



Committed to Scientific Excellence

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TEST REQUEST FORM

(Please Print)

Today's date:		Physician Name:		Phone#		Fax#	
PATIENT INFORMATION							
Patient's last name:		First:	Middle:	☐ Mr. ☐ Mrs.	☐ Miss ☐ Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid	
Is this your legal name? ☐ Yes ☐ No	If not, what is your legal name?		(Former name):		Birth date: / /	Age:	Sex: ☐ M ☐ F
Street address:			Social Security no.:		Home phone no.: ()		
P.O. box:		City:		State:		ZIP Code:	

TESTS ORDERED

Blood Chemistries	Molecular Diagnostics (PCR)	☐ <i>Legionella pneumophila</i>
☐ Chem14 (Same day)	Viruses	☐ <i>Legionella pneumophila</i> , <i>Mycoplasma pneumoniae</i> & <i>Chlamydia pneumoniae</i> panel
☐ Glycosylated Hemoglobin (A1C) (Same Day)	☐ Adenovirus	☐ <i>Borrelia burgdorferi</i> (Lyme disease) by PCR
	☐ Corona Viruses	☐ <i>Borrelia burgdorferi</i> (Lyme disease) – Western Blot
	☐ Epstein Barr Virus (EBV)	☐ <i>Mycobacterium tuberculosis</i>
Hematology (Same day results)	☐ Hepatitis A Virus (HAV)	☐ <i>Mycoplasma species</i> (detects all species in a multiplex reaction)
☐ Complete Blood Count (CBC)	☐ Hepatitis B Virus (HBV)	☐ <i>Mycoplasma fermentans</i>
☐ Erythrocyte Sedimentation Rate	☐ Hepatitis C Virus (HCV)	☐ <i>Mycoplasma genitalium</i>
☐ Hemogram (No differential counts)	☐ Herpes Simplex Virus 1 (HSV-1)	☐ <i>Mycoplasma hominis</i>
Microbiology	☐ Herpes Simplex Virus 2 (HSV-2)	☐ <i>Mycoplasma pneumoniae</i>
☐ Throat Swab Culture	☐ Human Herpes Virus 6 (HHV-6)	☐ <i>Pasteurella maltocida</i>
☐ Urine Culture and Count	☐ Human Papilloma Virus (HPV)	☐ <i>Staphylococcus aureus</i>
☐ Wound Culture	☐ Influenza Virus	☐ <i>Ureaplasma urealyticum</i>
☐ Other Culture (Specify):	☐ Rhino Virus	☐ <i>Neisseria gonorrhea</i>
	☐ Respiratory Syncytial Virus (RSV)	Urinalysis
☐ Yeast Culture	☐ West Nile Virus by RT-PCR	☐ Dipstick with microscopy
☐ Microbial Identification and Antibiotic Sensitivity		☐ Dipstick without microscopy
Serology Testing	Bacteria	
☐ <i>Mycoplasma pneumoniae</i> IgG/IgM	☐ <i>Bartonella henselae</i> (Cat Scratch Disease) - PCR	
☐ <i>Borrelia burgdorferi</i> (Lyme disease) – Western Blot	☐ <i>Campylobacter species</i> - PCR	Other
	☐ <i>Chlamydia pneumoniae</i> -PCR	☐ C-Reactive Protein (CRP) - Qualitative
	☐ <i>Chlamydia trachomatis</i> - PCR	☐ <i>Candida Sp.</i> by PCR

The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance.

Patient/Guardian signature:

Date: