LabCorp
Laboratory Corporation of America

BILL TO ACCOUNT #: 09343765 – Tampa

PATIENT LAST NAME: * required field

PATIENT FIRST NAME: * required field

DOB: * required field

GENDER: √ **MALE**

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**
- ✓ **010322 Prostate Specific Antigen**
- ✓ **004226 Testosterone, serum**
- ✓ **140659 Hepatitis C Antibody**
- ✓ **182879 QuantiFERON TB Gold**
- ✓ **998085 Venipuncture**

▪ **TOTAL TEST(S) ORDERED: 10**

Electronically signed by: ***Barb Palinchik, APRN***   NPI: **1306495387**

√ **FASTING**   ☐ **NON-FASTING**

COLLECTION DATE: **TIME:**

LIFE SCAN
Wellness Centers