Account Name

(XXXXX - MDTXXXXX)

XXXXX ❑ Address

XXXXX ❑ DO, MD

Tel: (909) 777-8888 Tel: (909) 551-0200

(800) 820-8803
cs@ihdlab.com

IHD Internal QC Initials

IHDLAB
Innovative Health Diagnostics

Testing performed at MD Tox Laboratory
1565 McGaw Ave #B, Irvine CA, 92614
NPI No. 1174882948. CLIA No. 05D2040304.
FDA No. FEI: 3011213917
Laboratory Director: A. Baca, M.D. PhD

C?YearMonthDay

COLLECTION INFORMATION (* is required)

Date of Collection: * / / Time: ❑ am ❑ pm

Fasting: ❑ YES _____ HOURS ❑ NO FASTING

STAT: ❑ **YES (Additional Fees Apply)**

Collector Initials: *

Copy Results To: Include Provider name, telephone & fax

PATIENT INFORMATION

Last Name: *

First Name: * Middle:

DOB: *

Sex: * ❑ **Male** ❑ **Female** **Body:** **HT:** **WT:**

Address: *

City/ST/Zip *

Phone: Email:

BILLING INFORMATION

Bill Type: * ❑ Client ❑ Insurance ❑ Medicare ❑ Patient TOS ❑ Patient Direct ❑ Medi-Cal

Attach Copy of Insurance Card or Facesheet

Insurance Name:

Policy/Subscriber ID:

Group No:

ICD-10 Codes

Dx1	Dx2	Dx3	Dx4
Dx5	Dx6	Dx7	Dx8

LIQUID-BASED PAP SMEARS

Pap Only	4102	❑ Pap Smear, ThinPrep		
Age 21-30	4108	❑ Pap Smear, ThinPrep w/ rflx HPV (ASCUS or greater)		
Age 30+	SG202	❑ Pap Smear, ThinPrep w/ HPV		
STI Screening Add-On	4402	❑ CT/NG (NAT)	4266	❑ Trichomonas Vaginalis

BIOPSY

Procedure ❑ E.M.B. ❑ L.E.E.P. ❑ Endocervical ❑ E.C.C. ❑ Vaginal ❑ Other:_____ ❑ Cervical ❑ Cervical Cone

Site 1:	**Site 3:**
Site 2:	**Site 4:**

HISTORY

❑ Pregnancy ____wks ❑ IUD ❑ Post-menopausal
❑ Post-partum ❑ BC Pills ❑ HRT _____
❑ Abnrml Bleeding ❑ Hysterectomy:_____
❑ Other_____

LMP:_____Prior Pap + Date: _____

Additional Comments:

INDIVIDUAL TESTS

CUSTOM PHYSICIAN PANELS AND TESTS

PATIENT CONSENT

I hereby authorize MDTox/IHD to release my test results to the ordering provider and have been informed of my privacy rights regarding the tests performed. (Read full consent on backside.)

Patient Signature **Date**

PHYSICIAN ACKNOWLEDGEMENT

By signing below, I certify that each of the tests selected on this requisition is medically necessary and appropriate to treat this patient on this day of service. Required for Medicare/Medi-Cal/Medicaid.

Provider Signature **Date**

Orders and diagnosis must be established by an Authorized Provider under civil, criminal, and administrative law.
Any and all tests to bill federal payers must be medically necessary (CPT codes available at https://www.ihdlab.com)

SPECIMEN COLLECTION GUIDE

A	Aptima Urine Tube (Yellow)	Lg	Lithium Green Top Tube
Ali	Aliquot	LgR	Lg Refrigerated (Required)
As	Aptima Swab (orange)	Ng	Sodium Green Top Tube
CS	Gray C&S Tube (urine)	R	Red Top Tube
Es	eSwab	RBR	Royal Blue (Red Line)
FC	Formalin Cup	RBL	Royal Blue (Lavender)
Frz	Frozen	S	Serum Separator Tube
Gy	Gray Top Tube	Sw	Swab
L	Lavender Top Tube	TP	ThinPrep
LB	Light Blue Top Tube	U	Urine Cup

I hereby authorize Innovative Health Diagnostics (IHD) to release my test results to the ordering provider and have been informed of my privacy rights regarding the tests performed. Additionally, I authorize insurance payments to be made to IHD for the laboratory services provided. I acknowledge that IHD may be an out-of-network provider with my insurer. I agree that I am financially responsible for sending IHD any funds received from my insurer for the performance of the tests, and that if my insurer sends payments for the testing directly to me I will endorse the back of the check, write “Made Payable to IHD”, and forward it to IHD within 20 days.

I authorize my physician and/or staff to release IHD and its agents, any information needed to determine insurance coverage for the laboratory services. I agree that a photocopy or PDF copy of this form shall be valid as the original. I further agree that this authorization will cover all laboratory testing performed by IHD until such authorization is revoked by me. I understand that I am responsible for payment of any deductible, co-insurance or certain non-covered service charges. I am voluntarily providing the lab specimen for analysis by IHD. I certify that the lab specimen I have provided is my own and has not been altered in any way.