



PLEASE PROVIDE COPY OF PATIENT INSURANCE CARD (FRONT AND BACK REQUIRED).

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CLIA: 11D2187599

Lab Director: Dr. Kevin S. Goudy

MOBILE COLLECTION? YES NO MILEAGE
IF YES, SELECT ONE: HOME RESIDENCE AT FACILITY

CLIENT NAME:
PHYSICIAN:
PHYSICIAN NPI:

FOR NURSING HOME INSTITUTIONS: MEDICARE A MEDICARE B
IS THIS TEST FOR A STAFF MEMBER? YES NO

FACILITY NAME:

PATIENT INFORMATION

Form with fields for FIRST NAME, LAST NAME, MIDDLE, COLLECTION DATE, COLLECTION TIME, DATE OF BIRTH, SEX, CATHETER PATIENT?, COLLECTOR'S NAME, PATIENT ADDRESS, CITY / STATE / ZIP CODE, PATIENT PHONE NUMBER, INSURANCE CARRIER NAME, POLICY # / GROUP#, PATIENT SOCIAL SECURITY NUMBER

KNOWN MEDICATION ALLERGIES: FASTING: YES NO

DIAGNOSIS CODES:

PATIENT AUTHORIZATION STATEMENT: I hereby authorize the release of medical information related to the service described herein and authorize payment directly to ID Tech Molecular.

IN-OFFICE DIPSTICK RESULTS: POSITIVE (R82.90) BLOOD LEUKOCYTES NITRITE PROTEIN ALL NEGATIVE
EMPIRICAL ANTIMICROBIAL THERAPY: Beta-lactam, Macrobid, Fosfomycin, Fluoroquinolone, Trimethoprim-sulfamethoxazole
WRITE IN IF NOT LISTED ABOVE:

CHEMISTRY PANELS INDIVIDUAL TESTS (A-Z)

CHEMISTRY PANELS: BASIC METABOLIC PANEL (BMP), COMPREHENSIVE METABOLIC PANEL (CMP), ELECTROLYTE PANEL (ELP)

CHEMISTRY PANELS: HEPATIC FUNCTION PANEL, LIPID PANEL, HEMATOLOGY & COAGULATION PANELS: B-TYPE NATRIURETIC PEPTIDE (BNP), CBC + DIFF, CBC w/o Diff, PLATELETS, PT / INR

INDIVIDUAL TESTS (A-Z): Albumin, Alkaline Phosphatase (ALP), Alanine Aminotransferase (ALT/SGPT), Aspartate Aminotransferase (AST/SGOT), Bilirubin, Direct, Bilirubin, Indirect, Bilirubin, Total, BUN (Urea Nitrogen), Calcium, Chloride, Cholesterol, Carbon Dioxide (bicarbonate), Creatinine- serum, eGFR (Creatinine w. EGFR) | CALC., Free T3, Free T4, Gentamicin (Red - Serum Separated)

INDIVIDUAL TESTS (A-Z): Glucose, HDL, LDL, Potassium, Sars CoV-2 (COVID19) IgG, Sodium, Total T3, Total T4, Treponema Pallidum, Triglycerides, TSH, Vancomycin (Red - Serum Separated), Vitamin B12, Vitamin D, 25-OH
WRITE IN TESTS NOT LISTED :

HEMATOLOGY & COAGULATION PANELS: TUBE TYPE: LAVENDER
B-TYPE NATRIURETIC PEPTIDE (BNP) LAV - PLASMA SEPERATED
CBC + DIFF (WBC, RBC, HGB, HCT, MCV, MCH, MCHC, RDW, PLT, MPV, NEUT%, NEUT#, LYMPH%, LYMPH#, MONO%, MONO#, EOS%, EOS#, BASO%, BASO#)
CBC w/o Diff Hematocrit, Hemoglobin, Red Blood Cell (RBC) Count, White Blood Cell (WBC) Count
PLATELETS TUBE TYPE(S): LIGHT BLUE
PT / INR

INFECTIOUS DISEASE PANELS: COLLECTION TYPE(S): SWAB
ID UTI dx (Urine | Gray Top Tube & Red/Yellow)
ID RESPIRATORY dx (Swab | Nasal Swab)
ID STI dx (Swab | Green or Yellow Urine Tube)
ID GASTRO dx (Fecal Swab | Orange)
ID WOUND dx (Swab | Green)
COVID-19 (Nasal Swab)

ID INTERPRET dx: Interpretation of Results
Easy to read interpretations and recommendations provided by infectious disease physicians.
Interpretations help promote the optimization of antibiotic stewardship.

URINALYSIS / MICROSCOPIC

URINALYSIS (Urine | Yellow & Red) URINALYSIS & MICROSCOPIC (Urine | Yellow & Red)

PROVIDER AUTHORIZATION I HEREBY AUTHORIZE ID TECH MOLECULAR LABS to perform the testing indicated above.

I acknowledge that I have provided the appropriate diagnosis codes (ICD-10) to support medical necessity and have documentation to support medical necessity recorded in the patient's medical chart. I understand the Office of the Inspector General requires such documentation in the patient's medical record including date of service, test ordered and documentation to support medical necessity.

PROVIDER'S AUTHORIZATION SIGNATURE: DATE: