

## BILL TO ACCOUNT #: 09343765 – Tampa

PATIENT LAST NAME:		* required field
PATIENT FIRST NAME:		* required field
DOB:		* required field
GENDER:	√ FEMALE	
PATIENT ID:	Tampa Police Department	* required field
PATIENT PHONE NUMBER:		* required field

TEST CODES AND DESCRIPTIONS: ALL TEST CODES BELOW SHOULD BE COLLECTED FOR THIS PT:

- ✓ 005009 CBC With Differential/Platelet
- ✓ 322000 Comp Metabolic Panel (14)
- ✓ 235010 Lipid Panel with LDL/HDL Ratio
- ✓ 001453 Hemoglobin A1C
- ✓ 004259 Thyroid Stimulating Hormone
- ✓ 002303 Cancer Antigen (CA) 125
- ✓ 140659 Hepatitis C Antibody
- ✓ 182879 QuantiFERON TB Gold
- ✓ 998085 Venipuncture

• TOTAL TEST(S) ORDERED: 9

Electronically signed by: Barb Palinchik, APRN

NPI: **1306495387** 

**√ FASTING** 

□ NON-FASTING

**COLLECTION DATE:** 

TIME:

