TRANSMITTED INFECTION PANEL

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

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 SPECIAL INSTRUCTIONS

respiratory and covid

F AUTHORIZED HEALTHCARE PROVIDER ACKNOWLEDGEMENT

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: _____

Date: _____



PATIENT ADDRESS

Street Address:		City:	
State:		ZIP Code:	-
		Phone:	

MEDICATIONS

INSURANCE INFORMATION

Payer name: Self Pay
Postal Code:
State:
Street Address 1:
Street Address 2:
Policy #:
Group #:
Relationship: self