



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: Fulford First Name: Teran "Renee" Gender: ☐ M ☒ F
Date of Birth: 11/22/71 ☒ Insurance ☐ Self-Pay ☐ Client Bill ATTACH A COPY OF THE PATIENT DEMOGRAPHICS AND INSURANCE

B PATIENT ACKNOWLEDGMENT C SPECIMEN INFORMATION

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: _____

☐ Urinary Tract ☐ Urine ☐ Gastrointestinal ☐ Fecal swab ☐ Skin/Wound Swab ☐ Vaginal Swab
☒ Respiratory ☒ Nasopharyngeal swab ☐ Throat swab ☐ Blood
Collection Date: 7/15/20 Collection Time: 2:00 ☐ AM ☒ PM

D TEST ORDER SELECT ONE OR MORE (REQUIRED)

RAPID RESPIRATORY PANEL	VAGINITIS 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)	☐ Atopobium vaginae ☐ BVAB 2 ☐ Candida albicans ☐ Candida glabrata ☐ Candida parapsilosis ☐ Candida tropicalis ☐ Chlamydia trachomatis ☐ Enterococcus faecalis ☐ Escherichia coli ☐ Gardnerella vaginalis ☐ Haemophilus ducreyi ☐ HHV-1 (Herpes Simplex 1) ☐ HHV-2 (Herpes Simplex 2) ☐ Trichomonas vaginalis ☐ Megasphaera Type 1 ☐ Megasphaera Type 2 ☐ Mycoplasma genitalium ☐ Neisseria gonorrhoeae ☐ Staphylococcus aureus ☐ Streptococcus agalactiae (Group B) ☐ Treponema pallidum ☐ Ureaplasma urealyticum
Diagnosis Codes (REQUIRED) ☐ R09.8 Congestion ☐ J02.9 Pharyngitis ☒ Z20.828	Diagnosis Codes (REQUIRED) ☐ N76.0 Acute vaginitis

COMPREHENSIVE COVID-19 PANEL	Diagnosis Codes (REQUIRED)
☐ SARS-CoV-2 ☐ Chlamydia pneumoniae ☐ Haemophilus influenzae ☐ Klebsiella pneumoniae ☐ Moraxella catarrhalis ☐ Rhinovirus ☐ Streptococcus pneumoniae ☐ ADD COVID-19 ANTIBODY* *1 Lavender EDTA tube of whole blood	☐ R50.9 Fever ☐ R05 Cough ☐ R09.81 Congestion ☐ J02.9 Pharyngitis ☒ Z20.828 Contact with/suspected exposure to viral communicable disease ☐ U07.1 (2019-nCoV Acute Respiratory Disease) ☐ R07.0 Sore Throat

URINARY TRACT INFECTION PANEL	GASTROINTESTINAL 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	☐ 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) ☐ R35.0 Frequency of Micturition ☐ Z22.39 Carrier of other specified bacterial disease ☐ N39.0 Urinary Tract Infection, site not specified ☐ R30.0 Dysuria	Diagnosis Codes (REQUIRED)

WOUND/INFECTION PANEL	SEXUALLY TRANSMITTED 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	☐ Atopobium 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) ☐ L08.9 Local infection of the skin and subcutaneous tissue, unspecified ☐ Z22.39 Carrier of other specified bacterial diseases ☐ Z22.322 Carrier or suspected carrier of MRSA	Diagnosis Codes (REQUIRED) ☐ Z11.3 Encounter for screening for infections with a predominately sexual mode of transmission ☐ Z01.419 Encounter for gynecologic exam (routine) ☐ N76.0 Acute vaginitis

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: _____ Date: 7/15/20



Core Diagnostic Laboratory

1930 Edwards Lake Rd#138
Birmingham, AL 35235

FINAL

Patient:	FULFORD, TERAN	Birth:	11/22/1971	Accession:	52982	STAT
Patient #:	52744	Age:	48 years	Fasting:		
Provider:	BARTON, LINDSEY	Gender:	Female	Collection Date:	7/16/2020 11:00 AM	
Home Phone:				Order Date:	7/17/2020 4:28 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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Birmingham, AL 35235

FINAL

Patient:	FULFORD, TERAN	Birth:	11/22/1971	Accession:	52984	STAT
Patient #:	52744	Age:	48 years	Fasting:		
Provider:	BARTON, LINDSEY	Gender:	Female	Collection Date:	7/16/2020 11:00 AM	
Home Phone:				Order Date:	7/17/2020 4:29 AM	

Test Name	Result	Units	Flag	Reference Range	Site ID
[S] Rapid Respiratory Panel 2.0				Run by: MR on Jul 20, 2020 01:47	
Internal Control	Passed				01
Adenovirus	Not Detected				01
Bordatella pertussis	Not Detected				01
Chlamydia 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: _____