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Please attach the following documents with this test order

- Medical Necessity
- SOAP Notes
- Visit History Notes

COMPREHENSIVE REQUISITION FORM

Please see Reverse side to Complete Form

PATIENT INFORMATION - **IMPORTANT** - Include a current medication list AND a patient face sheet OR complete next two sections below and include photocopy of insurance card (front and back).

First Name	Last Name	Phone Number	Biological Sex <input type="checkbox"/> F <input type="checkbox"/> M
DOB (MM/DD/YYYY)	DOD (if applicable)	Email ID	
Address	City	State	ZIP

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown **Race:** American Indian/Alaska Native Asian Black/African American Multi Race Native Hawaiian/Pacific Isles White Other

PATIENT INSURANCE INFORMATION - Attach patient demographics and copy of insurance card Medicare Commercial Medicaid

SPECIMEN INFORMATION*

STI	UTI	GI	RPP/ Mini Rpp	Collection Time AM/PM:
<input type="checkbox"/> Preservative urine	<input type="checkbox"/> Urine	<input type="checkbox"/> Rectal swab	<input type="checkbox"/> Nasopharyngeal Swab	
<input type="checkbox"/> Urine	<input type="checkbox"/> Urine Swab	<input type="checkbox"/> Stool sample	<input type="checkbox"/> Oropharyngeal Swab	
<input type="checkbox"/> Urine Swab	<input type="checkbox"/> Swab		<input type="checkbox"/> Other:	
<input type="checkbox"/> Vaginal Swab	<input type="checkbox"/> Other:			
			Wound (Swab Location)	Collection Date:

PCR TEST ORDER

<input type="checkbox"/> RESPIRATORY TRACT PANEL (RPP)	<input type="checkbox"/> URINARY TRACT INFECTION PANEL (UTI)	DIAGNOSIS (ICD-10) CODES		
SARS-CoV-2 Influenza A Influenza B Adenovirus Human Rhinovirus A/B Human Parainfluenza (HPIV 1) Human Parainfluenza (HPIV 2) Human Parainfluenza (HPIV 3) Human Parainfluenza (HPIV 4) Human Metapneumovirus A/B Respiratory Syncytial Virus A/B Bocavirus Epstein-Barr virus Coronavirus (229E) Coronavirus (NL63) Coronavirus (HKU1) Coronavirus (OC43)	Serratia marcescens Acinetobacter baumannii Citrobacter koseri Ureaplasma urealyticum Bacteroides fragilis Klebsiella aerogenes Staphylococcus epidermidis Enterococcus spp. Pseudomonas aeruginosa Streptococcus pyogenes Streptococcus agalactiae Citrobacter braakii/freundii Prevotella bivia Escherichia coli	SKIN / WOUND / SOFT TISSUE <input type="checkbox"/> E11.621 Type 2 diabetes mellitus with foot ulcer <input type="checkbox"/> E11.622 Type 2 diabetes mellitus with other skin ulcer <input type="checkbox"/> L03.115 Cellulitis of right lower limb <input type="checkbox"/> L03.116 Cellulitis of left lower limb <input type="checkbox"/> L89.143 Pressure ulcer of left lower back, stage 3 <input type="checkbox"/> L89.154 Pressure ulcer of sacral region, stage 4 <input type="checkbox"/> L89.153 Pressure ulcer of right buttock, stage 3 <input type="checkbox"/> L89.323 Pressure ulcer of left buttock, stage 3 <input type="checkbox"/> L89.513 Pressure ulcer of right ankle, stage 3 <input type="checkbox"/> L89.893 Pressure ulcer of other site, stage 3 <input type="checkbox"/> L89.894 Pressure ulcer of other site, stage 4 <input type="checkbox"/> M86.171 Other acute osteomyelitis, right ankle & foot <input type="checkbox"/> M86.172 Other acute osteomyelitis, left ankle & foot <input type="checkbox"/> M86.18 Other acute osteomyelitis, other site <input type="checkbox"/> S81.001A Unspecified open wound, right knee, initial encounter <input type="checkbox"/> S81.002A Unspecified open wound, left knee, initial encounter <input type="checkbox"/> S81.801A Unspecified open wound, right lower leg, initial encounter <input type="checkbox"/> S81.802A Unspecified open wound, left lower leg, initial encounter		
Proteus Mirabilis Acinetobacter baumannii Chlamydophila pneumoniae Haemophilus influenzae Klebsiella aerogenes Klebsiella pneumoniae Legionella pneumophila Moraxella catarrhalis Mycoplasma pneumoniae Staphylococcus aureus Streptococcus agalactiae Streptococcus pneumoniae Streptococcus pyogenes Staphylococcus aureus Staphylococcus saprophyticus Enterobacter cloacae	Morganella morganii Mycoplasma genitalium Klebsiella oxytoca Klebsiella pneumoniae/michiganensis Proteus mirabilis Staphylococcus saprophyticus Staphylococcus aureus Enterobacter cloacae Mycoplasma hominis	<input type="checkbox"/> Class A Beta lactamase (CTX-M-Group1) <input type="checkbox"/> Class A Beta lactamase (blaKPC) <input type="checkbox"/> Class B metallo beta lactamase (blaNDM) Fluoroquinolones Methicillin/Oxacillin (meca) Sulfonamides Trimethoprim Vancomycin A (VanA) Vancomycin B (VanB)		
WOUND PANEL	Serratia marcescens Acinetobacter baumannii Citrobacter koseri Bacteroides fragilis Klebsiella aerogenes Streptococcus pyogenes Enterococcus spp. Pseudomonas aeruginosa Proteus mirabilis Staphylococcus saprophyticus Staphylococcus aureus Enterobacter cloacae	<input type="checkbox"/> Class A Beta lactamase (CTX-M-Group1) <input type="checkbox"/> Class A Beta lactamase (blaKPC) <input type="checkbox"/> Class B metallo beta lactamase (blaNDM) Fluoroquinolones Methicillin/Oxacillin (meca) Sulfonamides Trimethoprim Vancomycin B (VanB) Vancomycin A (VanA)		
<input type="checkbox"/> SEXUALLY TRANSMITTED INFECTION PANEL (STI)	PROTOZOA Trichomonas vaginalis	RESPIRATORY / ENT / CNS <input type="checkbox"/> J06.9 Upper respiratory tract infection NOS, acute or subacute <input type="checkbox"/> J06.9 Upper respiratory disease, acute <input type="checkbox"/> R53.81 Other malaise <input type="checkbox"/> R05.9 Cough,Unspecified <input type="checkbox"/> R06.02 Shortness of breath <input type="checkbox"/> R06.09 Other forms of dyspnea <input type="checkbox"/> R50.9 Fever, unspecified <input type="checkbox"/> R06.00 Dyspnea, Unspecified <input type="checkbox"/> J03.90 Acute Tonsillitis <input type="checkbox"/> R53.82 Chronic Fatigue, Unspecified URINARY <input type="checkbox"/> N30.81 Other cystitis with hematuria <input type="checkbox"/> N41.0 Acute prostatitis <input type="checkbox"/> R30.9 Painful micturition, Unspecified <input type="checkbox"/> R35.0 Frequency of micturition <input type="checkbox"/> R39.15 Urgency of Urination <input type="checkbox"/> R39.16 Straining to void <input type="checkbox"/> R39.9 Unspecified symptoms signs involving GU <input type="checkbox"/> R82.998 Other abnormal findings in urine GI <input type="checkbox"/> R19.7 Diarrhea, unspecified <input type="checkbox"/> R11.0 Nausea (without vomiting) <input type="checkbox"/> R11.11 Vomiting without nausea <input type="checkbox"/> R11.2 Nausea with vomiting <input type="checkbox"/> R12 Heartburn(excludes dyspepsia) <input type="checkbox"/> R14.0 Abdominal distension(bloating) <input type="checkbox"/> R14.1 Gas pain <input type="checkbox"/> R19.11 Absent bowel sounds <input type="checkbox"/> R19.12 Hyperactive bowel sounds <input type="checkbox"/> R19.4 Change in bowel habits <input type="checkbox"/> R19.5 Occult blood in feces/stool <input type="checkbox"/> K30 Functional dyspepsia(indigestion) <input type="checkbox"/> K59.00 Constipation <input type="checkbox"/> K29.70 Gastritis, unspecified, w/o bleeding <input type="checkbox"/> K29.61 Other gastritis with bleeding <input type="checkbox"/> B96.81 H. pylori as cause of diseases classified elsewhere <input type="checkbox"/> Z82.19 Personal history of other infectious and parasitic diseases Antibiotic Resistance <input type="checkbox"/> Z16.30 Resistance to unspecified antimicrobial drugs <input type="checkbox"/> Z16.31 Resistance to antiparasitic drug(s) <input type="checkbox"/> Z16.32 Resistance to antifungal drug(s) <input type="checkbox"/> Z16.33 Resistance to antiviral drug(s) <input type="checkbox"/> Z16.35 Resistance to multiple antimicrobial drugs <input type="checkbox"/> Z16.39 Resistance to other specified antimicrobial drugs <input type="checkbox"/> Z16.341 Resistance to single antimycobacterial drug <input type="checkbox"/> Z16.342 Resistance to multiple antimycobacterial drugs		
CONFIRMATION + SCREEN	SAFEDRUGS / POLYPHARMACY			
6-MAM Alprazolam Aminoclonazepam Amitriptyline Amphetamine Benzoylęgonine Buprenorphine Buspironol Butalbital Carisoprodol Citalopram Clonazepam Codeine Cotinine Cyclobenzaprine Desipramine Desmethylcitalopram Desmethyltramadol Diazepam Dihydrocodeine Doxepin Duloxetine Fentanyl Fluoxetine Gabapentin Glyburide Celecoxib Chlorpromazine Citalopram Clonazepam Clonidine Clozapine	Codaine Alprazolam Aminoclonazepam Amitriptyline Amphetamine Benzoylęgonine Buprenorphine Buspironol Butalbital Carisoprodol Citalopram Clonazepam Codeine Cotinine Cyclobenzaprine Desipramine Desmethylcitalopram Desmethyltramadol Diazepam Dihydrocodeine Doxepin Duloxetine Fentanyl Fluoxetine Gabapentin Glyburide Celecoxib Chlorpromazine Citalopram Clonazepam Clonidine Clozapine	Indometacin Ibuprofen Oxycodeone Oxymorphone Paroxetine PCP Phenobarbital Phentermine Phenytoin Piglatinazole Pitavastatin Pregabalin Propranolol Sulfonamides Trimethoprim Vancomycin B (VanB) Vancomycin A (VanA)	Oxycodeone Oxymorphone Paroxetine PCP Phenobarbital Phentermine Phenytoin Piglatinazole Pitavastatin Pregabalin Propranolol Sulfonamides Trimethoprim Vancomycin B (VanB) Vancomycin A (VanA)	Venlafaxine Verapamil Warfarin Zolmitriptan Zolpidem

TOXICOLOGY TEST ORDER

CONFIRMATION + SCREEN	SAFEDRUGS / POLYPHARMACY				
6-MAM Hydromorphone Hydroxyalprazolam Imipramine Ketamine Lorazepam MDMA Meperidine Meprobamate Methamphetamine Methylphenidate Mirtazapine Morphine Naloxone Naltrexone Norazepam Norfentanyl Norhydrocodone Noroxycodone Nortriptiline Oxazepam Oxycodone Oxymorphone Paroxetine PCP Phenobarbital Phentermine	6-MAM Alprazolam Aminoclonazepam Amitriptyline Amphetamine Benzoylęgonine Buprenorphine Buspironol Butalbital Carisoprodol Citalopram Clonazepam Codeine Cotinine Cyclobenzaprine Desipramine Desmethylcitalopram Desmethyltramadol Diazepam Dihydrocodeine Doxepin Duloxetine Fentanyl Fluoxetine Gabapentin Glyburide Celecoxib Chlorpromazine Citalopram Clonazepam Clonidine Clozapine	Codaine Alprazolam Aminoclonazepam Amitriptyline Amphetamine Benzoylęgonine Buprenorphine Buspironol Butalbital Carisoprodol Citalopram Clonazepam Codeine Cotinine Cyclobenzaprine Desipramine Desmethylcitalopram Desmethyltramadol Diazepam Dihydrocodeine Doxepin Duloxetine Fentanyl Fluoxetine Gabapentin Glyburide Celecoxib Chlorpromazine Citalopram Clonazepam Clonidine Clozapine	Indometacin Ibuprofen Oxycodeone Oxymorphone Paroxetine PCP Phenobarbital Phentermine Phenytoin Piglatinazole Pitavastatin Pregabalin Propranolol Sulfonamides Trimethoprim Vancomycin B (VanB) Vancomycin A (VanA)	Oxycodeone Oxymorphone Paroxetine PCP Phenobarbital Phentermine Phenytoin Piglatinazole Pitavastatin Pregabalin Propranolol Sulfonamides Trimethoprim Vancomycin B (VanB) Vancomycin A (VanA)	Venlafaxine Verapamil Warfarin Zolmitriptan Zolpidem
CONFIRMATION ONLY					

PHYSICIAN AUTHORIZATION

This test is medically necessary for the risk assessment, diagnosis, or detection of a disease, illness, impairment, symptom. By submitting this physician order form, I acknowledge the test(s) ordered are medically necessary and reasonable for diagnostics and treatment decision. I acknowledge only medically necessary testing should be ordered. As a provider, I acknowledge that the requested test(s) are medically necessary, and a written order is contained in the patient's records

Authorizing Provider Name	Authorizing Provider NPI#
Authorizing Provider Signature	Date

DIAGNOSIS (ICD-10) CODES Select or write-in one or more codes from the spaces/selections below (REQUIRED)

SKIN / WOUND / SOFT TISSUE

- E11.621** Type 2 diabetes mellitus with foot ulcer
- E11.622** Type 2 diabetes mellitus with other skin ulcer
- I70.203** Unsp atherosclerotic native arteries of extremities, bilateral legs
- I70.232** Atherosclerotic native arteries of right leg w ulceration of calf
- I70.234** Atherosclerotic native art of right leg w ulcer of heel and mid-foot
- I70.244** Atherosclerotic native art of left leg w ulcer of heel and mid-foot
- I70.245** Atherosclerotic native arteries of left leg w ulceration oth prt foot
- I87.311** Chronic venous hypertension w ulcer of right low extremity
- I87.312** Chronic venous hypertension w ulcer of left low extremity
- I87.313** Chronic venous hypertension w ulcer of bilateral low extremity
- I87.332** Chronic venous htn w ulcer and inflammation of l low extremity
- L03.115** Cellulitis of right lower limb
- L03.116** Cellulitis of left lower limb
- L89.143** Pressure ulcer of left lower back, stage 3
- L89.144** Pressure ulcer of left lower back, stage 4
- L89.154** Pressure ulcer of sacral region, stage 4
- L89.313** Pressure ulcer of right buttock, stage 3
- L89.314** Pressure ulcer of right buttock, stage 4
- L89.323** Pressure ulcer of left buttock, stage 3
- L89.324** Pressure ulcer of left buttock, stage 4
- L89.513** Pressure ulcer of right ankle, stage 3
- L89.893** Pressure ulcer of other site, stage 3
- L89.894** Pressure ulcer of other site, stage 4
- L97.212** Non-pressure chronic ulcer of right calf w fat layer exposed
- L97.222** Non-pressure chronic ulcer of left calf w fat layer exposed
- L97.312** Non-pressure chronic ulcer of right ankle w fat layer exposed
- L97.411** Non-pressure chr. ulcer of right heel and midft lmt to brkdw skin
- L97.412** Non-pressure chr ulcer of right heel and mid-foot w fat layer exposed
- L97.413** Non-pressure chr ulcer of right heel and mid-foot w necros muscle
- L97.419** Non-pressure chr ulcer of right heel and mid-foot w unsp severity
- L97.422** Non-pressure chr ulcer of left heel and mid-foot w fat layer exposed
- L97.423** Non-pressure chr ulcer of left heel and midfoot w necros muscle
- L97.429** Non-pressure chronic ulcer of left heel and mid-foot w unsp severity
- L97.512** Non-pressure chronic ulcer oth prt right foot w fat layer exposed
- L97.522** Non-pressure chronic ulcer oth prt left foot w fat layer exposed
- L97.811** Non-pressure chr ulcer oth prt r low leg limited to brkdw skin
- L97.812** Non-pressure chronic ulcer oth prt r low leg w fat layer exposed
- L97.821** Non-pressure chr ulcer oth prt l low leg limited to brkdw skin
- L97.822** Non-pressure chronic ulcer oth prt l low leg w fat layer exposed
- L97.912** Non-pressure chr ulc unsp prt of r low leg w/ fat layer exposed
- M86.171** Other acute osteomyelitis, right ankle and foot
- M86.172** Other acute osteomyelitis, left ankle and foot
- M86.18** Other acute osteomyelitis, other site S31.105S Unsp open wound abd wall, periumb rgn w/ penet perit cav, sqla
- S81.001A** Unspecified open wound, right knee, initial encntr
- S81.002A** Unspecified open wound, left knee, initial encntr
- S81.801A** Unspecified open wound, right lower leg, initial encounter
- S81.802A** Unspecified open wound, left lower leg, initial encounter
- T81.31XA** Disruption of external operation (surgical) wound, NEC, init
- T86.821** Skin graft (allograft) (autograft) failure
- T86.828** Other complications of skin graft (allograft) (autograft)

RESPIRATORY / ENT / CNS

- A37.90** Whooping cough
- A37.91** Whooping cough with pneumonia
- A37.80** Whooping cough with pneumonia
- A37.81** Whooping cough due to Bordetella, bronchiectica, with pneumonia
- A37.10** Whooping cough due to Bordetella parapertussis
- A37.11** Whooping cough due to Bordetella parapertussis, with pneumonia
- A37.00** Whooping cough due to bordetella, pertussis
- J01.90** Acute sinusitis, unspecified
- J02.8** Acute pharyngitis due to other specified organisms
- J02.9** Acute pharyngitis, unspecified
- J03.80** Tonsillitis, acute due to other specified organism
- J03.81** Tonsillitis, acute recurrent due to other specified organism
- J03.90** Tonsillitis, acute unspecified
- J03.91** Tonsillitis, acute recurrent unspecified
- J04.0** Laryngitis, acute
- J04.2** Laryngotracheitis, acute
- J06.9** Upper respiratory disease, acute
- J11.00** influenza, unidentified virus with pneumonia
- J11.1** Influenza, unidentified virus with other respiratory manifestations
- J11.2** Influenza, unidentified virus with gastrointestinal manifestations
- J11.83** Influenza, unidentified virus with otitis media
- J11.89** Influenza, unidentified virus, with other manifestations
- R53.81** Other malaise
- J12.9** Viral pneumonia,unspecified
- J13-J17** Bacterial pneumonia
- J18.0** Bronchopneumonia, unspecified organism
- J18.1** Labor pneumonia, unspecified organism
- J18.9** Pneumonia, unspecified organism
- J20.9** Acute bronchitis, unspecified
- J31.1** Chronic nasopharyngitis
- J32.9** Chronic sinusitis, unspecified
- J37.0** Laryngitis, chronic
- J37.1** Laryngotracheitis, chronic
- J39.9** Disease, diseased, upper respiratory tract
- R06.00** Dyspnea, unspc.
- R06.02** Shortness of breath
- R06.09** Other forms of dyspnea
- R06.1** Stridor
- R06.2** Wheezing
- R06.3** Periodic breathing
- R06.6** Hiccuph
- R06.9** Abnormalities of breathing, unspec.
- R06.89** Other abnormalities of breathing
- R07.81** Pleurodynia
- R07.89** Other chest pain
- R07.9** Chest pain, unspc.
- R09.3** Abnormal sputum
- R09.89** Other specified symptoms involving the circulatory & respiratory system
- R50.9** Fever, unspecified
- R06.00** Dyspnea, Unspecified
- J01.90** Acute Sinusitus, Unspecified J00 Acute Nasopharyngitis
- J32.9** Unspecified Sinusitus, Chronic
- R09.3** Abnormal Sputum
- J44.9** Asthma w. chron. pulmonary disease (COPD (HCC)
- J03.90** Acute Tonsillitis
- R07.81** Pleurodynia
- R53.82** Chronic Fatigue, Unspecified

URINARY

- N30.1** Interstitial Cystitis (Chronic)
- N30.81** Other cystitis with hematuria
- N34.1** Nonspecific urethritis
- N34.3** Urethral syndrome, unspecified
- N41.0** Acute prostatitis
- N45.1** Epididymitis
- N45.2** Orchitis
- N45.3** Epididymo-orchitis
- N45.4** Abscess of epididymis or testis
- N50.3** Cyst of epididymis
- N72** Inflammatory disease of cervix uteri
- N73.5** Female pelvic peritonitis, unspecified
- R30.0** Dysuria
- R30.9** Painful micturition, Unspecified
- R35.0** Frequency of micturition
- R39.15** Urgency of Urination
- R39.16** Straining to void
- R39.9** Unspecified symptoms signs involving GU
- R80.1** Persistent proteinuria, unspecified
- R82.99** Other abnormal findings in urine
- R80.8** Other proteinuria
- R80.9** Proteinuria, unspecified
- R81** Glycosuria
- R82.0** Chyluria
- R82.1** Myoglobinuria
- R82.2** Biliuria
- R82.3** Hemoglobinuria
- R82.4** Acetonuria
- TOXICOLOGY**
- F11.20** Opioid dependence, uncomplicated
- Z79.891** Long term (current) use of opiate analgesic
- Z79.899** Other long term (current) drug therapy **F10.20**
- Alcohol dependence, uncomplicated**
- F12.93** Cannabis use, unspecified with withdrawal
- F18.90** Inhalant use, unspecified, uncomplicated **F11.23**
- Opioid dependence with withdrawal**
- F18.10-F18.120** Inhalant abuse, uncomplicated- Inhalant abuse with intoxication, uncomplicated
- F19.20** Other psychoactive substance dependence, uncomplicated
- F20.0-F20.2** Paranoid Schizophrenia- Catatonic Schizophrenia
- F20.89** Other Schizophrenia
- I44.0- I44.1** Atrioventricular block, first-degree- Atrioventricular block, second-degree
- I44.30** Unspecified Atrioventricular block
- I45.81** Long QT Syndrome
- I47.0- I47.2** Re-entry ventricular arrhythmia- Ventricular tachycardia
- I49.2** Junctional premature depolarization
- R44.2- R44.3** Other hallucinations- hallucinations, unspecified
- Z03.89** Encounter or observation for other suspected diseases and condition ruled
- M54.5** Low Back Pain
- Z51.81** Encounter for therapeutic drug level monitoring
- F15.20** Other stimulant dependence, uncomplicated
- G47.00** Insomnia, unspecified
- F14.20** Cocaine dependence, uncomplicated
- F17.200** Nicotine dependence, unspecified, uncomplic.
- G89.29** Chronic Pain Syndrome
- F55.8** Abuse of other non-psychoactive substances
- G40.301-G40.319** Generalized idiopathic epilepsy and epileptic syndromes, non-intractable, With status epilepticus- Generalized idiopathic epilepsy and epileptic syndromes, non-intractable, Without status epilepticus
- G40.901-G40.919** Epilepsy, unspecified, not intractable, with status epilepticus- Epilepsy, unspecified, intractable, without status epilepticus
- M25.511** Pain in right shoulder
- M25.512** Pain in left shoulder
- R44.0** Auditory hallucinations
- Z91.19** Patient other non-compliance with other medical treatment and regime
- F11.11** Opioid abuse, in remission
- F12.93** Cannabis use, unspecified with withdrawal
- F14.11** Cocaine abuse, in remission
- M25.50** Pain in unspecified joint
- M79.7** Soft tissue disorder, unspecified

Write in ICD Code(s)

PATIENT CONSENT AUTHORIZATION

I hereby assign all rights and benefits under my health plan and all rights and obligations that I and my dependents have under my health plan to LabGen, LLC ("LabGen"), its assigned affiliates and authorized representatives for laboratory services furnished to me by LabGen. I irrevocably designate, authorize and appoint LabGen or its assigned affiliates and their authorized representatives as my true and lawful attorney-in-fact for the purpose of submitting my claims, obtain a copy of my health plan document, Summary Plan Description, disclosure, appeal, litigation or other remedies in accordance with the benefits and rights under my health plan and in accordance with federal or state laws. If my health plan fails to abide by my authorization and makes payment directly to me, I agree to endorse the insurance check and forward it to LabGen immediately upon receipt. I hereby authorize LabGen, its assigned affiliates and authorized representatives to contact me or my health Plan/administrator for billing or payment purposes by phone, text message, or email with the contact information that I have provided to LabGen, in compliance with federal and state laws. LabGen, its assigned affiliates and their authorized representatives may release to my health plan administrator, my employer, and my authorized representative my personal health information for the purpose of procuring payment of LabGen and for all the laboratory services. I understand the acceptance of insurance does not relieve me from any responsibility concerning payment for laboratory services and that I am financially responsible for all charges whether or not they are covered by my insurance. By signing below, I hereby authorize LabGen to provide my insurance carrier with any information necessary, including test results, for processing my insurance claim. I understand that I am responsible for any co-pay, co-insurance, and unmet deductible that the insurance policy dictates, as well as any amounts not paid by my insurance carrier for reasons including, but not limited to, non-covered and non-authorized services. I understand that I am responsible for sending LabGen any and all payments that I receive directly from my insurance company in payment for this test. I hereby confirm that informed consent has been signed by an individual legally authorized to do so and is on file with this office or the individual's provider's office.

Signature of Patient or Patient Representative / Relationship to Patient:

Date: