Provider Acknowledgment

Provider's testing orders are identified with a check-marked box for testing by Histology Associates (CLIA#: 23D0650S82), Advanta Analytical Laboratories (CLIA#: 45D2063134), and affiliated reference laboratories. By my signature, I certify the testing is medically necessary.

Histology Associates
22221 Greater Mack Ave. STE E
 St. Clair Shores, MI 48080
 www.histologyassoc.com

Hhone: 586.774.4290
Fax: 586.774.4220
CLIA#: 23D0650582
CAP#: 3418201



Date

Patient Information							
Last Name		First Name		M	I DOB		
Phone #		Gender	Insurance Info		□ c-lt p		
Known Dwg Allowice		Female Male	Client Bill	Insurance	Self-Pay		
Known Drug Allergies							
Race/Ethnic Orientation Diagnosis Codes (ICD-10)							
☐ African American ☐ Ca	Jewish - Ashkenazi Native American		ı				
Asian His	Jewish - Sephardic Other:						
Specimen Information – please select specimen type and any additional specimen information							
☐ Gastrointestinal	☐ Nail/Paronyo	hia Respiratory		Urinary	☐ Urinary Tract/STD ☐ Wound/Ortho		
Carry Blair Transport Medium	☐ Toe nail clipp	- '	*	Urine		Location of swabbed area of interest:	
	(BD Unive		ersal Transport) PurFlock ULTRA Swab				
Collection Date	Collection Time	☐ A.M. ☐ P.M.	Collector Name				
Ordering Provider Clinic Name							
Test Order - please select one or more testing panels							
■ Gastrointestinal Panel (with Antibiotic Resistance Genes) ■ Nail Fungus (H&E/PAS)/PCR Paronychia Panel (with Antibiotic Resistance Genes)							
■ Gastrointestinal Panel (without A	Gastrointestinal Panel (without Antibiotic Resistance Genes)			■ Nail Fungus (H&E/PAS)/PCR Paronychia Panel (without Antibiotic Resistance Genes)			
Adenovirus F 40/41				☐ Candida albicans ☐ Klebsiella pneumoniae			
Astrovirus	Norovirus GI/GII		☐ Candida glabrata ☐ Proteus mirabilis				
Clarate difficulty A (B				☐ Candida parapsilosis ☐ Pseudomonas aeruginosa			
☐ Clostridium difficile toxin A/B ☐ Rotavirus A			☐ Candida tropicalis ☐ Staphylococcus aureus ☐ Enterococcus faecalis ☐ Streptococcus agalactiae (group B)				
☐ Cryptosporidium ☐ Salmonella ☐ Cyclospora cayetanensis ☐ Sapovirus			☐ Enterococcus faecalis ☐ Streptococcus agalactiae (group B) ☐ Enterococcus faecium ☐ Streptococcus pyogenes (group A)				
☐ Cyclospora cayetanensis ☐ Sapovirus ☐ Shiga-like toxin-producing E. coli (STEC) stx1/stx2			☐ Epidermophyton floccosum ☐ Trichophyton species				
☐ Entamoeba histolytica	☐ Escherichia coli						
☐ Entamoeba histolytica ☐ Shigella/Enteroinvasive E. coli (EIEC) ☐ Enteroaggregative E. coli (EAEC) ☐ Vibrio							
☐ Enteropathogenic E. coli (EPEC) ☐ Vibrio cholerae			Urinary Tract Panel/STDI (with Antibiotic Resistance Genes)				
☐ Enterotoxigenic E. coli (ETEC) It/st☐ Yersinia enterocolitica			Urinary Tract Panel/STD (without Antibiotic Resistance Genes)				
Decrivatory Danel (with Antihistic Peristance Cones)			Candida albicar		☐ Klebsiella į		
Respiratory Panel (with Antibiotic Resistance Genes) Respiratory Panel (without Antibiotic Resistance Genes)			☐ Candida glabrata ☐ Neisseria gonorrhoeae ☐ Candida parapsilosis ☐ Proteus mirabilis				
☐ Adenovirus		Candida parapsilosis Proteus mirabilis  Candida tropicalis Pseudomonas aeruginosa					
☐ Bordetella pertussis	·		Chlamydia trachomatis		Staphyloco		
☐ Chlamydophila pneumoniae ☐ Parainfluenza Virus 1		nnae	☐ Enterococcus faecalis		_ , ,	ccus agalactiae (group B)	
Coronavirus 229E		☐ Enterococcus faecium ☐ Streptococcus pyogenes (group A)					
☐ Coronavirus 229E ☐ Parainfluenza Virus 2 ☐ Coronavirus HKU1 ☐ Parainfluenza Virus 3			☐ Escherichia coli				
Coronavirus NL63							
☐ Coronavirus OC43 ☐ Proteus mirabilis			■ Antibiotic Resistance Genes				
Human Metapneumovirus				Aminoglycoside (ant-la, aph3) Methicillin (mecA)			
Human Rhinovirus/Enterovirus	Respiratory Syncytial Staphylococcus aurei		Bactrim (sul1, dfrA1) Tetracycline (tetB and tetM)				
☐ Influenza A ☐ Influenza B		Beta Lactamase (TEM and SHV) Vancomycin (vanA)					
Influenza B	☐ Streptococcus pyoge	nes (group A)		KPC, NDM, OXA	448)		
Wound/Ortho Panel (with Antibiotic Resistance Genes)							
Wound/Ortho Panel (without Ant	ibiotic Resistance Genes)		Additional Comme	ents			
Candida albicans	Klebsiella pneumonia	e	The state of the s				
Candida glabrata	Proteus mirabilis						
Candida parapsilosis	Pseudomonas aerugi						
Candida tropicalis	Staphylococcus aurei						
☐ Enterococcus faecalis ☐ Enterococcus faecium	☐ Streptococcus agalac ☐ Streptococcus pyoge						
☐ Epidermophyton floccosum ☐ Trichophyton species							
Escherichia coli	l						
Delicate and Describe Advanced described							
Patient and Provider Acknowledgment							
The information provided on this form and on the label affixed to the specimen cup is accurate. The specimen identified on this form is my own. I have not adulterated it in any way. I am voluntarily submitting this specimen for analysis by my healthcare provider and/or third party lab. I authorize the lab to release the results of this test to the ordering healthcare provider. The lab is authorized to bill my insurance provider, or any payer, whether fully insured or self-insured, and I will irrevocably assign any payment of							
benefits, claims, rights, and interests related to the services my healthcare provider performed against any payer. I further authorize the lab and my healthcare provider to release to my insurance provider any medical information necessary to process this claim.							
l acknowledge that Histology Associates (CLIA#: 23D0650582) and Advanta Analytical Laboratories (CLIA#: 45D2063134) may be an out-of-network facility/provider with my insurance provider. I am also aware that in some circumstances my insurance provider may send the payment directly to me. I agree to endorse the insurance check and forward it to Advanta Analytical Laboratories within 15 days of receipt as payment towards the lab services provided by Advanta Analytical Laboratories and Histology							
provider may send the payment directly to me. I agree to endorse the insurance check and forward it to Advanta Analytical Laboratories within 15 days of receipt as payment towards the lab services provided by Advanta Analytical Laboratories and Histolog Associates. I acknowledge that I am responsible for any amounts not covered by my insurer including any deductibles and co-payments/co-insurance. I understand that Advanta Analytical Laboratories and Histology Associates may use my specimen and a testing performed on that specimen for research and development so long as the information has been de-identified pursuant to law. I am aware that all Advanta Analytical Laboratories Billing Practices can be found at wawarealabs.com.							
Patient Acknowledgment	Patient Signature	ranta Andiyucdi Labora	rones billing Fractices Ca	Date			
I verify that I am providing Histology Asso	ociates (CLIA#: 23D0650582	), Advanta Analytical Laboratories	_				
(CLIA#: 45D2063134), and affiliated refere	ence laboratories with my samp	ole for the purpose of testing.					

Provider Signature